	TIP ACTION O	R AMENDMENT FORM
PROJECT NO.	0170-XXXX	PROJECT MANAGER Sandy Infantino PHONE/E-mail: sandy.infantino@ct.gov
DATE:	4/24/2023	⊥
PROJECT DESCRIPTION	STATEWIDE BUS STOP SIGN PROG	GRAM - IMPLEMENTATION
		OR AMENDMENT REQUEST
04 14 (check those that apply COMN	MENT 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)	Move funds to current year FFY 2023 as 5307 Carryover. This project will support the Bus Stop Enhancement Program. Activities will include the purchase of bus stop signage. Moving the funds to FFY X 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	
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	