



ALLOWANCE AUTHORIZATION FOR CONSULTANT AGREEMENT

NJSDA FORM 802CA

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

Contract No.: _____ Project No.: _____

Design Con.: _____ School Name: _____

PMF/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 | <input type="checkbox"/> |
| Reviewed by Program Officer-Controls and the Allowance Authorization EXCEEDS Allowance value established within the contract | <input type="checkbox"/> |
| _____ Signature | |

| | |
|-----------------------------------|---|
| Accepted and Agreed to By: | |
| Consultant: _____ | <input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted |
| Signature | |

| | |
|---------------------------------------|---|
| Recommended for Acceptance By: | |
| SDA Deputy Director: _____ | <input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted |
| Signature | |

| | |
|------------------------------------|---|
| Approved and Agreed to By: | |
| SDA Program Director: _____ | <input type="checkbox"/> Approved <input type="checkbox"/> Not Accepted |
| Signature | |

| | |
|--|---|
| Approved and Agreed to By: | |
| SDA Vice President/Chief Executive Officer: _____ | <input type="checkbox"/> Approved <input type="checkbox"/> Not Accepted |
| Signature | |

Contract No.:

Allowance No.:

Authorization No.: