**PROJECT AMENDMENT REQUEST**

| **Project Title** |  | **MI Project Number** |  |
| --- | --- | --- | --- |
| **Ultimate Recipient** |  | **Request Date** |  |
| **Original Approved Project Description** (found on original project approval letter) | | | |
|  | | | |
| **Current Project Status** (select one) | | | |

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| --- | --- | --- | --- | --- |
| 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 - Prime 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 |  |

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| **Requested Revised Project Description** | | | | | | | | | | |
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| **Asset Revision** (approved can be found in approval agreement) | | | | | | | | | | |
| **Asset Description Approved** | | | | | **Approved Quantity** | | | | **Requested Quantity** | |
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| **Approved Outcomes** (approved can be found in approval agreement) | | | | | | | | | | |
| **Original Outcomes** | | | | | **Outcomes after revision** | | | | | |
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| **Explanation for the Amendment Requested** | | | | | | | | | | |
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| **Location plan of work (** This is REQUIRED request will be returned unevaluated) | | | | | | | | | | |
| KML showing the location of new and/or deleted work attached? | | | | | | | | | YES  No | |
| **Schedule Impacts** | | | | | | | | | | |
| Original Project  Completion date |  | | Proposed Project  Completion Date | | | | | |  | |
| Will work be completed within the ORIGINAL funding agreement timelines? | | | | | | | | | YES  No | |
| **Justification for Schedule change:** | | | | | | | | | | |
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| **Funding Impacts** | | | | | | | | | | |
| Project tendered and results are over budget? | | | | | | | | | YES  No | |
| Original Approved Funding | | | | | | | | |  | |
| Proposed cost of Change | | | | | | | | |  | |
| Value of Overrun | | | | | | | | |  | |
| Revised Project Cost Funding | | | | | | | | |  | |
| *\*The Ultimate Recipient will be 100% responsible for costs over original approved funding* | | | | | | | | | | |
|  | | | | | | | | | | |
| Resolution of Council/Board to fund the over run, indication method of funding. If financing, a letter from a lender is required | | | | | | | | | YES  No | |
| **Revised Estimated Fiscal Year Cash Flow** | | | | | | | | | | |
| **Prior FYs**  **(Actual)** | | **Y1**  **Estimate** | | **Y2**  **Estimate** | | | | **Y3**  **Estimate** | | **Project**  **Total** |
|  | |  | |  | | | |  | |  |
| **Ultimate Recipient Approval** | | | | | | | | | | |
| **Signature of Board or Council Representative (not consultant)** | | | | | | | | | | |
| Resolution of Council/Board attached. (REQUIRED) | | | | | | | | | YES  No | |
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| **Name (print)** | | | | | | **Signature** | | | | |
|  | | | | | |  | | | | |
| **Title** | | | | | | **Date** | | | | |
| **Departmental Review** | | | | | | | | | | |
|  | | | **Date** | | | | **Name (print) & Signature** | | | |
| **Project Representative Review**  Recommend  Reject | | |  | | | |  | | | |
| **Regional Engineer**  Recommend  Reject | | |  | | | |  | | | |
| **Director**  Recommend  Reject | | |  | | | |  | | | |
| **Comments** | | | | | | | | | | |
| NOTE – if this is a request for additional funding within the ICIP program ONLY, the UR will be required to provide motion indicating they can provide their increased share. | | | | | | | | | | |