

PROJECT AMENDMENT REQUEST

MI Project Number		Request Date	
Project Title			
Ultimate Recipient			
Request Type (select all that apply)			
☐ Change Project Description		☐ Change Project Assets	
☐ Timeline Extension – Consultant		☐ Change Project Outcomes	
☐ Timeline Extension - Contractor		☐ Schedule Change	
Current Project Status (select one)			
☐ 01 - Recipient Agreement Not Yet Signed		☐ 09 - Tender Called	
☐ 02 - Recipient Agreement Signed		☐ 10 - Tender Closed	
☐ 03 - Consultant RFP Issued		☐ 11 - Contract Awarded	
☐ 04 - Preferred Consultant Selected		☐ 12 - Construction Ongoing	
☐ 05 - Consultant Agreement Signed		☐ 13 - Construction Complete	
☐ 06 - Design Ongoing		☐ 14 - Waiting on Close out Documents	
☐ 07 - Tender Document Review		☐ 15 - Deficiencies Remain	
☐ 08 - Approval to tender Issued		☐ 16 - Hold	
Original Approved Project Description (found in funding agreement)			
Requested Revised Project Description (only complete if there are changes)			

Asset Revision (found in approval agreement)		
Asset Description Approved	Approved Quantity	Amended Quantity Show only the change value
Example - Water main (add lines as necessary)	400 m	-50 m

Approved Outcomes (approved can be found in approval agreement)	
Original Outcomes	Outcomes after revision only complete if there are changes

Location plan of work (REQUIRED request will be returned unevaluated if not included)
Insert screen shot of KML showing original extent of work in yellow and proposed in red

Schedule Impacts					
	Original Date in Funding Agreement			Proposed Date	
Project Completion date					
Consultant Contracts signed by					
Construction Contracts signed by					
Construction to be complete by					
Funding Impacts					
Original Approved Funding (incl HST)				\$	
Value of all work committed in contracts to date				\$	
Based on pretender estimate project is anticipated to be over funding.				YES ☐	NO ☐
Project tendered and results are over budget?				YES ☐	NO ☐
There is a Project Overrun – 100% Funding by UR (fill out this section only)					
Resolution of Council/Board to fund the share of the overrun, indication method of funding. If financing, a letter from a lender is required.				YES ☐	NO ☐
Value of Overrun (incl HST)				\$	
There is a Project Overrun and it will be addressed by decreasing scope (fill out this section only)					
Modifying scope to manage budget?				YES ☐	NO ☐
Proposed cost of Change (incl HST) (savings to the project)				\$	
Revised Estimated Fiscal Year Cash Flow					
	Prior Years	Y1 Estimate	Y2 Estimate	Y3 Estimate	New Project Total
Original					
Proposed					
Explanation for the Amendment Requested					
Describe the reason for the request, including the cause.					

What are alternative solutions?	
What will happen if this request is not approved?	
Ultimate Recipient Approval	
Signature of Board or Council Representative (not consultant)	
Resolution of Council/Board attached. (REQUIRED in all cases)	YES ☐ NO ☐
Name (print)	Signature
Title	Date

Departmental Review (internal use only)			
Project Representative Review			
Comments:			
Support ☐ Oppose ☐			
		Date	Name (print) & Signature
Regional Engineer			
Comments:			
Support ☐ Oppose ☐			
		Date	Name (print) & Signature
Director			
Comments:			
☐ Infrastructure Canada approval received (if required)			
☐ Meets program requirements.			
☐ Allowable within funding agreement.			
☐ Other:			
Approve ☐ Reject ☐			
		Date	Name (print) & Signature