**Project Change Form**

*PART A*

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| **Applicant Name:** | **Project Number: -** | **Applicant Change ID:** |
| **Name of Recipient Contact:** | **Date Requested:** | |
| **Description of the change:** | | |
| **Justification for change:** | | |
| **Impact on the project:** | | |
| **Applicant Declaration** (to be completed by the Applicant) | | |
| By signing this document, the Recipient acknowledges and agrees that the request to change to the Contribution Agreement as specified in Part A of this form is subject to the approval of Northern Development and if so, approved by the Northern Development shall become legally binding.    The Applicant further acknowledges and agrees that all provisions of the Contribution Agreement remain in full force and effect, except as modified by this form. | | |
| X  Applicant Name  Title    Veuillez enlever ce texte une fois la partie A complétée. Veuillez cliquer sur le bouton droit de la souris sur le bloc de signature ci-contre et sélectionner configuration de signature afin de changer le texte associé au nom du bénéficiaire et au titre du signataire. Ensuite, cliquer sur le bouton droit de la souris sur le bloc de signature ci-contre et sélectionner signer afin de dactylographier votre signature ou insérer une image de votre signature. | | |
| Comments: | | |

**Required Attachments**

* Change Order Request – Budget Template for all budget changes

*PART B*

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| **Impact Assessment**  (to be completed by NDIT Staff) | | Amendment Required (Approval Required)  No Amendment Required |
| **Program Director Name:** | | |
| **Change Impact Assessment:** | | |
| **Impact on project parameters:**  Budget  Scope  Project Schedule  Key Deliverables (if applicable) | | |
| **Project Updated**  Project Schedule Updated Date: \_\_\_\_\_\_\_\_\_  Scope Updated Date: \_\_\_\_\_\_\_\_\_  Budget Updated Date: \_\_\_\_\_\_\_\_\_  Strategic Factors Updated Date: \_\_\_\_\_\_\_\_\_ | | Key Deliverables Updated (if applicable)  Date: \_\_\_\_\_\_\_\_\_  Other: \_*specify*\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ |
| **Decision/Recommendation** (to be completed by NDIT staff) | | |
| Approved  Declined | Decision (YYYY-MM-DD): | |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date (YYYY-MM-DD): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Comments: | | |