

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

Date:	CCR/A No.:			
Contract No.:	RFI No.: School Name:			
Contractor Name:				
PMF/CM:	NJSDA Region:			
PMF/CM/PM:				
Design Consultant Firm:	District Name:			
Please submit an itemized proposal for changes in the Contract Sum a Documents described herein.	and/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.:

Revised: Sept 2024

		CONTRA	CT CHANGE REQUE	ST/AUTHO	ORITY (CCR/A)	NJSDA Form 500			
Cause/	Reason:								
	Owner Initiated		Differing Site Conditions		Design Consultant E/O	(Change Orders Only)			
Justification: (Reason for Change)									

CCR/A No.:

CONTR	RACT CHANGE REQUEST/AUTHORITY (CCR/A) NJSDA Form 50			
Attachment: (Include RFI, Bulletin, or any other document supporting this CCR/A)					
equested By:					
Signature	Date				
Print Name	Firm				

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Revised: Sept 2024