

INSTRUCTIONS

Grantees should complete this form in partnership with their contractor(s) to request approval for any changes to their project plan and/or cost overrun requests. Request may include:

1. Modifying your construction project’s scope of work to ensure sufficient funding to cover all repairs.
2. Repurposing costs, such as Furniture, Fixture, and Equipment (FFE) to hard costs
3. Replacing a previously approved contractor
4. Emergency unforeseen circumstances (i.e., flooding, fire, etc.) that require additional funding or total expenses will exceed your total project award
5. Other

Whenever possible, NJEDA should approve requests before work is started.

Use the table below to see the additional documentation needed to process your request. Everything should be uploaded using your Document Upload Link. **All questions should be directed to your Grantee Project Specialist.**

<p>PROD Number</p> <p>You can find this number in your “Starting Your Project” email.</p>	
<p>What are you requesting (check all that apply):</p> <p><input type="checkbox"/> Project Change (Complete Section 1)</p> <p><input type="checkbox"/> Cost Overrun (Complete Section 2)</p> <p><input type="checkbox"/> Repurposing Costs (Complete Section 3)</p> <p><input type="checkbox"/> Replacing a previously approved contractor (Complete Section 4)</p>	

Section 1: Project Changes	
Required Additional Documentation	New quote; and/or change order form
Description of Change Please describe why this change is needed and provide any relevant details. Please be as descriptive as possible and attach any additional documentation if more detail is necessary.	
Will this request change your costs?	<input type="checkbox"/> Increase How much? _____ <input type="checkbox"/> Decrease How much? _____
Will these changes now require the project to be completed in more than 12 months since construction started?	<input type="checkbox"/> YES (If yes, please also completed the Project Completion Extension Form) <input type="checkbox"/> NO

Section 2: Cost Overrun

Reminder: Your cost overrun is 15% of your total project award amount. You do not need to request the full amount and may access the remaining balance at any point during your project period.

Remember, this cost overrun is your only contingency. Meaning, once you have exhausted this funding, you will not have any additional funding to cover unexpected cost throughout the lifecycle of your project.

Before proceeding consider:

- Whether there are any available funds that can be repurposed (ex. FFE).
- Areas of your current scope of work can be reconsidered.
- Holding on purchasing FFE items until all construction has been completed.

Requested Cost Overrun Amount	
Available Cost Overrun Balance as of date of this request	

<p>What will these funds go toward? Explain if this is related to a project change and how.</p>	
<p>How many contractors are working on your project?</p>	
<p>Has construction started on your project?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Section 3: Repurposing Costs	
<p>Required Additional Documentation</p>	<p>New quote</p>
<p>What kind of repurposing are you requesting?</p>	<p><input type="checkbox"/> FFE to Construction <input type="checkbox"/> Construction to FFE</p>
<p>Was FFE included in your original project award?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Please describe why this change is needed and provide any relevant details. Please be as descriptive as possible.</p>	

Section 4: Replacing an approved Contractor

<p align="center">Required Additional Documentation</p>	<ul style="list-style-type: none"> • Verification of Contractor Eligibility Form • DOL Public Works Certificate • NJ Business Registration Certificate • SWMVBCE Certifications, if applicable • Quote (costs must equal or be less than the previous contractor’s quote)
<p>Why are you replacing the contractor?</p>	
<p>Who was the previous contractor?</p>	



NJ Child Care Facilities Improvement Program – Phase 1

PROJECT CHANGE REQUEST AND COST OVERRUN FORM

Signature

Terms used in this Certification shall have the same meaning as ascribed to them in the Grant documents that relate to the Child Care Facilities Improvement Program unless expressly indicated otherwise.

Pursuant to written policy, the New Jersey Economic Development Authority allows documents to be signed electronically and hereby agrees to be bound by such electronic signatures. Your signature below shall serve as evidence that the Grantee also agrees to be bound by electronic signatures.

Authorized Representative Name

Authorized Representative Title

Authorized Representative Signature

Submission Instruction

- Please label the document using the following naming convention:
 - ✓ Your PROD
 - ✓ Project Change Request and Cost Overrun Form
 - ✓ Today's Date (for example, PROD 123456789 Change Order Request and Cost Overrun form 8.15.23)
- Submit this form and other relevant forms, if applicable, using your [Document Submission Link](#).

Approval Confirmation

DO NOT WRITE BELOW THIS LINE – FOR USE BY NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY ONLY

Reviewed by (FPR&C Team):

Approved by (Child Care Director):
