

Date: _____

Transportation Improvement Program
AMENDMENT REQUEST FORM

1. Project Name: _____ PIN: _____

2. Purpose of Amendment (*describe*):

3. Funding Impacts:

a. Current Federal Funding Source(s): _____ Local Share Source: _____

b. Total Funding Change Requested – *From*: \$ _____ *To*: \$ _____

c. Project Modification(s) Requested:

<u>COST CATEGORY</u>	<u>FUNDING CHANGE</u> (Cumulatively matches 3b)	<u>OBLIGATION DATES</u>	
		Old	New
SCOPING	\$		
DESIGN	Preliminary: \$		
	Detailed: \$		
RIGHT-OF-WAY	Acquisition: \$		
	Incidentals: \$		
CONSTRUCTION	Construction: \$		
	Construction Inspection: \$		
OTHER (<i>specify</i>):	\$		

OFFICE USE

4. TIP Program Impacts:

a. Local Projects Liaison Review: Y / N Name: _____ Date: _____

b. Does this change the Exempt or Non-Exempt status of this project? Y / N

c. Fiscal Constraint /Program Changes: _____

d. Transportation Projects Subcommittee Recommendation? Y / N Date: _____

e. Assigned TIP Amendment Number: # _____ MAJOR / MINOR

f. Approved TIP to be Amended: FFY _____ - FFY _____