



***Safe Routes to School***  
**REQUEST FOR CHANGE ORDER**

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Who initiates the form?	The Safe Routes to School Project Recipient
When is the form processed?	When the first milestone or final project delivery milestone is delayed by 90 days or more, or when any other changes to the agreement are requested.
Where does the recipient send the form?	To the Safe Routes to School Program Manager at <a href="mailto:SRTSProgramMailbox@odot.state.or.us">SRTSProgramMailbox@odot.state.or.us</a> .
Action required by Safe Routes to School Program Manager	Reviews the Request for Change Order and either approves the request or forwards to the Safe Routes to School Advisory Committee for review.
Safe Routes to School Advisory Committee	Reviews the Request for Change Order and either approves or disapproves the requested changes. Returns form with action taken to the Safe Routes to School Program Manager.
Safe Routes to School Program Manager	Notifies Project Recipient of action taken.



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The Project Recipient must submit this form when the first milestone or completion date listed on the Recipient's Safe Routes to School agreement are projected to be delayed by 90 days or more, or when any other changes to the Agreement are requested.

**Instructions to Recipient:**

1. Complete Parts A, B, and C
2. Sign and date Page 1 of this form and submit completed form and all attachments to the Safe Routes to School Program Manager [SRTSProgramMailbox@odot.state.or.us](mailto:SRTSProgramMailbox@odot.state.or.us).

**Part A: Project Details**

PROJECT NAME		REGION NUMBER		IGA NUMBER	
RECIPIENT NAME					
ADDRESS				CHANGE ORDER NUMBER	
CITY		STATE	ZIP	DATE CHANGE REQUESTED	
PHONE		EMAIL			
<b>Recipient</b> – Complete form, sign, date, and send form with any attachments to the Safe Routes to School Program Manager at <a href="mailto:SRTSProgramMailbox@odot.state.or.us">SRTSProgramMailbox@odot.state.or.us</a>				RECIPIENT SIGNATURE	
				DATE	

**ODOT USE ONLY**

Safe Routes to School Program Manager	<input type="checkbox"/> Approved <input type="checkbox"/> Recommended approval <input type="checkbox"/> Do not recommend approval	SIGNATURE	DATE
Safe Routes to School Advisory Committee (if needed)	<input type="checkbox"/> Approved <input type="checkbox"/> Recommended approval <input type="checkbox"/> Do not recommend approval	SIGNATURE	DATE
Safe Routes to School Program Manger after Advisory Committee (if needed)	<input type="checkbox"/> Approved <input type="checkbox"/> Recommended approval <input type="checkbox"/> Do not recommend approval	SIGNATURE	DATE



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**Part B:** The first milestone or final project completion milestone are hereby requested to be modified as follows:

Project Key Milestone Description	Original milestone due date	Current milestone due date	Requested milestone due date
1.			
6.			

**Part C:** Change request information. (Answer all questions. Provide as much detail a possible to answer the questions in Part C. Use additional sheets if necessary.)

1. Describe the change requested
2. Why is the change required
3. Total costs i. Does the change increase the total cost of the project? <input type="checkbox"/> Yes <input type="checkbox"/> No ii. Does the change decrease the total cost of the project? <input type="checkbox"/> Yes <input type="checkbox"/> No iii. What is the total cost of the project now?
4. Does the change meet the original intent of the Safe Routes to School Project? Address what the original considerations were and if they are changed now.
5. Does the change affect the total match?
6. Provide justification for the change. As project readiness is a key component to the project, any delays to the project will be scrutinized carefully. If this request results in a delay, explain why this project should still be considered viable as opposed to canceling it or imposing sanctions identified under "Recipient Requirements" of your Safe Routes to School Agreement.
7. Mitigation: What efforts have you make to keep the Project on schedule?