Colum	Attachment 3.6-A1 Change Management	t Request (CMR)	Issued by the Change Management Mgr.
	CROSSING	Memora	ndum /
DATE:	Month Day, Year		CMR: (no.)
TO:	CRC Director / Deputy Director		
FROM:	(Program Manager or Project Delivery Director)		n Budget n Budget and Scope n Bid Let Date
SUBJECT:	Change Management Request – Change in Name of Project Package and WBS Number		

Requested Action:

Clearly define the requested action. Clearly state what action is required by the CRC Director (budget change, scope change, schedule change, etc.). If a change in budget or schedule is requested, provide the required information in the appropriate table below. For budget changes, show all of the funding sources on the project package regardless of whether they change or not. All budget and schedule changes must be supported by detailed justification and/or attachments.

Name of Project Package / WBS Number								
	PE	ROW	Utilities	CE	Const	Total		
Current Budget								
Budget Change								
Revised Budget								

Name of Project Package / WBS Number								
	RFQ Date	RFP Date	Milestone Date	Bid Let Date Advertisement	Award Date	Substantial Completion Date		
Current Schedule Date								
Revised Schedule Date								

Background:

Provide background information on the project package and the change. The purpose of the background information is to provide a basis for the requested change. Clearly indicate all of the effects of the change on budget, schedule, scope, permitting or other project package issues. If other project packages are affected by the change, state how they interact.

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Justification:

Provide the justification for the change. If alternatives were analyzed, summarize the recommended option and the other alternatives. If budget data is provided, all budgets must be supported by detailed justification and/or attachments. Summarize any facts based on studies or design calculations needed to justify the change and include complete information. Any statement about a factor which justifies the need for the change must be substantiated.

(Name) Program Manager or Project Delivery Director Date Requested

Nancy Boyd CRC Director

Date Approved

Kris Strickler Deputy Director Date Approved

Attachment A: _____

Attachment B: _____