	TIP ACTION O	R AMENDMENT FORM	
		<del></del>	
PROJECT NO.	0170-XXXX	PROJECT MANAGER	
		PHONE/E-mail:	sandy.infantino@ct.gov
DATE:	4/24/2023		
PROJECT DESCRIPTION	STATEWIDE BUS STOP SIGN PROC	GRAM - IMPLEMENTATION FY	<b>/</b> 21
		OR AMENDMENT REQUEST	
	check those that apply COMI	MENT section needs to be co	mpleted
01 - Move from one year in the STIP to another	Funding limitations Outstanding ROW issue Outstanding Permit issue Other (SPECIFY)	will support the Bus Sto	year FFY 2023 as 5307 Carryover. This project op Enhancement Program. Activities will f bus stop signage. Moving the funds to FFY eartment to file a grant application for the funds.
02 - Fiscal Constraint issues	Funding category fully programmed State match not available Local match not available		
03- Design schedule change	Permit issue ConnDOT staffing issue Local staffing issue ROW issue Other		
04- Revised cost estimates	Increase due to inflation Increase due to cost of (SPECIFY) Decrease due to (SPECIFY) Other		
05- New Project	Project requested by (SPECIFY)		
06- New Phase	ROW now required CON phase required		
08- Delete phase	Phase not required Phase changed to State funds Phase changed to Local funds		
09- Delete project	Project no longer supported by State Project no longer supported by Regior Project no longer supported by Town Changed to all State funds Changed to all Local funds Other		
11-Phase/Financing/Funding Revision	Due to project schedule Due to funding limitations Other		