



ALLOWANCE AUTHORIZATION FOR CONSTRUCTION CONTRACT

NJSDA FORM 802

Date: \_\_\_\_\_ Allowance No.: \_\_\_\_\_ Authorization No.: \_\_\_\_\_
Contract No.: \_\_\_\_\_ Project. No.: \_\_\_\_\_
Contractor: \_\_\_\_\_ School Name: \_\_\_\_\_
PMF/CM: \_\_\_\_\_ District \_\_\_\_\_
Design Con.: \_\_\_\_\_ SDA PO: \_\_\_\_\_
Attachments: \_\_\_\_\_

Dollar Value Category (select only one)

[ ] Lump Sum [ ] Unit Cost Not to Exceed [ ] Not to Exceed Time and Material

The Purpose of this Allowance Authorization Request (this purpose shall conform to the Allowance Category in the contract): (The brief description)

[Empty text area for purpose description]

The Contractor is authorized to perform the following Allowance Work: (The detailed description)

[Empty text area for contractor work description]

Anticipated Additional Need of this Allowance Amount: (The brief description)

[Empty text area for anticipated additional need]

Allowance Cost:

Table with 6 columns: A Original Allowance, B Changes to Allowance, (A+B) C Total Current Allowance, D Prior Authorizations, E This Authorization, (C-D-E) F Remaining Balance



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Time: (This is notification only that TIME may be impacted. Any adjustment to the Contract time must be accomplished through a properly authorized change order.):

Table with 5 columns: (In calendar days where applicable), ORIGINAL DATE, PRIOR TIME AUTHORIZATION, THIS TIME ADD / DEDUCT, CURRENT CONTRACT. Rows for Substantial Completion and Final Completion.

This Allowance Authorization Request represents the total and entire adjustment to the Allowance Amount for the authorization described herein and is included in the contract sum.

Reviewed by Program Officer-Controls and Verified the Allowance Authorization is within Allowance value established within the contract [checkbox]

Reviewed by Program Officer-Controls and the Allowance Authorization EXCEEDS Allowance value established within the contract [checkbox]

Signature

Accepted and Agreed to By:

Contractor: [checkbox] Accepted [checkbox] Not Accepted
Signature

Recommended for Acceptance By:

PMF/CM: [checkbox] Accepted [checkbox] Not Accepted
Signature

Approved and Agreed to By:

SDA Program Director: [checkbox] Approved [checkbox] Not Accepted
Signature

Approved and Agreed to By:

SDA Vice President/ Chief Executive Officer: [checkbox] Approved [checkbox] Not Accepted
Signature

Contract No.:

Allowance No.:

Authorization No.: