

Date:

ULSTER COUNTY TRANSPORTATION COUNCIL
HIGHWAY/BRIDGE TIP AMENDMENT REQUEST FORM

1. **Project Name:**
2. **Project Sponsor:**
2. **PIN:**
3. **Purpose of Amendment** (*describe*):

4. **Funding Impacts:**
 - a. Source(s) of Federal Funds:
 - b. Source(s) of Match:
 - c. Total Federal Funding Change Requested – from \$ to: \$
 - d. Total Project Cost: \$

<u>COST CATEGORY</u>	<u>FUNDING SOURCE</u>		<u>FUNDING CHANGE</u> (Cumulatively Matches 4c)		<u>OBLIGATION DATES</u>	
	Old	New	Old	New	Old	New
Scoping (S)			\$	\$		
Preliminary Design (PE)			\$	\$		
Detailed Design (D)			\$	\$		
Right-Of-Way Incidentals (N)			\$	\$		
Right-Of-Way Acquisition (R)			\$	\$		
Construction (C)			\$	\$		
Construction Inspection (I)			\$	\$		
Other (specify)			\$	\$		

OFFICE USE

5. **TIP Program Impacts:**
 - a. Local Projects Liaison Review: yes no
Name: _____ Date: _____
 - b. Fiscal Constraint / Program Changes:
 - c. TIP Subcommittee Recommendation? yes no Date: _____
 - d. Assigned TIP Amendment Number: # _____ MAJOR MINOR
 - e. Approved TIP to be Amended: FFY _____ thru FFY _____