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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 Total  Baseline ($M)  DOE OPC  DOE TEC  DOE TPC  Proposed ($M)  DOE OPC  DOE TEC  DOE TPC  Change ($M)  DOE OPC  DOE TEC  DOE TPC | | | |

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| 1. Explanation of Impact on Cost and Funding Baseline:  |  |  |  |  |  | | --- | --- | --- | --- | --- | | WBS | Description | Current Budget | Proposed Changes | New Budget | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |

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| 1. Impact on Schedule Baseline:  |  |  |  |  | | --- | --- | --- | --- | | Milestone (No. & Description) | Baseline(Month/Year) | Proposed (Month/Year) | Change | |
| 1. Explanation of Impact on Schedule Baseline: |
| 1. Impact on Scope Baseline: |
| 1. Explanation of Impact on Scope Baseline: |
| 1. Other Impacts(Health, Safety, Environment, etc): |
| 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 Date  Office 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] Date  Acquisition 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 |