**Exhibit 25-G: Request for Funding Distribution Change (Local ATP Projects)**

*[To be placed on requesting agency letterhead]*

WAIT! *AGENCY MUST READ INSTRUCTIONS AND CONTACT DISTRICT ATP COORDINATOR*

***PRIOR*** *TO MAKING A FUNDING CHANGE REQUEST*

To: (DLAE Name) Date:

District Local Assistance Engineer

Caltrans, Office of Local Assistance PPNO:

(Address) Federal PROJECT #:

ATP ID #: ATP - -

**Project Name** (Per CTC programming)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Implementing Agency:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approved Project Description** (As submitted in Application)**:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approved Project Limits** (As submitted in Application)**:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Federally Funded Projects:**  *<<Omit if not applicable>>*

Current FTIP/FSTIP Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current FTIP/FSTIP Limits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear (DLAE Name):

*<<Optional: General Introduction and/or background information>>*

Consistent with the California Transportation Commission’s (CTC) *Final Adopted 2021 ATP Guidelines*, Section 28. Amendment Requests, adopted on March 25, 2020, we request that Caltrans consider and the CTCapprove the proposed Project Amendment Request as documented below:

1. **Is this request being made in the same state fiscal year in the funds have been programmed?**

Yes

No

*If “Yes” then your request is not eligible.*

1. **Have any of the request funds been allocated?**

Yes

No

*If “Yes” then your request is not eligible for a Fund Distribution Change request. For funds that have been allocated, review* [*CTC*](http://www.catc.ca.gov/programs/atp/) *Final Adopted ATP Guidelines, “Project Cost Savings”.*

1. **Does this request propose to move funds out of Construction?**

Yes

No

*If “Yes” then your request is not eligible.*

1. **Has this project already received a Funding Distribution Change Request?**

Yes

No

*If “Yes” then your request is not eligible.*

1. **Project Funding Chart**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Phase/Funding** | **PA&ED** | **PS&E** | **ROW** | **CON** | **CON-NI** |
| **Program FY\*** |  |  |  |  |  |
| **Original $** |  |  |  |  |  |
| **Proposed $** |  |  |  |  |  |
| **Change ($)** | *$ or No Change* | *$ or No Change* | *$ or No Change* | *$ or No Change* | *$ or No Change* |

\*FY- State fiscal year (i.e. July 1, 2019 through June 30, 2020 is shown as 19/20)

**Other Elements (per CTC’s Amendment Request Guidance):**

1. **The reason for the proposed Funding Distribution Change;**

*<< Address all applicable elements per the instructions that follow this form-template >>*

*<< Optional: Reference attachments that support and/or document the text in this section>>*

1. **The impact the proposed change would have on the overall cost of the Project**. (The project must remain fully funded.)

*<< Address all applicable elements per the instructions that follow this form-template >>*

*<< Optional: Reference attachments that support and/or document the text in this section, such as the required revised PPR, showing the proposed funding>>*

1. **Discussion of whether the Funding Distribution Change will affect the benefit of the project as described in the project application;**

*<< Address all applicable elements per the instructions that follow this form-template >>*

*<< Optional: Reference attachments that support and/or document the text in this section>>*

1. **For projects programmed in the Metropolitan Planning Organization (MPO) component, evidence of MPO approval and the MPO rationale for their approval.**

*<< Address all applicable elements per the instructions that follow this form-template >>*

*<< Reference attachments that support and/or document the text in this section>>*

**Caltrans supports this Request for Funding Distribution Change:**

Yes *<< For Caltrans HQ only>>*

No

**Required revisions to the Project’s Description and/or Limits:**

The proposed Project Amendments documented above will require the following changes to the Project’s Description and/or Limits: *<<Insert “N/A” if not applicable>>*

**Proposed changes to the Project Description:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proposed changes to the Project Limits:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Federally Funded Projects:**  *<<Insert “N/A” if not applicable>>*

Proposed changes to the FTIP/FSTIP Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed changes to the FTIP/FSTIP Limits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Delivery Status:**

The following is a side-by-side comparison of the original project schedule and the current project schedule. The explanations for each milestone date change is listed below:

**Anticipated CTC Allocation Dates (at the time of Application Submittal for funding):**

PA&ED: \_\_\_\_\_ PS&E: \_\_\_\_\_ R/W: \_\_\_\_\_ CON: \_\_\_\_\_ CON-NI: \_\_\_\_\_

**Actual/New Anticipated CTC Allocation Dates (at the time of this request):**

PA&ED: \_\_\_\_\_ PS&E: \_\_\_\_\_ R/W: \_\_\_\_\_ CON: \_\_\_\_\_ CON-NI: \_\_\_\_\_

**Explanation for milestone changes:**  *<< Only list/explain the milestones that have changed>>*

PA&ED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PS&E: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

R/W: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CON-NI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Local Agency Certification:**

This Request for Funding Distribution Change has been prepared in accordance with the *Procedures for Administering Local Projects in the Active Transportation Program (ATP)*. I certify that the information provided in the document is accurate and correct. I understand that if the required information has not been provided this form will be returned and the request may be delayed. Please advise us as soon as the scope change has been approved. You may direct any questions to

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name) (phone number)

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_

Agency/Commission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attachments:

(1) Revised PPR (Required)

(2) Maps and Plans (required if the Project Description and/or Limits are changing due to this request)

Distribution:

(1) Original -DLAE

(2) Copy – Division of Local Assistance, Headquarters ATP Program Manager

(3) Copy – MPO/RTPA/County Transportation Commission