



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):

[Large empty box for description of scope modifications]

Table with 2 columns: 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