

Project Manager:	Date:			
State Agency:				
Designer (s):				
Address:				
City, State Zip				
Phone:	Email:			
Contact Person:				
Project Title:				
Institution:				
Project Location:				
SBC Project No.:				
A.1.1 Revised Description (<i>Scope of Work</i>):				
A.1.2	Revised Principal(s) and License(s):			
Revised Designer's Consultants – Basic Services				
A.1.3 A.1.4	Consultants	Firm	Principal	TN License No.
	Structural:			
	Mechanical:			
	Electrical:			
	Architectural:			
	Civil:			
	Landscape:			
	Other:			
Revised Designer's Consultants – Additional Services Outside of Basic Services				
A.1.5	Consultants	Firm	Principal	TN License No.
	Structural:			
	Mechanical:			
	Electrical:			
	Architectural:			
	Civil:			
	Landscape:			
	Other:			

SBC Project No.:

A.1.6		Revised Estimated Design and Construction Time	
<input type="checkbox"/>	Phase 1 – Program Verification:	Calendar Days	
<input type="checkbox"/>	Phase 2 – Schematic Design:	Calendar Days	
<input type="checkbox"/>	Phase 3 – Design Development:	Calendar Days	
<input type="checkbox"/>	Phase 4 – Construction Document:	Calendar Days	
<input type="checkbox"/>	Phase 5 – Bidding or Negotiation	In accordance with Owner's schedule and the construction schedule.	
<input type="checkbox"/>	Phase 6 – Construction:	Calendar Days	
<input type="checkbox"/>	Phase 7 – Close Out Phase	30 days after final completion of construction	
B.1.1	Revised Maximum Allowable Construction Cost (MACC):	\$	
B.1.2	Revised Lump Sum Amount:	\$	
B.1.2	Revised Direct Expense:	\$	
C.1.1	Revised Professional Liability Insurance:	\$	(Minimum One Million Dollars)
D.1	Other Revised Terms and Conditions:		