



**WRITTEN AMENDMENT TO AGREEMENT
BETWEEN THE NJSDA AND THE PMF/CM**

Date: _____

Contract No.: _____

Amendment No.: _____

School Name: _____

This Written Amendment modified and supplements the Agreement between New Jersey Schools Development Authority (herein called "Authority")

and PMF/CM Name: _____

PMF/CM Address: _____

(herein called "Consultant")

and other provisions of the Contract Documents between the herein named parties, as indicated. All provisions which are not so modified and supplemented remain in full force in the Agreement.

Numbers and titles used in this Written Amendment correspondent with numbers and titles in the Agreement.

Description of Change:

School Name: _____

Contract # _____

Amendment# _____

Justification for Change/ Contract Verification

[Empty box for justification text]

Cause/Reason:

Owner Initiated <input type="checkbox"/>	Differing Site Conditions <input type="checkbox"/>	GC Error <input type="checkbox"/>	Design Consultant E/O <input type="checkbox"/>
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School Name: _____

Contract # _____

Amendment# _____

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(To enter dollar amounts, Please enter whole numbers only and the decimal point, i.e., 999999.99)

Amount of Change: _____

Project: _____

	Basic Services	Additional Services	Reimbursable	Total
Original Sum				
Net Prior Changes				
Current Change				
Revised Sum				

Project: _____

	Basic Services	Additional Services	Reimbursable	Total
Original Sum				
Net Prior Changes				
Current Change				
Revised Sum				

Project: _____

	Basic Services	Additional Services	Reimbursable	Total
Original Sum				
Net Prior Changes				
Current Change				
Revised Sum				

TOTAL PACKAGE	Basic Services	Additional Services	Reimbursable	Total
Original Sum				
Net Prior Changes				
Current Change				
Revised Sum				

Contract # _____

Amendment# _____

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**WRITTEN AMENDMENT TO AGREEMENT
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It is agreed to by the parties that the above Written Amendment to the Agreement shall be, and hereby is, made a part of the Agreement by and between the Corporation and the Consultant.

Approvals:		
PMF/CM:	<input type="checkbox"/> Accepted	<input type="checkbox"/> Not Accepted
Signature	Date	Print Name

Reviewed by Program Officer-Controls and Verified within Project Charter Budget	<input type="checkbox"/>	
Reviewed by Program Officer-Controls and Exceeds Project Charter Budget	<input type="checkbox"/>	<i>(Attach revised Project Charter)</i>
Signature	Date	Print Name

NJSDA Program Officer:	<input type="checkbox"/> Accepted	<input type="checkbox"/> Not Accepted
Signature	Date	Print Name

NJSDA Deputy Director:	<input type="checkbox"/> Accepted	<input type="checkbox"/> Not Accepted
Signature	Date	Print Name

NJSDA Program Director:	<input type="checkbox"/> Accepted	<input type="checkbox"/> Not Accepted
Signature	Date	Print Name

NJSDA Vice President:	<input type="checkbox"/> Accepted	<input type="checkbox"/> Not Accepted
Signature	Date	Print Name

NJSDA CEO:	<input type="checkbox"/> Accepted	<input type="checkbox"/> Not Accepted
Signature	Date	Print Name

School Name: _____

Contract # _____
Amendment# _____