**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) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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** |
|  |
| **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 ProjectCompletion date |  | Proposed ProjectCompletion Date |  |
| Will work be completed within the ORIGINAL funding agreement timelines? | YES [ ]  No [ ]  |
| **Justification for Schedule change:** |
|  |
| **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 [ ]  |
|  |
| **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. |