

WisDOT Schedule Change Form Instructions

Important Information

The Wisconsin Department of Transportation (WisDOT) STP-Urban, STP-Rural, Local Bridge, TAP and CMAQ Programs Schedule Change Form Request is required for each submitted schedule change request. Please use these form instructions to assist you in completing the Schedule Change Form Request.

- Questions on the Change Management process should be directed to the appropriate WisDOT regional contact person listed below:

SE Region	Bob Schmidt	robert1.schmidt@dot.wi.gov	(262) 548-8789
SW Region	Michael Erickson	michael.erickson@dot.wi.gov	(608) 246-5361
NW Region	Bill Zimmer	william.zimmer@dot.wi.gov	(715) 635-5014
NC Region	Sandy Stankevich	sandy.stankevich@dot.wi.gov	(715) 365-5784
NE Region	Sandy Carpenter	Sandra.carpenter@dot.wi.gov	(920) 492-5681

- When you have completed the Schedule Change Form Request, include the name of the local unit of government in the file name and email it to the appropriate WisDOT region address:

SE Region	robert1.schmidt@dot.wi.gov
SW Region	michael.erickson@dot.wi.gov
NW Region	william.zimmer@dot.wi.gov
NC Region	sandy.stankevich@dot.wi.gov
NE Region	Sandra.carpenter@dot.wi.gov

Project Information Entry Fields
Project Title: (Required) Indicate project title (or road name/location) associated with the project. Check State Municipal Agreement (SMA) for correct project title (or road name/location).
Program: (Required) Indicate WisDOT Local Program (STP-Urban, STP-Rural, Local Bridge, TAP, CMAQ) associated with this Schedule Change Form Request.
Program Cycle: (Required) Indicate WisDOT Program funding cycle (ex. 2015-2020) associated with this Schedule Change Form Request. Check State Municipal Agreement (SMA) for correct program funding cycle.
Project Sponsor: (Required) Indicate the Project Sponsor (local unit of government that is financially responsible for the improvement) associated with the project. Check State Municipal Agreement (SMA) for correct Project Sponsor.
Federal/State Amount: (Required) As applicable, indicate the current approved Total Federal Project Cost <u>or</u> the current approved Total State Project Cost associated with the project. Check State Municipal Agreement (SMA) for Total Federal/State Project Cost. Indicate if the funding amount is Federal (FED) or State (STATE).
Date Submitted to WisDOT: (Required) Indicate the date the Schedule Change Form Request was sent to your WisDOT regional contact.
Sunset Date: (Required) Indicate the Sunset date (date the improvement must be constructed and in final acceptance) associated with the project. Check State Municipal Agreement (SMA) for correct Sunset date.
Commencement Date: (Applicable TAP projects only) Indicate the Commencement date (date four years from the project award date) associated with the project. Check State Municipal Agreement (SMA) for correct Commencement date.
Commencement Requirement Box: (Applicable TAP projects only) Check box to indicate that the requested schedule date change does not violate commencement requirements. Check with your WisDOT regional contact if you have questions regarding commencement requirements.

Project Information Entry Fields (Cont.)

MPO Notification Box: (Applicable MPO-Approved projects only) Check box to indicate that if the project was approved through a Metropolitan Planning Organization (MPO), that MPO has been notified of/has approved the proposed change. Check with your WisDOT regional contact if you have questions.

Critical Reason for Schedule Change Entry Fields

Critical Reason for Schedule Change: (Required) Select the predominant reason for the schedule change requested in this Schedule Change Form Request. Check with your WisDOT regional contact if you have questions.

Notice of Schedule Change for One Improvement Entry Fields

Project ID(s): (Required) Indicate WisDOT project ID(s) (ex. 9999-00-73) associated with this Schedule Change Form Request. Check State Municipal Agreement (SMA) for correct ID(s).

Current Schedule Date: (Required) Indicate the current schedule/LET date for each WisDOT project ID (ex. 9999-00-73) associated with this Schedule Change Form Request. Check with your WisDOT regional contact for correct current Schedule/LET date.

Request New Schedule Date: (Required) Indicate the requested new schedule/LET date for each WisDOT project ID (ex. 9999-00-73) associated with this Schedule Change Form Request. Check with your WisDOT regional contact if you have questions.

Justification: (Required) Explain the need for the schedule change associated with this Schedule Change Form Request.

Check with your WisDOT regional contact if you have additional questions.

Considerations in the Event the New Requested Schedule Date Cannot Be Accommodated Entry Fields

Considerations: (Required) Give alternatives in the event the schedule change associated with this request cannot be accommodated. Check with your WisDOT regional contact if you have additional questions.

Region Signature Entry Fields

Preparer Signature: (Required) Provide signature of individual completing the Schedule Change Form Request.

Date: (Required) Date of signature of individual completing the Schedule Change Form Request.

WisDOT LPPM or LPM: (Required) All Schedule Change Form Requests must be signed by WisDOT Region staff.

Date: (Required) Date of signature of WisDOT Region staff on Schedule Change Form Request.

For WisDOT Local Programs and Finance Section Only Entry Fields

DO NOT COMPLETE: WisDOT Local Programs & Finance Central Office staff will review and respond.

Change ____ Approved ____ Amended	Schedule Queue/Reference Number
Improvement Sunset Date	Amended Scheduled Date
If applicable Drop/Substitution Form Reference	Reviewer: _____ Date: _____
Comments:	