

Paperwork Reduction Act Burden Statement: A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2130-0615. Public reporting for this collection of information is estimated to be approximately 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer (RAD-20), Federal Railroad Administration, 1200 New Jersey Avenue, Washington, DC. 20590. on, DC 20590.

Federal Railroad Administration Grant Adjustment Request Form

Sections I, II and III of this form should be completed by the grantee. The grant manager may make adjustments to the grantee's submission for further accuracy.

I. Basic Information

Date of Request:	State:
Agreement Number:	Project Title:
Grantee:	Grant Program Name:
Point of Contact (POC) name and title:	POC telephone: ext.
	POC email:

II. Adjustment Type and Justification

A. Select the category of grant adjustment request and applicable example within each adjustment type (select all that apply):			
Level	Adjustment Type	Definition	Examples
1	<input type="checkbox"/> Administrative	Minor changes to basic grant information	<input type="checkbox"/> Change in point of contact, or authorized representative <input type="checkbox"/> Change in grant name or federal identifier <input type="checkbox"/> Change in address <input type="checkbox"/> Other
1	<input type="checkbox"/> No-cost Extension	An extension to the grant period of performance that does not substantively change scope, deliverables, project outcomes and is 12 months or less on aggregate	<input type="checkbox"/> No-cost extension of 12 months or less (on aggregate)
1	<input type="checkbox"/> Minor SOW Modification	Changes to the agreed-upon Statement of Work that do not substantively change project delivery goals or affect grant scope	<input type="checkbox"/> Modification to deliverable(s) or deliverable schedule <input type="checkbox"/> Budget revisions <input type="checkbox"/> Changes to discrete elements of a project plan <input type="checkbox"/> Change of payment method <input type="checkbox"/> Other
2	<input type="checkbox"/> Significant NGA Modification	Modifications that may affect project scope, project delivery, expected project benefits, terms and conditions, etc.	<input type="checkbox"/> Additional federal funds <input type="checkbox"/> De-obligation of funds <input type="checkbox"/> Substantial scope changes (with or without new funds) <input type="checkbox"/> No-cost extension of 12+ months (aggregate) <input type="checkbox"/> Tapered match <input type="checkbox"/> Removal or addition of special conditions <input type="checkbox"/> Significant budget revisions <input type="checkbox"/> Other

B. Please provide a detailed description and justification of the requested grant adjustment:

III. Certification of Authorized Representative

I have reviewed this request and certify that the proposed changes will improve my organization's ability to successfully execute project activities according to the grant or cooperative agreement. Furthermore, I certify that, to the best of my knowledge, the request is allowable within the terms and conditions of the award.

Signature of the Authorized Official

Date:

Name:

Title:

The sections below are for FRA use only:

IV. Risk Assessment (to be completed by the regional manager)

A. Is the proposed adjustment level one or level two? (If level one, do not complete the remainder of Section IV.)

Level One Level Two

B. Review the request and evaluate the proposed adjustment against the risk factors below:

1. Could the proposed adjustment negatively impact effective project delivery, such as safety, effective internal controls, and/or quality control and assurance?
 Yes No
2. Could the adjustment negatively affect the public benefits expected from the project?
 Yes No
3. Does the grantee have a history of performance concerns or non-compliance issues that may indicate an inability to effectively mitigate or manage risk, such as substantive monitoring findings?
 Yes No
4. Does the proposed adjustment conflict with existing requirements of the NGA, including its terms and conditions?
 Yes No
5. Does this adjustment constitute a change of scope or significantly affect the schedule or budget?
 Yes No

C. If you answered "Yes" to any risk element in Question B above, describe why the risk is necessary or tolerable to achieve program/project success or important public benefits. If you answered "No" to all questions above, proceed to Question D below.

D. Describe the risk mitigation strategy(s), if any, that will be applied to this grant as a result of the adjustment. Risk mitigation is required for adjustments described in Question C above.

- Move to reimbursable payments (if previously on advanced payment)
- Require additional or more detailed reporting requirements
- Require increased/changed project deliverables or grantee assurances
- Require enhanced FRA or grantee monitoring
- Establish approval thresholds
- Require grantee to obtain or offer technical assistance to sub grantee(s)
- Other (if so, explain):

If none are selected, explain why a risk mitigation strategy is not necessary:

E. Describe the programmatic decision-making process for approving this adjustment. Include a high-level summary of important meetings, attach key documentation submitted by the grantee, and include any other decision memoranda that may be deemed important. Describe how any strategies FRA, the grantee, or sub-grantees/recipients proposes to implement will mitigate project delivery or grant compliance risk (should a risk be identified).

F. If this is a TIGER grant, has OST approved the adjustment?

Yes No (If no, do not proceed until you have obtained OST approval.)

Date Approved: _____

G. Have you worked with the grantee to make SOW or budget changes (if applicable)?

Yes No N/A

If yes, explain what changes were applied and why:

H. Required Signature

Regional manager:

Signature

Date

V. Final Review & Approvals (to be completed by the grant manager)

A. Does the adjustment require that additional federal funds be added to the grant?

Yes No

If yes, denote the amount of needed Federal funds:

B. Grant Manager Decision:

Is the proposed adjustment approved or disapproved to advance to the next step in the approval process?

Approved Disapproved

VI. Signatures

RFM:	_____	_____
	Signature	Date
Grant manager: (final signature)	_____	_____
	Signature	Date
Other (if applicable highest signing Authority):	_____	_____
	Signature	Date
Other (if applicable):	_____	_____
	Signature	Date
Other (if applicable):	_____	_____
	Signature	Date