

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?

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- 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.)

<u>Funding Type</u>	<u>Prior</u>	<u>Original</u>	<u>Proposed</u>
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: