



**AUTHORITY AGENT RECOMMENDATION (AAR)**

**Date:** \_\_\_\_\_ **AAR No.:** \_\_\_\_\_

**Contract No.:** \_\_\_\_\_ **CCR/A No.:** \_\_\_\_\_

**Contractor Name:** \_\_\_\_\_ **RFI No.:** \_\_\_\_\_

**PMF/CM:** \_\_\_\_\_ **School Name:** \_\_\_\_\_

**PMF/CM/PM:** \_\_\_\_\_ **NJSDA Region:** \_\_\_\_\_

**Design Consultant Firm:** \_\_\_\_\_ **District Name:** \_\_\_\_\_

**Dollar Value Category (select only one)**

- Lump Sum
- Unit Cost Not to Exceed
- Not to Exceed Time and Material

**Description:**

Empty text area for Description.

**Cause/Reason:**

- Owner Initiated
- Differing Site Conditions
- Design Consultant E/O (**Change Orders Only**)

**Justification: (Reason for Change) Delay**

Empty text area for Justification.

AAR No.: \_\_\_\_\_



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<b>Cost Comparison:</b>	<b>Dollar</b>	<b>Time</b>
Contractor's Original Proposal Amount:	_____	_____
NJSDA Estimate:	_____	_____
Design Consultant Recommended Amount:	_____	_____
PMF/CM Recommended Amount:	_____	_____
Final Recommended Amount:	_____	_____

**(Enter dollar value without the dollar sign)**

Reviewed by Program Officer-Controls and **Verified within** Project Charter Budget

Reviewed by Program Officer-Controls and **Exceeds** Project Charter Budget  *(Attach revised Project Charter)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

**Approvals:**

Design Consultant	PMF/CM
_____ Signature	_____ Signature
_____ Print Name	_____ Print Name

NJSDA Program Officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

**Attachments:**

- Full Scope Description
- Scope Drawing
- Design Consultant Review
- Contractor's Estimate/Back-up
- PMF/CM Estimate
- Other \_\_\_\_\_

AAR No.: \_\_\_\_\_