



**ALTERNATIVE DELIVERY
CONTRACT MODIFICATION REQUEST**

.....CM R Design-Build

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Contractor:	Project No.:	TRACS No.:	Date:
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Project Manager:	Design Firm:	Initiator:
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Requested Change (What):

Reason/Justification (Why):

General Supplemental Agreement Types	List Technical Managers:
<i>If Other, please explain:</i>	

ADOT Recommendation:

Concept Recommended <input type="checkbox"/> <input type="checkbox"/> Yes No	_____ <i>ADOT Sr./Resident Engineer</i>	Date: ___/___/___
Concept Recommended <input type="checkbox"/> <input type="checkbox"/> Yes No	_____ <i>ADOT Asst. District Engineer/District Engineer</i>	Date: ___/___/___
Concept Recommended <input type="checkbox"/> <input type="checkbox"/> Yes No	_____ <i>Assistant State Engineer, Construction</i>	Date: ___/___/___

Concept Recommended <input type="checkbox"/> <input type="checkbox"/> Yes No	Eligible for Federal Reimbursement <input type="checkbox"/> <input type="checkbox"/> Yes No	Date: ___/___/___
_____ FHWA		

Any decision to approve the change to contract terms will be within the sole discretion of ADOT and is dependent on the documentation that is submitted and entered into the Supplemental Agreement Tracking System (SATS).