

**TIP ACTION OR AMENDMENT FORM**

PROJECT NO.

0170-XXXX

PROJECT MANAGER

Sandy Infantino

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DATE:

4/24/2023

PROJECT DESCRIPTION

STATEWIDE BUS SHELTER IMPROVEMENT PROGRAM FY22

**REASON FOR ACTION OR AMENDMENT REQUEST**

*check those that apply COMMENT section needs to be completed*

01 - Move from one year in the STIP to another

Funding limitations  
Outstanding ROW issue  
Outstanding Permit issue  
Other (SPECIFY)

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Move funds to current year FFY 2023 as 5307 Carryover. This project will support the Bus Stop Enhancement Program. Activities will include the purchase and installation of bus shelters statewide. Moving the funds to FFY 2023 will allow the Department to file a grant application for the funds.

02 - Fiscal Constraint issues

Funding category fully programmed  
State match not available  
Local match not available

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03- Design schedule change

Permit issue  
ConnDOT staffing issue  
Local staffing issue  
ROW issue  
Other

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04- Revised cost estimates

Increase due to inflation  
Increase due to cost of (SPECIFY)  
Decrease due to (SPECIFY)  
Other

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05- New Project

Project requested by (SPECIFY)

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06- New Phase

ROW now required  
CON phase required

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08- Delete phase

Phase not required  
Phase changed to State funds  
Phase changed to Local funds

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09- Delete project

Project no longer supported by State  
Project no longer supported by Region  
Project no longer supported by Town  
Changed to all State funds  
Changed to all Local funds  
Other

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11-Phase/Financing/Funding  
Revision

Due to project schedule  
Due to funding limitations  
Other

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