



CONTRACTOR’S TIME EXTENSION PROPOSAL (CTEP)

It is recommended that you complete this form in an Adobe PDF reader

Contractor	Contract No.
Point of Contact	Project No.
Email	Site
Ph. No.	Project Title
Current Contract Completion Date:	CTEP No.
Architectural/Engineering Firm Name:	

The following time extension proposal is submitted for Owner consideration. This request is prepared and executed in accordance with the terms of the contract. Article 9 and 11 for contracts that include the Uniform General Conditions and Paragraph 18 for contracts that include Terms and Conditions (Construction).

Narrative Description of Request

Contract time has been lost due to reasons beyond contractor's control. Calendar days lost are itemized with narrative of the nature of the delay and its cause, the basis of Contractor's claim of entitlement to a time extension, documentation of the actual impacts of the claimed delay on the critical path indicated in Contractor's Work Progress Schedule and any concurrent delays. If applicable, provide a description and documentation of steps taken by contractor to mitigate the effect of the claimed delay. Include supporting documentation (ex: NOAA reports, daily reports, communications with manufacturers and suppliers) with this form.

Start	End	Consecutive Hours Lost	Description of Event
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Start	End	Consecutive Hours Lost	Description of Event
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Effect on Critical Path

If requesting additional time to be added to the contract completion date, provide a narrative explanation of schedule impact to the critical path in the space below.

Summary of Proposed Changes

Calculation of time extension for working days lost:

$$x \quad (7 / \quad) =$$

$$\# \text{ of working days lost } x \quad (7/\text{Days in work week}^*) = \quad \text{Granted Calendar days}$$

(will be rounded up in final calculation)

REQUEST ADDITION OF _____ CALENDAR DAYS TO THE CONTRACT PERIOD.

An updated Work Progress Schedule graphically demonstrating effect to the project's critical path is required.

Contractor's Signature: _____

Printed Name/Title: _____ Date: _____

The following to be completed by TPWD

Length of Extension Requested by Contractor (in calendar days): _____

Length of Extension Recommended by CPM (in calendar days): _____

Recommendation Justification (if different from contractor's request):

Title

Signature

Date

Construction Project Manager Signature

Project Manager Signature
(concur with CPM)

Texas Parks and Wildlife Department maintains the information collected through this form. With few exceptions, you are entitled to be informed about the information we collect. Under Sections 552.021 and 552.023 of the Texas Government Code, you are also entitled to receive and review the information. Under Section 559.004, you are also entitled to have this information corrected.