AUTHORITY AGENT RECOMMENDATION (AAR)

Date: _____ **AAR No.:** _____

Contract No.: _____ **CCR/A No.:** _____

Contractor Name: _____ **RFI No.:** _____

PMF/CM: _____ **School Name:** _____

PMF/CM/PO: _____ **NJSDA Region:** _____

Design Consultant Firm: _____ **District Name:** _____

Description:

Cause/Reason:

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

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

AAR No.: _____

AUTHORITY AGENT RECOMMENDATION (AAR)

Cost Comparison:	Dollar	Time
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 Date Print Name

Approvals:

Design Consultant

Signature Date

Print Name

PMF/CM

Signature Date

Print Name

NJSDA Program Officer

Signature Date Print Name

Attachments:

☐ Full Scope Description ☐ Scope Drawing ☐ Design Consultant Review

☐ Contractor's Estimate/Back-up ☐ PMF/CM Estimate ☐ Other _____

AAR No.: _____