

Contract Modification Prior Approval Justification

Sponsor's Guide to Non-Traditional Project Implementation
SG15a

WisDOT Local Program (Central Office)
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CONTRACT ID:		CONTRACT MODIFICATION NO:	
PROJECT ID:		FEDERAL ID:	
PROJECT DESCRIPTION:		COUNTY:	
MANAGING OFFICE:		SPONSOR:	
1. Description & need for change:			
2. Consequences if this Contract Modification is not approved:			
3. Alternatives considered:			
4. Estimated cost:			
5. Justification of price:			
6. Does this change affect the contract time? <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation for consideration of time: Additional Number of days: New completion date: To be determined:			
7. Does this require Exceptions to the Standards? <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation for consideration to the standards:			

Prepared By _____
Project Sponsor Representative Date _____

Approved _____
WisDOT Local Program Project Manager Date _____

Estimated Cost

Group Code	Item Number	Quantity +/-	Item Unit	Item Description	Contract or Agreed Price	Increase (Decrease)
Total Estimated Charge						
List if New Project(s) and/or Group Code(s) are being added to the subject contract (if available)						
Project ID	Group Code	Federal Funding Type			County	Urban/Rural