

**MPO/RTPO Work Program Amendment Request Form**

This form is for MPO/RTPO Planners to submit a request for an amendment to either an approved Unified Planning Work Program (UPWP) or Regional Work Program (RWP). Please refer to the appropriate section in the Planning Procedures Manual (PPM) for information regarding Work Program amendments and the Month-by-Month Work Program and PPM Timeline (calendar) for due dates.

Please complete the following information and submit the completed form to your NMDOT Government to Government Planning Liaison via email. Include a copy of a complete, revised work program narrative and budget.

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| --- | --- | --- | --- |
| **Date:** |  | | |
| **Entity:** |  | | |
| **Contact Name:** |  | | |
| **UPWP/RWP Amendment #:** |  | **FHWA funded, Control #:** |  |
| **FTA funded, Federal Award ID #:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Staff Hours or Budget Line Items being changed *(indicate Task # or Budget Category. Add rows as needed)*** | **Current Budgeted**  **Amount** | **Revised Amount** | **Percent Change** | **Brief Description of Change** |
|  |  |  |  |  |
|  |  |  |  |  |

Please indicate if amendment is administrative or formal (if formal, proposed or board-approved) and provide detailed justification based upon requirements in the PPM.

|  |  |
| --- | --- |
| **Amendment Type (1. Administrative, 2. Formal – proposed, or 3. Formal – board approved)** | **Justification** |
|  |  |

Approval by MPO/RTPO Boards (only required for formal amendments):

|  |  |
| --- | --- |
| **Review Committee/Board** | **Date of Anticipated Approval (for proposed) or Date Approved (for board approved)** |
| **Technical Committee/Board:** |  |
| **Policy Committee/Board:** |  |

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**For NMDOT use only.**

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| --- | --- |
| **Received by Planning Liaison (name):** |  |
| **Date:** |  |
| **Recommendation of Planning Liaison:** |  |
| **Transit Bureau Recommendation, if applicable:** |  |
| ***For Formal Amendments Only:*** |  |
| **Received by MPPB Chief on date:** |  |
| **Action (Amend #):** |  |