

State of Kansas, KDEM

Improved Project Proposal Form

DR-___ -KS Applicant: _____

PW - _____

Work Order#: _____ Rev# _____
Date: _____

1. Original Scope Description:

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2. Scope Change Description

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3. Scope Change Justification, Special Considerations & Impact on Schedule

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4. Scope Change Summary – Cost Impact

	Scope Cost		Actual Improved Cost		Difference + or -
Labor		Labor		Labor	
Material		Material		Material	
Equipment		Equipment		Equipment	
Contracts		Contracts		Contracts	
Line Clearance		Line Clearance		Line Clearance	
Other		Other		Other	
TOTAL		TOTAL		TOTAL	*

5. Approvals

Title	Name & Signature	Date
Designer/Estimator/Engineer		
Utility Operations/Engineering Mgr.		
Finance/Accounting Mgr.		
Kansas Emergency Management	Approved By:	

Note: *FEMA does not reimburse for under-runs. You are responsible for costs over and above the PW Scope Cost versus Actual Improved Cost (Must be identified in your submittals) as a credit back to FEMA.

ATTACH A MAP WITH IMPROVED PROJECT PROPOSAL, IDENTIFY CHANGES PRIOR TO CONSTRUCTION AND DESIGN AFTER CONSTRUCTION IS COMPLETED.