

INSTRUCTIONS

The Childcare Center/Grantee must complete this form. You may need to consult with your contractor on some items. Request may include:

1. Modifying your approved construction project’s scope of work
2. Repurposing costs. Please note that repurposing hard costs to Furniture, Fixture, and Equipment (FFE) will only be considered once all construction is completed and if FFE was part of the original scope of work.
3. Replacing a previously approved contractor.

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

Use the table below to see the additional documentation needed to process your request. **The completed Project Change and Cost Overrun Form should be uploaded using your Document Upload Link.**

Incomplete forms and/or missing documentation will delay the approval process.

<p>PROD Number 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>	
<p>Section 1: Project Change <i>To be completed by the Grantee</i></p>	
<p>Required Additional Documentation Do not submit this form without an updated itemized quote for the contractor.</p>	<p><input type="checkbox"/> New Itemized Quote for the amount requested or updated scope of work.</p> <p><input type="checkbox"/> If your approved contractor is adding a Subcontractor</p> <ul style="list-style-type: none"> <input type="checkbox"/> DOL Public Works Certificate <input type="checkbox"/> NJ Business Registration Certificate <input type="checkbox"/> Verification of Contractor Eligibility (VOCE) form <p><input type="checkbox"/> If adding Professional Services, such as architect:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Quote <input type="checkbox"/> Business Registration Certificate <input type="checkbox"/> Verification of Professional Services Eligibility (VOPE) form <p><input type="checkbox"/> Revised Landlord Certificate if leasing space</p> <p><input type="checkbox"/> Project Completion Extension Form (if applicable)</p>

1) Description of Change Please provide a brief description of your change. <i>Submission of a quote as an explanation will not be accepted.</i>	
2) If your construction has not started, what is the estimated start date, if known?	
3) Has this work already been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Will additional time outside the 12 months be needed? Projects must be completed within 12 months of the start of construction.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) <i>If adding soft costs</i> – Projects may not have more than 20% of their budget for soft costs. Have you calculated that your costs will be within this threshold?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approval confirmation – To be completed by the NJEDA Grantee Project Specialist (GPS)	
Total Soft Cost %	
Construction Credit with new request	

Section 2: Cost Overrun To be completed by the Grantee

Reminder: Your cost overrun is 15% of your total project award amount. This cost overrun is your only grant funding contingency. Please refer to your original grant approval letter and/or emails from the GPS to obtain your current funding amounts before completing this section.

Required Additional Documentation	<input type="checkbox"/> Updated itemized quote and/or contract
1) Requested Grant Cost Overrun Amount	
2) Are you requesting 50% or more of your available cost overrun and construction has not started? The EDA will not consider cost overrun requests of more than 50% of the available cost overrun prior to construction starting without a valid reason for the request.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (if this is a FFE request)
3) If applicable, Amount of Construction Credit to be used with this request	

4) Description of what funds will be used for	
<p>GRANTEE FUNDING CONTRIBUTION</p> <p><i>Private funds may only be used for construction costs when unforeseen circumstances increase costs or result in scope changes.</i></p> <p><i>Grantees must use all award and cost overrun funds before contributing private funds.</i></p> <p><i>Grantees will be responsible for timely payment in this amount to the contractor.</i></p> <p>5) How much of your own funds will you be contributing to the project?</p>	
Approval confirmation – To be completed by the NJEDA Grantee Project Specialist (GPS)	
Remaining Cost Overrun Balance after approval	

Section 3: Repurposing Costs To be completed by the Grantee	
Required Additional Documentation	<input type="checkbox"/> Updated itemized quote for the amount requested or updated scope of work
<p>1) What kind of repurposing are you requesting?</p> <p><i>Reminder: We would consider repurposing construction to FFE only if your award previously included FFE and construction has been completed.</i></p>	<input type="checkbox"/> FFE to Construction <input type="checkbox"/> Construction to FFE
2) How much are you requesting to repurpose?	
3) Is this needed to support a project change request?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please explain)
Approval confirmation – To be completed by the NJEDA Grantee Project Specialist (GPS)	
Was FFE included in the original project?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 4: Replacing an Approved Contractor

<p>Required Additional Documentation</p> <p>Reminder: Verify with your new contractor they can meet the insurance requirements:</p> <ul style="list-style-type: none">• <i>Umbrella/Excess Liability providing limits in addition to, and following-form, Employers' Liability, Commercial General Liability, and Automobile Liability. Limits of no less than \$5,000,000 each occurrence and in the aggregate.</i>	<ul style="list-style-type: none"><input type="checkbox"/> Verification of Contractor Eligibility Form<input type="checkbox"/> DOL Public Works Certificate<input type="checkbox"/> NJ Business Registration Certificate<input type="checkbox"/> SWMVBCE Certifications, if applicable<input type="checkbox"/> Itemized Quote and/or Contract
<p>1) What is the name of the new contractor?</p>	
<p>2) Who was your previous contractor and why are you replacing them?</p>	
<p>3) Has the previous contractor been informed?</p>	<ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No

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.

The Grantee/Authorized Representative acknowledges that **(check boxes to confirm)**:

- All relevant sections of the form are completed, and a detailed description of the change is provided.
- All the above requested documents are included with this request.
- If approaching the end of available cost overrun, the scope of work will be reduced if possible or FFE funding repurposed to complete project within the approved budget.
- Be advised that you may have been approved for the maximum amount of the grant award. This approval does not terminate, replace, or negate any remaining financial commitments or obligations related to any previous contracts or contractor scopes of work, nor does it represent advice related to any contractor agreements executed by Grantee under this program.

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.

Grantee/Authorized Childcare Representative Name:	Grantee/Authorized Childcare Representative Title:
Grantee/Authorized Childcare Representative Signature:	Date:

Submission Instructions

1. Please label this form using the following naming convention:
 - ✓ Your PROD# Project Change Request and Cost Overrun Form Today's Date
(e.g. PROD 123456789 Change Order Request and Cost Overrun form 8.15.23)
2. Submit this form and other relevant forms and applicable documents using your [Document Upload Link](#).
DO NOT SUBMIT THIS FORM VIA EMAIL.

Approval Confirmation	
DO NOT WRITE BELOW THIS LINE – FOR USE BY NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY ONLY	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Reason for Denial:	Reason for Denial:
Construction Compliance:	EDA Child Care Team: