**Form 2 - Changes and Comments to Appendix D - Supplementary Conditions**

**Check here  if there are no changes or comments on Appendix D - Supplementary Conditions.**

**If there are changes or comments, complete the table below (expand if additional changes or comments are required).**

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| **Item No.** | **SC No.** | **Proposed Change/Comment**  **to Applicable SC No.**  **(including detailed drafting)** | **Reasons for Proposed Change/Comment** | **Impact on Costing (Yes/No)**  **If Yes, Provide an Explanation**  **(Note: do not provide any pricing information)** | **Impact on Schedule (Yes/No)**  **If Yes, Provide an Explanation** |
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