

CONTRACT CHANGE REQUEST/AUTHORITY (CCR/A) NJSDA Form 500

Date:	CCR/A No.:
Contract No.:	RFI No.:
Contractor Name:	School Name:
PMF/CM:	NJSDA Region:
PMF/CM/PM:	District Name:
Design Consultant Firm:	
Please submit an itemized proposal for changes in the Contract Sum a Documents described herein.	nd/or Time incidental to proposed modifications to the Contract
Dollar Value Category (select only one)	
	Sum Proposal (Unit Costs) Not to Exceed Time and Material
THIS IS NOT A CHANGE ORDER NOR A DIRECTION	TO PROCEED WITH THE WORK DESCRIBED HEREIN.
Description:	

CCR/A No.:

		CONTRACT CHANGE RE	QUEST/AUTHORITY (CCR/A)	NJSDA Form 500				
Cause/	Reason:							
	Owner Initiated	☐ Differing Site Conditi	ons Design Consultant E/C	(Change Orders Only)				
Justific	Justification: (Reason for Change)							

CCR/A No.:

	CONTRACT CHA	ANGE REQUEST/AUTHORITY (CCR/A)	NJSDA Form 500		
Attachment: (Include RFI, Bulletin, or any other document supporting this CCR/A)					
Dagwagt J.D.					
Requested By:					
Signature		Date			
Print Name		Firm			

NJSDA Form 500 Page 3 of 3 Revised: March 2023