|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |       | **Request No.:** |       |
| **To:** *(Owner)* |       - Project Manager, Department of Administrative Services – Construction Services, Office of Design and Construction, 450 Columbus Boulevard, Suite 1201 North Tower, Hartford, CT 06103 |
| **From:** *(Agency)* |       |
| **Project Number:** |       |
| **Project Title:** |       |
| **Project Address:** |       |
|  |
| **Phase:** |
|[ ]  Construction |[ ]  Substantial Completion |       | **% Complete**  |
| **References:** |
| Specifications Section(s) / Number(s): |       | Paragraph(s): |       |
|  |  |  |  |
| Drawing (s)Number(s): |       | Detail(s) Number(s): |       |
|  |
| **Requested Change:** (brief description) |
|       |
| **Estimated Total Cost of Additional Fees:** |
| **$** |       |
|  |  |
| [ ]  | Funds Source: |       |
|  |  |  |  |
|  | **OR** |  |
|  |  |  |
| [ ]  | Contingency (Percent of Funds Used to Date): | **$** |  | Contingency Funds Available: | **$** |       |
|  |
| **Potential Other Costs** (i.e. A/E Fees, delays, etc.): | [ ]  No | [ ]  Yes | Possible Amount: | **$** |       |
|  |  |
|  |
| ***I, the Authorized Agency Representative, hereby submit of the above referenced Change Request for consideration:*** |
|       |  |  |  |       |
| *Name / Title* |  | *Signature* |  | *Date* |
|  |
|  |
| **Board of Regents for Higher Education / System Office Use Only:** |
| *(Connecticut State University System and Connecticut Community Colleges)* |
|       |  |  |  |       |
| *Authorized BOR Representative Name / Title* |  | *Signature* |  | *Date* |
|  |  |  |  |  |
|  |
| **Reviewed & Recommended By Project Manager:** |
|       |  |  |  |       |
| *Name / Title* |  | *Signature* |  | *Date* |
|  |  |  |  |  |
|  |
| **Approved By Assistant Director of Project Management:** |
|       |  |  |  |       |
| *Name / Title* |  | *Signature* |  | *Date* |
|  |  |  |  |  |
|  |
| **Approved By Director of Project Management:** |
|       |  |  |  |       |
| *Name / Title* |  | *Signature* |  | *Date* |
|  |  |  |  |  |
|  |
| **Approved By DAS Deputy Commissioner or other Delegated Individual:** |
|       |  |  |  |       |
| *Name / Title* |  | *Signature* |  | *Date* |
|  |  |  |  |  |

|  |
| --- |
|  |
|  |
| **CC:** | [x]  CA | [x]  Architect | [x]  DAS ADPM | [x]  DAS DPM | [x]  DAS PM | [x]  Agency | [ ]  Other: |       | [x]  File |