DTMB-0485 (R 6/16)

DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET
State Facilities Administration
Design and Construction Division

BULLETIN REQUEST NO. ____

The purpose of this form is to document proposed changes to the construction contract and assure that the project team is aware of the impact of the proposed change to the overall project cost and schedule. Professional to complete this form and obtain authorization from the Project Director at a regular project meeting or via email.

FILE NUMBER	DEPARTMENT/AGENCY	DATE
LOCATION	PROJECT NAME	

PROFESSIONAL (Firm and Individual)	CONSTRUCTION CONTRACTOR and CONTRACT 'Y' NUMBER

Describe the proposed construction contract change (reference the letter quotes, correspondence, RFIs etc. prompting the requested contract change):

Reason(s) for construction contract change:

Categorize the total **estimated** construction cost change (add/deduct):

☐ Design Omission ☐ Design Error ☐ Scope Change ☐ Field Condition

$_____ $_____ $_____ $_____

Estimated total construction cost change: $_____ (Add ☐ / Deduct ☐)

Estimated construction contract time adjustment: _____ calendar days (Add ☐ / Deduct ☐)

Estimated Bulletin release date for pricing: _____

Estimated additional PSC fee: $_____ (only if Scope Change or Unknown Field Condition)

The PSC's services will be compensated according to the contract terms (see following notes):

- Design Omission: No increase in the PSC's total contract.
- Design Error: No compensation. The Professional is obligated for design cost.
- Scope Change or Field Conditions: Additional work required by previously unknown building or site factors or Owner's request for scope change. Compensation will be at the hourly rate and requires a PSC contract modification.

Do not prepare a Bulletin unless the DTMB DCD Project Director authorizes the change.

Authorized: _____ Date_____ Concur: _____ Date: _____
Project Director Client Agency Point of Contact

Copies to: File, Owner's Field Representative, Construction Contractor