**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:** | |

|  |  |
| --- | --- |
| **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