

CHANGE FORM
Central Plateau Cleanup Company

Subcontract Title:

Subcontract Number:

Externally Initiated
 Subcontractor Requester:

Internally Initiated
 CPCCo Representative:

Date:

CCR Number:

Subcontractor Name:

This Change Supports: Section 1: Scope Section 2: Cost/Available Funding Section 3: Schedule

(Check all that apply and complete the corresponding section below)

Is the Subcontract Change Result of: *(Note: Additional documentation may be needed to support selection)*

- A Change to the SOW, Submittal Register and/or Drawings
 A Change to Contractual Terms and Conditions
 A Request for Equitable Adjustment Other _____

Section 1: Provide a Brief Description/Summarize the Basis for Action Requirement *(attach if needed)*

Section 2: Cost/Available Funding:

CHANGE IN SUBCONTRACT PRICE	
Original Subcontract Amount	
Estimated Amount of Change/Modification	
Total	

Cost Account Manager confirmation that all funds are available? Yes No

If No, what is the current available funding?
 Available funds \$: _____

Notice to Proceed (NTP) needed? Yes N/A

*Provide Justification for use of NTP (*note all justifications must be authorized by Procurement Manager/Business Service Manager):*

Section 3: Schedule

What are the revised schedule dates? *(information may be captured in a separate file)*

Provide justification as to why a schedule change is required.

Subcontractor or BTR Completes Section

CPCCo BTR Completes Section

CHANGE FORM
Central Plateau Cleanup Company (Continued)

Subcontract Number:

Concurrence Signatures

Buyer's Technical Representative (BTR):

_____ *Print First and Last Name* _____ *Signature / Date*

Project Control Analyst:

_____ *Print First and Last Name* _____ *Signature / Date*

Cost Account Manager:

_____ *Print First and Last Name* _____ *Signature / Date*

Contract Specialist:

_____ *Print First and Last Name* _____ *Signature / Date*

Procurement Manager: (required if above Contract Specialist Level of Authority or Notice to Proceed is \$0-\$5M)

_____ *Print First and Last Name* _____ *Signature / Date*

Business Services Manager: (required if above Procurement Manager Level of Authority or Notice to Proceed is \$5-\$10M)

_____ *Print First and Last Name* _____ *Signature / Date*

President/Project Manager: (required if above Business Services Manager Level of Authority or Notice to Proceed is > \$10M)

_____ *Print First and Last Name* _____ *Signature / Date*