**CMAQ/TAP Cost Change Request Form**

**Project Identification**

|  |  |  |  |
| --- | --- | --- | --- |
| TIP ID |  | Sponsor |  |
| Project Location Description |       |

**Currently Programmed Funding – Before cost change(s)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Phase | Programmed FFY | Programmed Total Cost ($000’s) | Programmed Federal Cost ($000’s) | Programmed Federal Share (%) | Federal Fund Source | Match Fund Source | Phase Accomplished\* |
| ENG1 |  |  |  |  |  |  | [ ]  |
| ENG 2 |  |  |  |  |  |  | [ ]  |
| ROW |  |  |  |  |  |  | [ ]  |
| CONST |  |  |  |  |  |  | [ ]  |
| CE |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Phase | Programmed FFY | Programmed Total Cost ($000’s) | Programmed Federal Cost ($000’s) | Programmed Federal Share (%) | Federal Fund Source | Match Fund Source | Phase Accomplished\* |
| ENG |  |  |  |  |  |  | [ ]  |
| IMP |  |  |  |  |  |  | [ ]  |
| Total |  |  |  |  |  |  |  |

**Actual/Estimated Costs and Schedule – Including cost change(s)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Phase | Starting FFY | Current Total Cost ($000’s) | Current Federal Cost ($000’s) | Current Federal Share (%) | Federal Fund Source | Local Match Fund Source | Actual or Anticipated federal authorization date\*\* |
| ENG1 |  |  |  |  |  |  |  |
| ENG 2 |  |  |  |  |  |  |  |
| ROW |  |  |  |  |  |  |  |
| CONST |  |  |  |  |  |  |  |
| CE |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Phase | Starting FFY | Current Total Cost ($000’s) | Current Federal Cost ($000’s) | Current Federal Share (%) | Federal Fund Source | Local Match Fund Source | Actual or Anticipated FTA Grant approval date\*\*\* |
| ENG |  |  |  |  |  |  |  |
| IMP |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |

**Requested Cost Changes (+/-)**

Check all that apply: [ ]  Cost Increase [ ]  Transfer of Funds [ ]  Reinstatement of Deferred Funds

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Phase | Starting FFY | Additional Total Cost ($000’s) | Additional Federal CMAQ Funds($000’s) | Revised Federal Share (%) | Transfer to/from phase(s) |
| ENG1 |  |  |  |  |  |
| ENG 2 |  |  |  |  |  |
| ROW |  |  |  |  |  |
| CONST |  |  |  |  |  |
| CE |  |  |  |  |  |
| Total |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Phase | Starting FFY | Additional Total Cost ($000’s) | Additional Federal CMAQ Funds ($000’s) | Revised Federal Share (%) | Transfer to/from phase(s) |
| ENG |  |  |  |  |  |
| IMP |  |  |  |  |  |
| Total |  |  |  |  |  |

**Reason for Request**

Check here if the reason is a scope change [ ]  and complete a [Scope Change Request](http://www.cmap.illinois.gov/documents/10180/38326/CMAQ%2BScope%2BChange%2BRequest%2BForm%2B%285-1-13%29.docx/9a2e7cbe-4c0b-4918-8405-eda69e863bc7) form.

|  |
| --- |
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**State and Federal Project Information**

Select One.

[ ]  State/Federal Project or Grant Numbers Provided Below

[ ]  Most recently *approved* PPI Form Attached

[ ]  Local Agency Agreement Attached

|  |  |  |  |
| --- | --- | --- | --- |
| Phase | State Job NumberX-00-000-00 | Federal Project NumberXXX-0000(000) | FTA Grant Number IL-XX-XXXX-XX |
| ENG1 | P-      |       |       |
| ENG 2 | D-      |       |       |
| ROW | R-      |       |       |
| CONST | C-      |       |       |
|  |  |  |  |
| ENG |        |       |       |
| IMP |        |       |       |

**Additional Comments**

|  |
| --- |
|       |

**Project Identification**

Provide the project identification exactly as it appears in the CMAQ or TAP programs. The current CMAQ Program Summary Report can be found on the CMAQ Program Management and Resources page of the CMAP website (<http://www.cmap.illinois.gov/mobility/strategic-investment/cmaq/program-management-resources>). Individual project line items are listed alphabetically by sponsor in the year in which they are programmed.

**Currently Programmed Funding – Before cost change(s)**

Provide the current programmed funding for all phases, regardless of the fund source used/programmed for that phase. The FFY and costs for CMAQ line items must match the [current CMAQ Program](http://www.cmap.illinois.gov/mobility/strategic-investment/cmaq/program-management-resources), including any previously approved cost changes. For deferred phases, the programmed year should be entered as MYB. All line items funded with other sources should match the [TIP](http://tip.cmap.illinois.gov/tip/default.aspx), however phases not included in the TIP (for example locally funded engineering) should also be included here. Enter N/A for ROW or CE if no ROW or CE is required for the project.

Complete the table that is appropriate for the type of project. Insert additional rows in the table if more than one fund source is being used for a phase, or if funding is “staged” in multiple federal fiscal years. Each row should include one fund source and one FFY.

\*Definitions of accomplishment can be found in the [CMAQ Programming and Management Policies](http://www.cmap.illinois.gov/documents/10180/37216/CMAQ_Policies_Approved_6-14-12.pdf/62ea2bbf-1a6e-4962-9023-ddb6ad8333e1).

**Actual/Estimated Costs and Schedule – Including cost change(s)**

Enter the actual costs included in the most recent Engineer’s Estimate for every phase of the project, including phases that are complete and/or authorized, and the current project schedule. For accomplished phases, enter the actual cost and date of federal authorization or grant approval. Enter N/A for ROW or CE if no ROW or CE is required for the project.

Complete the table that is appropriate for the type of project. Insert additional rows in the table if more than one fund source is being used for a phase, or if funding is “staged” in multiple federal fiscal years. Each row should include one fund source and one FFY.

\*\*For the construction phase, enter the letting date. For other phases, the authorization date is typically the date the Local Agency Agreement is executed by IDOT Central Office. For phases not using federal funds, enter the estimated start date of the phase.

\*\*\*Some non-traditional projects (such as the purchase of bicycle racks) may be ENG/IMP projects processed through IDOT. For these projects, enter the federal authorization date.

**Requested Cost Changes (+/-)**

Enter the changes (positive and negative) to the total cost of each phase and the CMAQ funding requested (difference between currently programmed funds and actual/estimated cost). If any line is the same as the currently programmed funding, enter zeroes. To request a transfer of funds from one phase to another, enter negative values in the phase funds are being transferred from and enter the phase(s) funds are being transferred to in the “Transfer to/from phase(s)” column. In the row for the phase accepting the transferred funds, enter the amount transferred and the phase it is being transferred from. If you are requesting an increase in addition to a transfer, please use separate rows for the transferred amount and the new funding being requested.

Complete the table that is appropriate for the type of project. Insert additional rows in the table if more than one fund source is being used for a phase, or if funding is “staged” in multiple federal fiscal years.

**Reason for Request**

Briefly describe the reason for the cost change (this information will be used to develop the PSC agenda).

**State and Federal Project Information**

State and/or Federal identification must be provided below or via an attached Project Program Information (PPI) Form or Local Agency Agreement for Federal Participation (BLR 5310). Enter TBD if numbers have not yet been assigned by IDOT or the FTA.

**Additional Comments**

Provide any additional information that may assist CMAP staff and the PSC with consideration of this request. Use this space to explain any entries above that were left blank, or to clarify any of your above responses. There is no need to repeat information supplied elsewhere on the form; information provided only in a cover letter should be repeated, however.

**For the submittal procedures and more detailed instructions that apply to this form, see the** [**CMAQ Scope and Cost Change Request Procedures**](http://www.cmap.illinois.gov/documents/10180/38326/CMAQ%2BScope%2Band%2BCost%2BChange%2BRequest%2BProcedures%2B%285-1-13%29.pdf/039fbfbd-1268-4896-ac2b-9214c84d02de) **document.**

**Submit this completed form and any requested attachments to your Planning Liaison (PL) for review and submittal to CMAP. For sponsors noted as exceptions to PL review in the procedure above, please submit to the project contact for transmittal to CMAP.**

**Requests should be submitted according to the schedule outlined on the current calendar of** [**Transportation Meetings and Deadlines**](http://www.cmap.illinois.gov/documents/10180/124134/MTS%2B2016v2.pdf/8723a2da-ff17-4097-97d9-8054ffcd6fc2)**. Requests received after the CMAQ Revision Request deadline for a particular PSC meeting will not be considered until the next scheduled meeting.**