



REGION 3 PROJECT CHANGE REQUEST (PCR)

CLEAR

Submit this form to appropriate ODOT Transportation Project Manager (TPM) or ODOT State contact to request approval to change the scope of work, schedule, or budget as described in "Exhibit B" of the Intergovernmental Agreement (IGA) for the project.

Project Details

PROJECT NAME		STIP KEY #	IGA #	PCR #	
RECIPIENT AGENCY (APPLICANT/S)		BRIDGE #(S)			
LOCAL AGENCY PROJECT LEAD (REQUESTOR) NAME		TITLE			
		AGENCY/ORG.			
PHONE	FAX	E-MAIL			
SIGNATURE		DATE			
MPO <input type="checkbox"/> YES <input type="checkbox"/> NO	IGA AMEND. <input type="checkbox"/> YES <input type="checkbox"/> NO	ADA CONST. <input type="checkbox"/> YES <input type="checkbox"/> NO	SFLP <input type="checkbox"/> YES <input type="checkbox"/> NO	CERTIFIED AGENCY <input type="checkbox"/> YES <input type="checkbox"/> NO	ODOT FACILITY <input type="checkbox"/> YES <input type="checkbox"/> NO

Send this completed form and any attachments by email to the ODOT contact and/or as indicated in the IGA.

Funding Program *Please mark all that apply*

- | | |
|---|---|
| <input type="checkbox"/> Multimodal Transportation Enhance Program (MTEP) | <input type="checkbox"/> Congestion Mitigation and Air Quality Program (CMAQ) |
| <input type="checkbox"/> Surface Transportation Block Grant (STBG) | <input type="checkbox"/> Transportation Alternatives Program Project (TAP) |
| <input type="checkbox"/> Safety Program (ARTS, HSIP, etc..) | <input type="checkbox"/> Transportation Demand Management Program (TDMP) |
| <input type="checkbox"/> Fund Exchange (FEX - STP) | <input type="checkbox"/> Federal Transit Administration (FTA) |
| <input type="checkbox"/> Intelligent Transportation Systems (ITS) | <input type="checkbox"/> Western Federal Lands Highway (W-FLH) |
| <input type="checkbox"/> Local Bridge Program (LBP) | <input type="checkbox"/> Emergency Relief Program (ERP) |
| | <input type="checkbox"/> Other: |

Type of Change *Please mark all that apply**

- | | | | |
|---------------------------------------|---|---|---|
| <input type="checkbox"/> Scope | <input type="checkbox"/> Schedule | <input type="checkbox"/> Budget | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reduce Scope | <input type="checkbox"/> Delay a Milestone > 90 Days | <input type="checkbox"/> Cost Increase | <input type="checkbox"/> Add project or phase |
| <input type="checkbox"/> Expand Scope | <input type="checkbox"/> Delay the STIP Year (slip) | <input type="checkbox"/> Cost Decrease | <input type="checkbox"/> Remove project or phase |
| <input type="checkbox"/> Change Scope | <input type="checkbox"/> Advance a Milestone or STIP Year | <input type="checkbox"/> Changes in fund plan | <input type="checkbox"/> Combine or split project |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: | <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

*For marked changes, please provide details in the applicable Change Justification section(s).



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Change Justification & Details

Does the STIP or MTIP need to be amended? ☐ YES* ☐ NO *If "YES", TPM to work with ODOT STIP Coordinator to provide information on STIP impacts worksheet.

What is the change? Please summarize the overall change request here; scope, schedule, and budget details can be captured in following sections.

Why does the project need to change? Please provide as much detail as possible and use extra sheets if necessary.

What are the consequences if project is not changed? Example: If this change is not approved, it will result in _____

SCOPE – Is there a change to the scope of work? If so, please describe changes

- If the change in scope affects the original intent of the project, explain what the original considerations were and how they will differ with this change.
- If project extents or location changes are requested, please describe and provide map as attachment. If available, provide location information changes such as begin/end mile point or latitude and longitude.

SCHEDULE – If schedule change is requested, please provide details in the text below. Please attach schedule as needed.

- What efforts have been or will be made to keep the project on schedule?

BUDGET - If there is an increase or decrease in project costs, please provide details in the Project Budget Table below.

- Does the change affect the amount of Local, State, or Federal funds in the project? If yes, please describe below and attach applicable supporting documentation.
- What primary factor(s) changed the project cost?
- Are you requesting to move funds between phases? ☐ YES* ☐ NO
*If "YES", revised estimates will be required (especially for CN) and documentation should be attached to this request.



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Project Budget Table

Actual expenditures should be entered in first column if available. The Budget Adj. (last) auto calculates; to avoid confusion, please enter 'Current STIP' and 'Current Estimate' numbers for all phases (even if they are the same) in both columns.

Budget Change Comments:					
Expended	Phase	FFY*	Current STIP Total	Current Est. Total	Budget Adj. (+/-)
	Planning (PL)				
	Preliminary Engineering (PE)				
	Right-of-Way (RW)				
	Utility Relocation (UR)				
	Construction (CN)				
	Other (OT)				

*Federal Fiscal Year (FFY) is from Oct. 1 to Sept. 30 of each year. From Oct. 1 forward, the FFY is the following calendar year.

Additional Information:

ATTACHMENTS

- ☐ Map
- ☐ Cost estimate
- ☐ Other

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STIP/MTIP Review (Initials for concurrence)

ODOT Transportation Project Manager	INITIAL	DATE
MPO TIP Manager	INITIAL	DATE
Region 3 STIP Coordinator	INITIAL	DATE
Other (if applicable)	INITIAL	DATE

APPROVALS (Signature Confirms Approval)

ODOT Region 3 Area Manager	SIGNATURE	DATE
Funding Program Manager	SIGNATURE	DATE
Other	SIGNATURE	DATE



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Additional Information? *Please provide any additional information from previous sections.*