|  |  |
| --- | --- |
| Who initiates the form? | The Safe Routes to School Project Recipient  |
| When is the form processed? | When the first milestone or final project delivery milestone is delayed by 90 days or more, or when any other changes to the agreement are requested.  |
| Where does the recipient send the form? | To the Safe Routes to School Program Manager at SRTSProgramMailbox@odot.state.or.us . |
| Action required by Safe Routes to School Program Manager | Reviews the Request for Change Order and either approves the request or forwards to the Safe Routes to School Advisory Committee for review. |
| Safe Routes to School Advisory Committee | Reviews the Request for Change Order and either approves or disapproves the requested changes. Returns form with action taken to the Safe Routes to School Program Manager. |
| Safe Routes to School Program Manager | Notifies Project Recipient of action taken. |

The Project Recipient must submit this form when the first milestone or completion date listed on the Recipient’s Safe Routes to School agreement are projected to be delayed by 90 days or more, or when any other changes to the Agreement are requested.

**Instructions to Recipient:**

1. Complete Parts A, B, and C
2. Sign and date Page 1 of this form and submit completed form and all attachments to the Safe Routes to School Program Manager SRTSProgramMailbox@odot.state.or.us.

**Part A:** Project Details

|  |  |  |
| --- | --- | --- |
| PROJECT NAME      | REGION NUMBER      | IGA NUMBER      |
| RECIPIENT NAME      |
| ADDRESS      | CHANGE ORDER NUMBER      |
| CITY      | STATE      | ZIP      | DATE CHANGE REQUESTED      |
| PHONE      | EMAIL      |
| **Recipient** – Complete form, sign, date, and send form with any attachments to the Safe Routes to School Program Manager at SRTSProgramMailbox@odot.state.or.us | RECIPIENT SIGNATURE | DATE      |

**ODOT USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| Safe Routes to School Program Manager | [ ]  Approved[ ]  Recommended approval[ ]  Do not recommend approval | SIGNATURE | DATE |
| Safe Routes to School Advisory Committee (if needed) | [ ]  Approved[ ]  Recommended approval[ ]  Do not recommend approval | SIGNATURE | DATE |
| Safe Routes to School Program Manger after Advisory Committee (if needed) | [ ]  Approved[ ]  Recommended approval[ ]  Do not recommend approval | SIGNATURE | DATE |

**Part B:** The first milestone or final project completion milestone are hereby requested to be modified as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| Project Key Milestone Description | Original milestone due date | Current milestone due date | Requested milestone due date |
| 1.       |       |       |       |
| 6.       |       |       |       |

**Part C:** Change request information. (Answer all questions. Provide as much detail a possible to answer the questions in Part C. Use additional sheets if necessary.)

|  |
| --- |
| 1. Describe the change requested

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| 1. Why is the change required

      |
| 1. Total costs
2. Does the change increase the total cost of the project? [ ]  Yes [ ]  No
3. Does the change decrease the total cost of the project? [ ]  Yes [ ]  No
4. What is the total cost of the project now?
 |
| 1. Does the change meet the original intent of the Safe Routes to School Project? Address what the original considerations were and if they are changed now.

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| 1. Does the change affect the total match?

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| 1. Provide justification for the change. As project readiness is a key component to the project, any delays to the project will be scrutinized carefully. If this request results in a delay, explain why this project should still be considered viable as opposed to canceling it or imposing sanctions identified under “Recipient Requirements” of your Safe Routes to School Agreement.

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| 1. Mitigation: What efforts have you make to keep the Project on schedule?

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