Print Form

Miami-Dade County
Metropolitan Planning Organization (MPO)

TIP AMENDMENT FORM

Requesting Entity: _____ Date Submitted: _____

Project ID#: _____ Submitted by: _____

Project Title: _____

Project Estimated Cost: _____

Project Description (brief): _____

_____

Project Schedule (include Year funding requested; estimated completion or implementation date):

_____

Project Source of Local Matching Funds:

_____

Project Environmental Action Type and Status: _____

Date of Environmental Assessment (EA) or expected EA approval Date: _____

If a capital project, provide 2035 LRTP Page Reference: _____

If MDT operating project provide TDP page reference: _____

If FTA funds involved; have the funds been transferred to FTA from FDOT? _____

If Municipality, provide date of study supporting planned service: _____

Type of Amendment (check applicable)	Funding Source	☐	Time Schedule	☐
	Phase to be funded	☐	Scope of Work	☐

Amendment Description (brief):

_____

_____

_____

Amendment Description (brief): Justification for the Amendment:

Does the amendment affect other projects	Yes	☐	If yes...	Local	☐
	No	☐		State	☐

Please, indicate affected projects:		1	
2		3	

Project has been previously amended	Yes	☐	If yes...	Date	
	No	☐		MPO Res. #	

Contact Person:				Title	
Phone #:		Fax #:		e-mail:	