**Exhibit 25-D: Request for Project Scope Change (Local ATP Projects)**

The Request for Project Scope Change (Local ATP Projects) form, Exhibit 25-D, is used when the implementing agency is unable to complete the approved project scope as programmed. This Project Scope Change Request Form is intended to support the California Transportation Commission (CTC) “Policy on Project Amendments and Advance Project Allocations”, adopted on August 18, 2016.

***Prior to filling out this form*** *the implementing agency is expected to:*

1. *Read the instructions, Exhibit 25-D1: Instructions for Request for Project Scope Change, and become familiar with all required elements of requests for scope changes*
2. *Hold a coordination meeting/call with Caltrans District and HQ ATP managers. See instructions for more details.*

 *[This form must be placed on the requesting agency’s letterhead]*

To: *<<DLAE Name>>* Date:

 District Local Assistance Engineer PPNO:

 Caltrans, Office of Local Assistance Federal PROJECT #:

 *<<District Address>>* ATP ID #: ATP

**Project Name** (Per CTC programming)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approved Project Description** (As submitted in Application)**:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approved Project Limits** (As submitted in Application)**:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  **For Federally Funded Projects:** Written MPO Concurrence (see Item #7)

Current FTIP/FSTIP Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current FTIP/FSTIP Limits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear (DLAE Name):

*<<Optional: Add general Introduction and/or background information>>*

Consistent with the California Transportation Commission’s (CTC) “Policy on Project Amendments and Advance Project Allocations”, adopted on August 18, 2016, we request that Caltrans consider, and the CTCapprove the proposed Project Amendments as documented below:

Required Elements (per CTC’s Project Amendment Policy):

1. **An explanation of the proposed scope change;**

*<< Address all applicable elements per Exhibit 22-D1 >>*

1. **The reason for the proposed scope change;**

*<< Address all applicable elements per Exhibit 22-D1 >>*

1. **The impact the proposed scope change would have on the overall cost of the project;**

*<< Address all applicable elements per Exhibit 22-D1 >>*

1. **An estimate of the impact the proposed scope change would have on the potential of the project to increase walking and bicycling as compared to the benefits identified in the project application (increase or decrease in benefit);**

|  |  |  |  |
| --- | --- | --- | --- |
| **Location/Element** | **Approved Scope** | **Proposed Change** | **Change in Walking/Bicycling Benefit**  |
|  |  |  |  |

*<< Add rows to below table as needed to address separate locations of corridors where scope will be changed>>*

*<< Address all applicable elements per Exhibit 22-D1 >>*

1. **An estimate of the impact the proposed scope change would have on the potential of the project to increase the safety of pedestrians and bicyclists as compared to the benefits identified in the project application (increase or decrease in benefit);**

|  |  |  |  |
| --- | --- | --- | --- |
| **Location/Element** | **Approved Scope** | **Proposed Change** | **Change in Safety Benefit**  |
|  |  |  |  |

*<< Add rows to below table as needed to address separate locations of corridors where scope will be changed>>*

*<< Address all applicable elements per Exhibit 22-D1 >>*

1. **An explanation of the methodology used to develop the aforementioned estimates; and**

*<< Address all applicable elements per Exhibit 22-D1 >>*

1. **For projects programmed in the Metropolitan Planning Organization (MPO) component, evidence of MPO approval and the MPO rationale for their approval.**

*<< Address all applicable elements per Exhibit 22-D1 >>*

Additional Questions:

1. **Does this scope change require revalidation of your environmental document?** (Yes/No)

**If yes, what is the actual/estimated date of revalidation?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Explain the additional public outreach efforts you have made with respect to this proposed scope change**

**and provide a summary of the public response to these efforts:**

*<< Address all applicable elements per Exhibit 22-D1 >>*

**Required Attachments:** (check boxes of attached required documents)

*

[ ]  Original plans/workplan with changes highlighted

[ ]  Revised plans/workplan

[ ]  Original Detailed Engineer’s Est. with changes highlighted

[ ]  Revised Detailed Engineer’s Est.

[ ]  Written MPO Concurrence (see Item #7)

[ ]  Additional Revised Application Documentation

**Required revisions to the Project’s Description and/or Limits:**

The proposed Project Amendments documented above will require the following changes to the Project’s Description and/or Limits: *<<Insert “N/A” if no changes are required to the Project Description and/or Limits>>*

**Proposed changes to the Project Description:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proposed changes to the Project Limits:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **For Federally Funded Projects:**  *<<Insert “N/A” if no changes are required to the FTIP/FSTIP Description and/or Limits>>*

Proposed changes to the FTIP/FSTIP Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed changes to the FTIP/FSTIP Limits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Delivery Status:**

The following is a side-by-side comparison of the original project schedule and the current project schedule.
The explanations for each milestone date change is listed below:

**Original CTC Allocation Dates:** (as programmed by the CTC when the application was approved for funding):

PA&ED: \_\_\_\_\_ PS&E: \_\_\_\_\_ R/W: \_\_\_\_\_ CON: \_\_\_\_\_ CON-NI: \_\_\_\_\_

**Actual/Currently Anticipated CTC Allocation Dates:** (at the time of this request)

PA&ED: \_\_\_\_\_ PS&E: \_\_\_\_\_ R/W: \_\_\_\_\_ CON: \_\_\_\_\_ CON-NI: \_\_\_\_\_

**Explanation for milestone changes:**  *<< Only list/explain the Allocation milestones that have changed>*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Local Agency Certification:**

This Request for Scope Change has been prepared in accordance with the *Procedures for Administering Local Projects in the Active Transportation Program (ATP)*. I certify that the information provided in the document is accurate and correct. I understand that if the required information has not been provided this form will be returned and the request may be delayed. Please advise us as soon as the scope change has been approved.
You may direct any questions to:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (name) (phone number)

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_

Agency/Commission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attachments:

Distribution:

(1) Original -DLAE

(2) Copy – Division of Local Assistance, Headquarters ATP Program Manager

(3) Copy – MPO/RTPA/County Transportation Commission