

# MPO/RTPA OWP Amendment Transmittal Memo

This form is required for all administrative and formal Overall Work Program (OWP) amendments. Refer to the MPO/RTPA OWP and Grant Amendment Guidelines for assistance with submitting your request.

#### **OWP Amendment Information**

OWP Amendment Information			
MPO/RTPA Name		Fiscal Year (FY)	
Amendment Type	Choose an item.	Amendment #	

#### **OWP Amendment Checklist**

Reason f	ior an Administrative Amendment (select all that apply)
□ Cla	rify an already approved task in the executed OWP (Examples: clarifying responsible parties or correction of errata)
□ Enh activitie	ance already approved activities or tasks in the executed OWP (Examples: adding outreach sessions or meetings to a Work Element es)
☐ Shif	t funds between Work Elements as long as there is no change to scope of work or total programmed amount of CPG/RPA/SPR/SB 1 funds
□ Cor	mbine already approved activities
	anges to non-CPG/RPA/SPR/SB 1 funds that do not affect transportation planning funds, activities and products so long as the changes do ult in redirection of staff time or are not a detriment to previously approved transportation planning activities and products
	ant amendment that includes revisions to approved tasks, Project Cost and Schedule, or project title change to use an AKA (no changes to t deliverables or total project cost)
□ Oth	ner:
Administ	trative Amendment Package Required Documents
Please	☐ MPO/RTPA OWP Amendment Transmittal Memo (this form) that clearly outlines the revisions to the OWP and/or OWP budget
submit in one	□ All revised Work Elements and any other affected pages within the OWP
email	□ Revised OWP Budget Revenue Summary
	□ <b>Grant Amendment:</b> Completed Change in Grant Agreement Terms (CAT) form, revised Scope of Work/Project Cost and Schedule, and revised SB 1 Sustainable Communities Formula List of Projects, as applicable (associated Work Element task schedule/budget table should mirror the revised grant Scope of Work/Project Cost and Schedule)

Reason	for a Formal Amendment (select all that apply)
	ncrease/decrease in total CPG/RPA/SPR/SB 1 funds
□ F	Program carry-over CPG/RPA/SPR/SB 1 funds from previous fiscal years
	Program new FHWA Strategic Partnerships, FTA § 5304/SHA Sustainable Communities Grants, SB 1 Competitive Grants and SB 1 Formula int Funds
	Add or delete Work Element tasks/activities
	Grant Amendment that increases/decreases total project cost
	Other:
<u>Req</u>	uiring Federal Approval (MPO Only)
	Significant changes to the Scope of Work of a Work Element
	20% increase or decrease in CPG funds (cumulative or in a single change)
	Add or delete a CPG-funded Work Element
Formal	Amendment Package Required Documents
Please	☐ MPO/RTPA OWP Amendment Transmittal Memo (this form) that clearly outlines the revisions to the OWP and/or OWP budget
submit in one	□ All revised Work Elements and any other affected pages within the OWP
email	□ Revised OWP Budget Revenue Summary
	☐ If there is an increase or decrease in the total amount of CPG/RPA/SPR/SB 1 funds, include amended and fully executed OWPA
	$\square$ Board Resolution or minutes from the board meeting approving the amendment
	☐ <b>Grant Amendment</b> : Completed CAT form, revised Scope of Work/Project Cost and Schedule, and SB 1 Sustainable Communities Formula List of Projects included as applicable (associated Work Element task schedule/budget table should mirror the revised grant Scope of Work/Project Cost and Schedule)

### Amendment Details (attach additional sheets as needed)

Include affected Work Element number(s) and name(s), specific fund source(s), the amount of funding increase/decrease for each Work Element, and justification for the change(s)

Work Element #	Work Element Name	
Fund Source	Amount of Funding Increase/Decrease	
Justification		
Work Element #	Work Element Name	
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Justification		
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Justification		
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Fund Source	Amount of Funding Increase/Decrease	
Justification		

## MPO/RTPA Signature

This form is required for all OWP amendments and must be signed by the MPO/RTPA Executive Director or designated staff.

MPO/RTPA Executive Director (or Designated Staff)			
Full Name			
Signature		Date	