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| --- | --- | --- | --- |
| **Project Name:** |  | | |
| **Region Contract No.:** |  | **Contractor:** |  |
| **Region Project Manager:** |  | **Consultant:** |  |
| **Date:** |  | **Consultant Project Manager:** |  |

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| **Value Engineering Change Proposal Request # \_\_\_\_\_** |

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| --- | --- |
| **Proposed Change (Include description of change and rationale):** | |
|  | |
| **Specification/Drawing Reference:** |  |
| **Credit Offered:** | $ |
| **Engineering Fees Required to Review Alternate (to be provided by consultant):** | $ |

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| **Consultant Comments:** |
|  |

\* If directly related to a STD Deviation the proponent shall complete Appendix 1 as supplemental documentation

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| Contractor |
|  |
| Date |

**For Consultant Use Only:**

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| Consultant Project Manager |  |  |  |
|  |  |  | |
| Date |  |  |  |

**For Region Use Only:**

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| Region Project Manager |  |  |  |
|  |  |  | |
| Date |  |  |  |