

PROJECT  
 DESCRIPTION OF CHANGE IN WORK  
 COST DATA COLLECTION  
 NOTICE TO PROCEED PROPOSED COST  
 FINAL COST & TIME  
 FINAL APPROVAL

|  |  |                     |                    |
|--|--|---------------------|--------------------|
|  | Washington State<br><b>DEPARTMENT OF<br/>         ENTERPRISE SERVICES</b>                        | AGENCY _____        | Contract No. _____ |
|  | <b>FACILITIES PROFESSIONAL SERVICES (FPS)<br/>         CONSTRUCTION FIELD AUTHORIZATION (FA)</b> | PROJECT TITLE _____ | FA No. _____       |

TO: \_\_\_\_\_ (CONTRACTOR)      REQUEST DATE: \_\_\_\_\_

When authorized by FPS, you are directed to proceed with work as described below and/or detailed on the attachments referred hereto:

|   |                   |                   |                          |                   |
|---|-------------------|-------------------|--------------------------|-------------------|
| <b>REASON FOR CHANGE:</b><br>(Select One) | DESIGN ERRORS     | DESIGN OMISSIONS  | AGENCY                   | VALUE ENGINEERING |
|   | CODE REQUIREMENTS | LATENT CONDITIONS | ALTERNATIVE PUBLIC WORKS |                   |

**EXPLANATION:**  
(USE ATTACHMENT WHEN NECESSARY) \_\_\_\_\_

**CHANGE ORIGINATED BY**

|            |               |
|------------|---------------|
| NAME _____ | COMPANY _____ |
|------------|---------------|

**Cost data required by one of the following methods in accordance with the General and Supplemental Conditions.**

|   |         |                             |
|---|---------|-----------------------------|
| DETAILED COST BREAKDOWN<br>UNIT PRICE<br>ACTUAL PRICE | } _____ | METHOD OF MEASUREMENT _____ |
|---|---------|-----------------------------|

Actual Price / Time and Material, shall conform to GC 7.02D, and 7.02B, and shall include submittal of daily timesheets within 2 working days for Owner's review. Timesheets shall identify workers assigned to the work by name, trade, firm, date and hours worked. Materials, equipment, and other job-related costs shall be supported by detailed invoices. Markups shall conform to GC 7.02B."

\_\_\_\_\_ (Owner's Rep)      Cost Data Required by: \_\_\_\_\_ (Date)

Contractor agrees to perform the work described above within the Proposed Not-To-Exceed Maximum Cost, and Time. Contractor shall promptly Notify the Owner and Owner's Representative in accordance with GC 7.02 or 7.03 if Cost or Time may be exceeded.

|           |                      |  |
|-----------|----------------------|--|
| NO CHANGE | \$ _____             | Proposed Not-To-Exceed Maximum Cost (excluding WSST) |
| INCREASE  |                      |  |
| DECREASE  | _____                | PROPOSED BY CONTRACTOR _____                         |
|           | Proposed Time (Days) | DATE _____   |

**Proposal reviewed and accepted,  
 Notice To Proceed given herein:**

|                       |            |  |            |
|-----------------------|------------|--|------------|
| _____                 | DATE _____ | FUNDING VERIFICATION BY AGENCY _____                 | DATE _____ |
| APPROVED BY A/E _____ | DATE _____ | AUTHORIZED BY FPS (> \$50k / Change FPS Mgmt.) _____ | DATE _____ |

Payment for work authorized by this FA will not be made prior to incorporation of this FA into an authorized Change Order to the Contract by the Department of Enterprise Services, in conformance with GC 7.02A.

**CHANGE IN CONTRACT SUM:**

|           |         |                              |               |          |
|-----------|---------|------------------------------|---------------|----------|
| NO CHANGE | } _____ | TO THE CONTRACT SUM COST OF: | _____ DOLLARS | \$ _____ |
| INCREASE  |         |                              |               |          |
| DECREASE  |         |                              |               |          |

**CHANGE IN CONTRACT TIME:** (Attach CPM Schedule & Request for Equitable Adjustment Form)

|           |         |     |                     |                  |            |
|-----------|---------|-----|---------------------|------------------|------------|
| NO CHANGE | } _____ | OF: | _____ CALENDAR DAYS | CONTRACTOR _____ | DATE _____ |
| INCREASE  |         |     |                     |                  |            |
| DECREASE  |         |     |                     |                  |            |

**Final cost and time have been reviewed, verified and accepted by:**

|              |            |  |            |
|--------------|------------|--|------------|
| _____        | DATE _____ | FPS PROJECT MANAGER _____                                | DATE _____ |
| A/E _____    | DATE _____ | FPS COST VERIFICATION _____                              | DATE _____ |
| AGENCY _____ | DATE _____ | FPS MANAGEMENT (> \$50k / Change of Contract Time) _____ | DATE _____ |