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| ICT_Logo_Color.jpg | **Time Extension and/or Budget Change Request** |
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| **Part I. Project Information** |
| Principal Investigator:       | Form Submission Date:  |      /     /      |
| Research Project Title:       | Project Number: R27-       |
| Original Project End-Date:      /     /      and original approved budget (including cost share): $      |
| **Part II. Principal Investigator (PI) and Technical Review Panel (TRP) Information**Please fill out the following contact information. Some fields may be left blank. |
| PI:       | Phone: (   )       Ext:       | E-mail:       |
| Co-PI:       | Phone: (   )       Ext:       | E-mail:       |
| TRP Chair:       | Phone: (   )       Ext:       | E-mail:       |
| TRP Co-Chair:      | Phone: (   )       Ext:       | E-mail:       |
| ICT Contact:       | Phone: (   )       Ext:       | E-mail:       |
| **Part III. Previous Approved Extensions and/or Budget Changes (If Applicable)***Please list all previous approved changes made to the original project workplan. Please attach another page if necessary.* |
| # | **Change Type\*** | **Project End-Date After Change** | **Budget Change (+/-)****(including Cost Share)** | **% of Original Budget** | **New Budget Total****(including Cost Share)** |
| 1. |  |       |  $      | %       | $      |
| 2. |  |       |  $      | %       | $      |
| 3. |  |       |  $      | %       | $      |

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| **Part IV. Current Change Request Type**  |
| (1) [ ]  No-cost time extension only *(please complete form)*(2) [ ]  Budget increase only *(please complete form, provide a budget of the new funds requested, and provide justification of funds)*(3) [ ]  Time extension and budget increase *(please complete form, provide a budget of the new funds requested, and provide justification of funds)* |
| **Part V. Current Time Extension Change Request Details** |
| As part of this current change request, are you requesting a time extension for this project? |
| [ ]  No [ ]  Yes If yes, please continue with this section. | Requested new project end-date:  |       |
| Reason(s) for Requested Time Extension |
| 1.  | 3.  |
| 2.  | 4. Other:  |       |
| Explain the selection made above:      |
| What steps will you take to ensure this project is completed by this new requested end-date?        |
| Describe changes to the workplan and/or project deliverables that will occur from this change request:       |

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| **Part VI. Current Budget Change Request Details** |
| As a part of this current change request, are you requesting a change in budget?  |
| [ ]  No [ ]  Yes If yes, please continue with this section. |
| **Budget Information** (all numbers include 25% Cost Share) |
| Original approved budget: $      Current approved budget: $       | Increase/Decrease requested: $      Requested new budget total: $      Total % change from original budget:       % *New Money:       % Reallocation:       %*  |
| The reason for this additional increase:       |
| Any additional work that will be performed with this money:      |
| Any additional deliverables that are being required:      |
| Any changes to the project’s original timeline:      |
|  |
| Principal Investigator Name | Principal Investigator Signature | Date |
|       |  |       |
| Technical Review Panel Chair | Technical Review Panel Chair Signature | Date |
|       |  |       |
| ICT Administrator Name | ICT Administrator Signature | Date |
| Kristi Anderson |  |       |
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| If you need assistance filling out this form: Please contact your Bureau of Research TRP Chair, the Illinois Center for Transportation (ictprojectmanagement@illinois.edu) or the Bureau of Research Technical Research Coordinator at DOT.BR.RESEARCH@illinois.gov or 217-782-3547. |
| Directions for submission: Please send your completed form to the principal investigator (PI) or technical review panel (TRP) chair. If you are the PI or TRP chair, send the completed and revised form to the Illinois Center for Transportation (ictprojectmanagement@illinois.edu) and copy the IDOT Technical Research Coordinator (DOT.BR.RESEARCH@illinois.gov) when you send the e-mail. |

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| **For Illinois Department of Transportation Use Only:** |  |  |       |
| Approval Signature |  | Date |
|  [ ]  LaDonna R. Rowden [ ]  Megan Swanson  |  | Bureau Chief of ResearchTechnical Research Coordinator |
| Print Name |  | Title |