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| **OCTA Enhanced Mobility for Seniors and Individuals with Disabilities Grant Program** |

The Request for Project Extension or Scope Change form is used when the implementing agency is unable to complete the approved project scope as programmed due to cost increases or schedule delays. This Request Form is intended to support OCTA and awarded agencies deliver projects in a timely manner so that agency service levels are maintained and any new services are delivered.

Prior to filling out this form the implementing agency is expected to:

1. Review the Extension Request, Scope Changes and Cost Savings Section of the OCTA Board of Directors approved EMSD Grant Program Guidelines.
2. Hold a coordination meeting/call with OCTA EMSD Program Managers. Contact the EMSD inquiry email at [OCTAEMSD@octa.net](mailto:OCTAEMSD@octa.net).

[THIS FORM MUST BE PLACED ON THE REQUESTING AGENCY’S LETTERHEAD]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| To: |  | **Vic Mireles** | Date: |  |  |
|  |  | Associate Transportation Funding Analyst | Funding Program: |  | **EMSD** |
|  |  | OCTA, Capital Programming | Contract Agreement #: |  |  |
|  |  | Discretionary Funding Programs Section | Contract Execution Date: |  |  |
|  |  | 550 South Main Street, P.O. Box 14184, | Award Type: |  |  |
|  |  | Orange, CA 92863 |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Agency:** |  | | | | |
| **Project Name:** | |  | | | |
| **Approved Project Scope:** | | |  | | |
| **Approved Project Service Area:** | | | |  | |
| **Expected Award Completion Date:** | | | | |  |

Dear Vic Mireles:

<<Optional: Add general introduction and/or background information – delete this instruction afterwards>>

Consistent with OCTA’s EMSD Guidelines Extension Request, Scope Change and Cost Savings Section, adopted on May 6, 2024, by the OCTA Board of Directors (Board), we request that OCTA Staff consider, and the OCTA Board approve the proposed Project Amendments as documented below:

**Required Elements:**

|  |  |  |
| --- | --- | --- |
| Indicate if this amendment is for a: | | |
| Time Extension Request (up to 12-months) | Scope Change | Both |

1. **An explanation of the proposed extension request and/or scope change;**

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1. **Reasoning for the proposed extension request and/or scope change;**

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1. **The impact the proposed extension request and/or scope change would have on the overall project;**

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1. **An estimate of the impact of the proposed extension request and/or scope change would have on the potential of the project to increase (or decrease) the benefits of the service or program to users or delivery of the service or program in a timely and effective manner;**

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Element** | **Approved Scope** | **Proposed Change** | **Change in Service/Expected Delivery** |
|  |  |  |  |

**<<Add rows to table as needed to address multiple and separate elements of the project where scope will be changed, or extension requested>>**

1. **An explanation of the methodology used to develop the aforementioned estimates;**

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1. **(1) Explain the additional public outreach efforts that were made with respect to the proposed extension and/or scope change and provide a summary of the public response to these efforts, or (2) explain how public outreach efforts and stakeholder feedback influenced the necessity for the proposed extension and/or scope change and provide a summary of the public response; and**

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1. **For projects partnering/coordinating with other agencies on services or programs, evidence of said agencies approval and rationale of their approval.**

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**REQUIRED Attachments:**

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| --- | --- | --- | --- |
|  | Original Plans/Workplan with Changes Highlighted |  | Original Detailed Budget with Changes Highlighted |
|  | Revised Plans/Workplan |  | Revised Detailed Budget |
|  | Written Partnering/Coordinating Agencies Concurrence (If Applicable) |  | Additional Revised Application Documentation |

**Revised revisions to the Project’s Scope and/or Service Area:**

The proposed Project Amendments documented above will require the following changes to the Project’s Scope and/or Service Area: **<<Insert “N/A” if no changes are required to the Project Scope and/or Service Area>>**

|  |  |  |  |
| --- | --- | --- | --- |
| **Proposed changes to the Project Scope:** | |  | |
| **Proposed changes to the Project Service Area:** | | |  |
| **Proposed Award Completion Date:** |  | | |

**Project Delivery Status:**

|  |  |
| --- | --- |
| Contact Award Execution Date: |  |

The following is a side-by-side comparison of the original project schedule and the current project schedule.

**Original Contract Award Completion Date:** (As determined by the execution date):

|  |  |
| --- | --- |
| Contact Award Completion Date: |  |

**Actual/Currently Anticipated Contract Award Completion Date:** (At time of this request):

|  |  |
| --- | --- |
| Contact Award Completion Date: |  |

**Explanation for completion date change:**

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**Agency Certification:**

This request for Extension and/or Scope Change has been prepared in accordance with the instructions and requirements outlined in this form and the Extension Request, Scope Change and Cost Savings Section of the EMSD Guidelines. 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 amendments have been approved.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | at |  | or |  |
| Name (print) |  | Email |  | Phone Number |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signature: |  | Title: |  | Date: |  |

|  |  |
| --- | --- |
| Agency: |  |

Attachments:

Distribution:

Vic Mireles, Associate Transportation Funding Analyst

Louis Zhao, Programming and Grants Development Manager

Copy – Applicable partnering/coordinating agencies