# STP Shared Fund Active Program Project Schedule Change Request Form

**Project Identification**

|  |  |  |  |
| --- | --- | --- | --- |
| TIP ID |  | Project Title  (as shown in eTIP) |  |
| Request Date |  |

**Currently Programmed Schedule**

Projects processed through IDOT/FHWA

|  |  |  |
| --- | --- | --- |
| **Phase** | **Programmed FFY** | **Funded with STP-SF?** |
| ENG1 |  |  |
| ENG2 |  |  |
| ROW |  |  |
| CON/CE |  |  |

Projects processed through FTA

|  |  |  |
| --- | --- | --- |
| **Phase** | **Programmed FFY** | **Funded with STP-SF?** |
| ENG |  |  |
| IMP |  |  |
| CON |  |  |

**Requested Schedule**

Projects processed through IDOT/FHWA

|  |  |  |
| --- | --- | --- |
| **Phase** | **Starting FFY** | **Actual or Anticipated Authorization Date (mm/yy)** |
| ENG1 |  |  |
| ENG2 |  |  |
| ROW |  |  |
| CON/CE |  |  |

Projects processed through FTA

|  |  |  |
| --- | --- | --- |
| **Phase** | **Starting FFY** | **Actual or Anticipated Authorization Date (mm/yy)** |
| ENG |  |  |
| IMP |  |  |
| CON |  |  |

**Reason for Request**

Provide a brief description of the reason for the requested change.

|  |
| --- |
|  |

Please note that schedule change requests will be considered by CMAP staff when they are received and will be accommodated whenever possible, subject to maintaining fiscal constraint within each FFY of the active program.

Requests submitted during a call for projects may not be considered until the program development step of the call cycle is reached. Schedule change requests for existing active program projects will be accommodated before adding new project phases to the program.

# STP Shared Fund Active Program Project Schedule Change Request Form - Submittal Instructions

**Project Identification**

Please provide the project identification exactly as it appears in the eTIP database.

**Currently Programmed Schedule**

Please provide the currently programmed federal fiscal year (FFY) for every phase (use the appropriate phases for your project), including completed phases, and note those phases that are currently funded by the STP Shared Fund (STP-SF).

The FFY begins on October 1 and ends September 30 of each year. Enter N/A for ROW if no ROW is required for the project.

**Requested Schedule**

Please provide the requested *starting* federal fiscal year (FFY) for every phase (use the appropriate phases for your project), including completed phases, and the actual or anticipated date of federal authorization (or letting date for the Construction phase). For phases that are not federally funded, indicate the date that contracts will be executed or in-house work will begin.

The FFY begins on October 1 and ends September 30 of each year. Enter N/A for ROW if no ROW is required for the project.

**Reason for Request**

Briefly describe the reason for the requested schedule change.

**Submit this completed form to** [**transportation@cmap.illinois.gov**](mailto:transportation@cmap.illinois.gov)**. Local agency sponsors should also copy their Planning Liaison (PL). Please include “STP-SF Schedule Change Request” and the TIP ID of your project in the email subject.**