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| 1. BCP Number:
 | 1. BCP Title:
 |
| 1. DOE Program:
 | 1. Project Location:
 |
| 1. Point of Contact:
 | 1. Phone:
 |
| 1. Email:
 |  |
| 1. Directed Change(Check all that apply):

\_Congressional Budget Rescission/Cut\_Regulatory Change\_DOE Policy Change  | 1. Other causes of Baseline Change (Check all that apply):

\_OMB Budget Cut/Rescission\_DOE Budget Cut/Rescission\_Technical Challenges\_Scope Change\_Funding Partner Cut/Rescission\_Other- Please explain below |
| 1. Causes of Baseline Change :
 |
| 1. Change Description:
 |
| 1. Change Justification:
 |
| 1. Impact of Non-Approval:
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| 1. Impact on Cost Baseline:
 | Baseline (As of \_\_\_\_\_\_\_) | Proposed | Change |
| TEC |  |  |  |
| OPC |  |  |  |
| Contingency |  |  |  |
| TPC |  |  |  |
| 1. Impact on Funding Profile (BA):

 Prior FY FY0X FY0Y FY0Z TotalBaseline ($M)DOE OPCDOE TECDOE TPCProposed ($M)DOE OPCDOE TECDOE TPCChange ($M)DOE OPCDOE TECDOE TPC |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1. Explanation of Impact on Cost and Funding Baseline:

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| --- | --- | --- | --- | --- |
| WBS | Description | Current Budget | Proposed Changes | New Budget |
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| 1. Impact on Schedule Baseline:

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| Milestone (No. & Description) | Baseline(Month/Year) | Proposed (Month/Year) | Change |

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| 1. Explanation of Impact on Schedule Baseline:
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| 1. Impact on Scope Baseline:
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| 1. Explanation of Impact on Scope Baseline:
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| 1. Other Impacts(Health, Safety, Environment, etc):
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| 1. Interim or Corrective Actions:
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| APPROVALS |
| 1. Submitted by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_[Name], Project Manager, [Laboratory] Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_[Name], Project Director, [Laboratory] Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_[Name], Additional Laboratory Staff as Needed [Laboratory] Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_[Name], Laboratory Director, [Laboratory] Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_[Name], Federal Project Director [Site Office], DOE Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_[Name], Manager, [Site Office], DOE Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_[Name], Program Manager Date[Program Office], Office of Science, DOE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_[Name], Additional Approvers as needed Date 1. Concurrence:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_[Name], Director DateOffice of Project Assessment, Office of Science, DOE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_[Name], Deputy Director Date[As determined by Charge Control Threshold Table] Office of Science, DOE |
| 1. Acquisition Executive Approval:
 |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_[Name] DateAcquisition Executive |
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| 1. ESAAB Board Recommendations:

The Undersigned “Do Recommend” (Yes) or “Do Not Recommend” (No) approval of the \_\_\_\_\_\_ Project Baseline Change Proposal.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Yes\_\_No\_\_ ESSAB Secretariat, Office of Project Assessment Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes\_\_No\_\_Representative, Non-Proponent SC Program Office Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes\_\_No\_\_Representative, Office of Budget Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes\_\_No\_\_Representative, Environment, Safety and Health Division Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes\_\_No\_\_Representative, Safeguards and Security Division Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes\_\_No\_\_Representative, Facilities and Infrastructure Division Date |