

Government of Newfoundland and Labrador Department of Transportation and Infrastructure Municipal Infrastructure

PROJECT AMENDMENT REQUEST

Project Title					
Ultimate Recipient					
MI Project Number					
Request Date					
Request Type (select	all that apply)				
☐ Change Project Description			☐ Change Project Assets		
☐ Timeline Extension – Consultant			☐ Change Project Outcomes		
☐ Timeline Extension - Contractor			☐ Funding Increase (ICIP only until Mar 2025)		
☐ Schedule Change					
Current Project Statu	s (select one)				
☐ 01 - Recipient Agree	ement Not Yet Signed		□ 09 - Tender Called		
☐ 02 - Recipient Agree	ement Signed		□ 10 - Tender Closed		
☐ 03 - Consultant RFF	P Issued		☐ 11 - Contract Awarded		
☐ 04 - Preferred Cons	ultant Selected		☐ 12 - Construction Ongoing		
☐ 05 - Consultant Agr	eement Signed		☐ 13 - Construction Complete		
□ 06 - Design Ongoing			☐ 14 - Waiting on Close out Documents		
□ 07 - Tender Docum	ent Review		☐ 15 - Deficiencies Remain		
□ 08 - Approval to tender Issued			□ 16 – Hold		
Original Approved Project Description (found in funding agree			unding agreement)		
Paguastad Pavisad P	roject Description (onl	v com	nplete if there are changes)		
Requested Revised P	roject Description (on	y COII	iplete il tilere are chariges)		

MI Project Number					
Request Date					
Asset Revision (found	l in approval agreement)				
Asset Description Approved		Approved Quantity	Amended Quantity Show only the change value		
			, ,		
Approved Outcomes	(approved can be found in ap				
Original Outcomes		Outcomes after revision only complete if there are changes			
		only complete il there all	e changes		
Location plan of work	(REQUIRED request will be	returned unevaluated if n	ot included)		
Insert screen shot of K	ML showing original extent of	work in yellow and propo	sed in red		

_	Number						
Request D	Date						
Schedule	Impacts						
				Original Date		Proj	posed Date
Project Completion date							
Consultant Contracts signed by							
Construction Contracts signed by							
Construction to be complete by							
Funding Impacts							
Original Ap	oproved Fundi				\$		
Value of al	ll work commit	ted in contracts	to date	•		\$	
Project Ov	Project Over Run						
Project ten	ndered and res	ults are over bu	ıdget?			YES □	NO □
Value of O	verrun (incl H	ST)				\$	
Resolution of Council/Board to fund the share of the over run, indication method of funding. If financing, a letter from a lender is required.					YES □	NO □	
Increasing	or decreasing	scope					
Modifying scope to manage budget?					YES □	NO □	
Proposed	cost of Chang	e (incl HST) (indi	cate + or -	- value)		\$	
Revised Estimated Fiscal Year Cash Flow							
	Prior Yea	rs Y1		Y2 Estimate	E	Y3 stimate	New Project Total
Original	Prior Yea	re			E	_	_
Original Proposed	Prior Yea	re			E	_	_
Proposed		re	ate		E	_	_
Proposed Explanation	on for the Am	rs Estim	iate iested	Estimate	E	_	_
Proposed Explanation	on for the Am	Estim	iate iested	Estimate	E	_	_
Proposed Explanation Describe to	on for the Am	endment Request, incl	iate iested	Estimate	E	_	_
Proposed Explanation Describe to	on for the Am	endment Request, incl	iate iested	Estimate	E	_	_
Proposed Explanation Describe to	on for the Am he reason for t	endment Request, incl	ested luding the	he cause.	E	_	_

MI Project Number				
Request Date				
Ultimate Recipient Ap	pproval			
Signature of Board or	r Council Representative (not consultant)			
Resolution of Council/Board attached. (REQUIRED in all cases)				
Name (print)	Signature			
Title	Date		_	

Departmental Revie	w (internal use	only)	
Project Representat			
Comments:			
Support □	Oppose □	Date	Name (print) & Signature
Regional Engineer		Date	Name (print) & Signature
Comments:			
Support □	Oppose □	Dete	Name (mint) 9 Oinneton
Director		Date	Name (print) & Signature
Comments:			
☐ Infrastructure Can ☐ Meets program re ☐ Allowable within fu ☐ Other:	quirements.	, ,	
Approve □	Reject □	Date	Name (print) & Signature