

Low Carbon Transit Operation Program Corrective Action Plan

TYPE OF CORRECTIVE ACTION (*check box and complete all corresponding sections*):

Change in Project Scope (complete table below and section 1)

For a transfer of project funds, check both boxes below:

Transfer of Project Funds (complete table below for the project transferring funds and section 2)

Change in Project Funding (section 3)

Project ID	
Project Name	
Lead Agency	
Project Type	
Regional Entity	
Award Amount	
Submitted Date	

1) **PROPOSED CHANGE IN PROJECT SCOPE:** Describe the proposed change to the project scope and the reason for the change. How will the proposed changes affect the following project benefits: Ridership, Vehicle Miles Traveled (VMT), Greenhouse Gas (GHG), Co-Benefits, and Priority Population Benefits?

2) **TRANSFER OF PROJECT FUNDS:**

LCTOP Funds Proposed to be Transferred:	
Project ID (TO project):	
Project Name (TO project):	

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Describe the reason for the proposed transfer of project funds:

3) PROPOSED CHANGE IN FUNDING:

Provide information about the proposed changes in project funding. *(If the CAP is transferring funds into a different project, the information below should reflect the funding information for the project that the funds are being transferred to.)*

Funding Type	Prior	Original	Proposed
99313	\$	\$	\$
99314	\$	\$	\$
Total LCTOP Funds	\$	\$	\$
Other Funds (including Federal, State, Local Funds):	\$	\$	\$
Total Funds:	\$	\$	\$

Describe the reason for the proposed change in project funding or cost:

Person Preparing Report:	Phone #:	Email:
Authorized Agent & Title	Authorized Agent (signature)	Date:
Contributing Sponsor (if any)	Authorized Agent (signature)	Date:
Contributing Sponsor (if any)	Authorized Agent (signature)	Date: