**CONTRACT MODIFICATION JUSTIFICATION**

Wisconsin Department of Transportation

DT2355 2/2020

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| **CONTRACT ID:**  | **CONTRACT MODIFICATION NO:**  |
|  | **CMJ NO:**  |
| **PROJECT ID:**  | **FEDERAL ID:**  |
| **HIGHWAY OR LOCAL ROAD:**  | **COUNTY:**  |
| **PROJECT DESCRIPTION:**  |
| **MANAGING OFFICE:**  |
| **CONTRACT SUBJECT TO FHWA OVERSIGHT?****FHWA PRIOR APPROVAL REQUIRED?** | **\_\_ Yes** **\_\_ Yes** | **\_\_ No** **\_\_ No** | **(If yes, submit CMJ to FHWA prior to executing the contract mod)** |
| **IF LOCAL PROGRAM:**  |
| **Local Public Agency (LPA) Contact:** | **LPA Notified Date:**  |

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| --- | --- |
| **1.** | **Description & need for change:**  |
| **2.** | **Consequences if this Contract Modification is not approved:**  |
| **3.** | **Alternatives considered:**  |
| **4.** | **Estimated cost:**  |
| **5.** | **Justification of price (attach supporting documentation):**  |
| **6.** | **Does this change affect the contract time? \_\_ Yes \_\_ No** |
|  | **Explanation for consideration of time:** **Additional Number of days: New completion date: To be determined:**  |
| **7.** | **Does this change affect the DBE Commitment? \_\_ Yes (any change requires ASP-3 compliance) \_\_ No****If yes, explain (subcontractor name/s, value):** |

Prepared By

 Project Engineer / Project Manager Date

Approved

 Project Manager / Supervisor (If required) Date

Approved

 Section Chief (If required) Date

Approved

 FHWA (If required) Date