*Template Version Date: 8/19/20*

*Red italic text is instructional. Delete prior to document finalization.*

*Gray highlight indicates fill-in or optional/sample language. Tailor.*

*Yellow highlight references attachments.*

 *Green highlight indicates version revisions.*

*Remove gray, yellow, and green highlights prior to finalization.*

*Revisions: 8/19/20: Funds Approval language revised*

Date: Month, Day, Year

Subject: **Justification & Approval for a Contracting Officer’s Directive (COD)**

Project: Park Acronym, PMIS # (Project Management Information System Number), Project Title, Park Name

Contract #: 140P2020XXXX

COD #: 1

% of Contract Work Completed: %

Points of Contact:

Contracting Officer (CO): Name

Contract Specialist (CS): Name

Contracting Officer’s Representative (COR): Name

Contractor: Company: Name

COD Funding Source: Construction Contingency Funds

**COD Scope of Work and Government Cost Estimate**:

Request for Proposal (RFP) #3 issued 01/15/20:

Scope of Work (SOW)

Proposed Changes: Add concrete foundation support for new bench seating at Grand Central Station

Estimated Period of Performance Changes: + 10 days

Estimated Price Adjustment: + $7,000

Request for Proposal (RFP) #4 issued 01/16/20

Scope of Work (SOW)

Proposed Changes: Change Stainless Steel (SS) Post attachment from tubular insert to embed plate

Estimated Period of Performance (POP) Changes: + 5 Days

Estimated Price: + $2,000

Total Adjustments:

Period of Performance (POP): +15 days

Price: +$9,000

**Justification & Urgency:**

(*Justification shall state:*

* Why the SOW described above must be accomplished under the listed contract;
* Why the SOW was not included in the contract’s previous scope;
* *Why it is in the Government’s best interest to commence the SOW under a COD vs a contract5 modification.)*

XXXXXXX

**CERTIFICATIONS AND APPROVALS**

**Requestor:**

The above information is certified complete and accurate:

Signature Date

Print Name Title

**Technical Branch Chief:**

The above described COD is approved.

Signature Date

Print Name

**Funds Approval** (select either option below)

\_\_\_\_ See attached email for funds approval, or

\_\_\_\_ Funds approved by signature below

I do certify that funds are available for the obligation described above:

Signature Date

Print Name

**Contracting Branch Chief:**

The above described COD is approved.

Signature Date

Print Name