STATE OF NEW JERSEY
SCHOOLS DEVELOPMENT AUTHORITY

DESIGN PHASE SCOPE MODIFICATION REQUEST

NJSDA 302

Date: _____ **Scope Modification Request No.:** _____

Contract No.: _____

Project: _____ **Package Name:** _____

The revision hereinafter is applicable to and is hereby made a part of the design for the above referenced project:

Description Of Scope Modifications (attach additional backup if needed):	
Exhibits	**Dated**

Design Consultant Contract ☐ **Will Impact Fee** ☐ **Will Not Impact Fee**

The above referenced Exhibits shall be and are hereby made a part of this scope modification. This modification will affect the

Project Budget ☐ **Increase** ☐ **Decrease** ☐ **No Affect**

Impact: _____

Project Schedule ☐ **Increase** ☐ **Decrease** ☐ **No Affect**

Impact: _____

Budget and Schedule Impacts Recommended for Acceptance:

Design Consultant: _____ **PMF/CM:** _____

By: _____ **By:** _____

Title: _____ **Title:** _____

Date: _____ **Date:** _____

Approved and agreed to by New Jersey Schools Development Authority:

By: _____

Title: _____

Date: _____ File: _____/c-10

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