**New Jersey Department of Transportation**

**Bureau of Research, Innovation & Information transfer**

**Request for Scope Change, Budget Modification, Time Extension and/or Key Staff Change**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Name:** |  | | | |
| **TIP#** |  | | **Federal Project agreement** |  |
| **Principal Investigator:** |  | | | |
| **NJDOT Contract ID # :** |  | **Task Order Number:** | |  |
| **University:** |  | **Center:** | |  |
| **Date of Request:** |  | **Contact Phone Number:** | |  |
| **Person Submitting Request:** |  | | | |

|  |
| --- |
| Request for:  Scope Change  Budget Modification  Key Staff Change  Time Extension |

**Detailed Justification Statement:**

|  |
| --- |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Original Budget: | |  | | | |
| Requested Revised Total Budget  (indicate compliance with 2 CFR 200.308: | |  | | | |
| Amount Expended to Date: | |  | | | |
| Percentage of the Tasks Completed: | |  | | | |
| **IHE Concurrence:** | | | | |
| Center/Department Concurrence: |  | | Date: |  |
| Univ. Grant Accounting Concurrence: |  | | Date: |  |
| ORSP Concurrence: |  | | Date: |  |
| **FHWA Approval:** | | | | |
| Approved  Not Approved  More Information Required | | | | |
| FHWA Director: |  | | Date: |  |
| **NJDOT Approval:** | | | | |
| NJDOT Research Project Manager: |  | | Date: |  |
| Manager, Bureau of Research, Innovation & Information Transfer: |  | | Date: |  |
| Director, Statewide Planning: |  | | Date: |  |
| Assistant Commissioner,  Statewide Planning, Safety, and Capital Investment: |  | | Date: |  |

**\*Signatures certify that the changes comply with the administrative requirements and cost principles as per 2 CFR 200 as well as all pertinent program requirements.**

**New Jersey Department of Transportation**

**Bureau of Research, innovation & information transfer**

**Request for Budget Modification by Task by Year**

|  |  |
| --- | --- |
| **Project Name:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Task Number and Description | Current Approved Budget | **Requested**  **Change** | **Revised**  **Budget** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL** |  |  |  |

University Cost Share Rate is XX% of MTDC, or $XX,XXX for this requested budget modification.

**New Jersey Department of Transportation**

**Bureau of Research, innovation & information transfer**

**Request for Budget Modification by Budget Line Item by Year**

|  |  |
| --- | --- |
| **Project Name:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Budget Items | Current Approved Budget | **Requested Change** | **Revised**  **Budget** |
| **A. Salary and Wages** | | | |
| 1. Faculty (Summer) |  |  |  |
| 2. Release Time |  |  |  |
| 3. Graduate Student |  |  |  |
| 4. Hourly Staff |  |  |  |
| 5. Staff Support |  |  |  |
| ***Subtotal:*** |  |  |  |
| **B. Fringe Benefits (% FY XX)** | | | |
| A1 - X.X% |  |  |  |
| A2 - XX.X% |  |  |  |
| A3 - X.X% |  |  |  |
| A4 - X.X% |  |  |  |
| A5 - XX.X% |  |  |  |
| ***Subtotal:*** |  |  |  |
| **C. Direct Costs** | | | |
| Tuition |  |  |  |
| Supplies |  |  |  |
| Travel |  |  |  |
| ***Subtotal:*** |  |  |  |
| **D. Other Direct Costs:** | | | |
| Equipment |  |  |  |
| Consultants (<=$25K) |  |  |  |
| Consultants (>$25K) |  |  |  |
| Subcontract Total |  |  |  |
| ***Subtotal:*** |  |  |  |
| **E. Modified Total Direct Cost\*** | | | |
| ***Subtotal:*** |  |  |  |
| **F. Overhead/Indirect Costs (XX% of MTDC)\*\*** | | | |
| ***Subtotal:*** |  |  |  |
| ***TOTAL COST:*** |  |  |  |

\* Modified Total Direct Cost includes all costs except equipment (>$5,000), major subcontracts (>$25,000),

and tuition.

\*\* University Cost Share Rate is XX% of MTDC, or $XX,XXX for this requested budget modification.

**New Jersey Department of Transportation**

**Bureau of Research, innovation & information transfer**

**Request for Task Wise Budget Modification for the Research Team by Year**

|  |  |
| --- | --- |
| **Project Name:** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Budget Items** |  | **Task 1** | | **Task 2** | | **Task 3** | | **Task 4** | | **Task 5** | | **Task 6** | | **Task 7** | | **Task 8** | | **Proposed Total** | |
| Name | Hourly Rate | Hours | $ | Hours | $ | Hours | $ | Hours | $ | Hours | $ | Hours | $ | Hours | $ | Hours | $ | Hours | $ |
| A Salary and Wages |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Faculty (Summer) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. Release Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. Graduate Student |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. Hourly Staff |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. Staff Support |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total Hours and Direct Labor Cost |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
|  |