



ALLOWANCE AUTHORIZATION FOR CONSULTANT AGREEMENT

NJSDA FORM 802CA

Date: _____ Allowance No.: _____ Authorization No.: _____

Contract No.: _____ Project. No.: _____

Design Con.: _____ School Name: _____

CM: _____ District _____

Contractor: _____ SDA PO: _____

Attachments: _____

Dollar Value Category (select only one)

☐ Lump Sum (Hrs., Materials, & Equipment)

☐ Lump Sum (Unit Costs)

☐ Not to Exceed Time and Material

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

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

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

Allowance Cost:

A	B	(A + B)	D	E	(C - D - E)
Original	Amendments	Total Current	Prior	This	Remaining
Allowance	to Allowance	Allowance	Authorizations	Authorization	Balance
_____	_____	_____	_____	_____	_____



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

(In calendar days where applicable)	ORIGINAL DATE	PRIOR TIME AUTHORIZATION	THIS TIME ADD / DEDUCT	CURRENT CONTRACT
Substantial Completion	_____	_____	_____	_____
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

☐

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

☐

Signature

Accepted and Agreed to By:

Consultant:

Signature

☐ Accepted ☐ Not Accepted

Recommended for Acceptance By:

SDA Deputy Director:

Signature

☐ Accepted ☐ Not Accepted

Approved and Agreed to By:

SDA Program Director:

Signature

☐ Approved ☐ Not Accepted

Approved and Agreed to By:

SDA Vice President/Chief Executive Officer:

Signature

☐ Approved ☐ Not Accepted

Contract No.:

Allowance No.:

Authorization No.: