

Memorandum

To: STEVEN KECK, Chief
Division of Budgets

Date: DD MMM, 20XX

Attn: XYZ
Capital Budgets & Allocation Branch

District -EA: WW-XXXXXX4
CO/Route/PM: CCC/###/XX.X/YY.Y
PPNO: XX-XXX

From: Department of Transportation - District XX
Requestor Name
Deputy District Director
Program / Project Management

Funding FY: XX / YY
Prog/Comp/Task: STU.VWX

Subject: Construction Phase Request for Supplemental G-12 Funds

In accordance with the California Transportation Commission's resolution G-12, it is requested that an additional \$ XXX,XXX.XX be allocated from the YY/ZZ fiscal year WWW.XXX Program for Contract YY-XXXXXX4 on a budgeted project described as follows:

PROJECT LOCATION

Describe the district, county, city or unincorporated area, beginning of project landmark to end project landmark.

PROJECT DESCRIPTION

Briefly summarize the scope of the project by describing major project features to be built. Report the contracting method, contractor name, and bid amount. Describe the project funding mix, interested stakeholders, and relevant cooperative agreement clauses.

CONTRACT TIME

Contract time is summarized as follows:

Contract Time Accounting	Count	Contract Schedule Summary	Date
Number of working days	#	Contract bid opening	DD MMM 20YY
Working days expired	#	Contract award	DD MMM 20YY
Total CCO Days	#	Contract approval	DD MMM 20YY
Total Weather Days	#	First working day	DD MMM 20YY
Total Director Days	#	Anticipated CCA date	DD MMM 20YY
Total Other Days	#		

Events leading up to this request for resolution G12 supplemental allotment are:

Overrun Event Description	Date
Overrun event first occurred	
Resident engineer identifies funding shortfall	
District supplemental funding committee meets	
Request funding partner supplemental funding	

Check contractor progress is: Satisfactory Unsatisfactory

OVERRUN EXPLANATION

Describe the type of work that caused this overrun.
 Explain who, what, when, where, why, and how this overrun occurred.
 Describe events that occurred which triggered this supplemental funds request.
 Tell why this overrun is Caltran's responsibility.

JUSTIFICATION FOR REQUEST

Include sufficient detail to fully, clearly, and concisely explain the reasons for this request.
 Explain why this work cannot be completed within the existing fund allocation.
 Explain to what extent the funding partners and stakeholders are willing to participate in the funding request.
 Explain the consequences of not approving this request.

FINANCIAL STATUS

As of **DD MMM 20YY** the financial status of this project is as follows:

Project Budget Line Item	Amount / Percentage
Original project allotment	\$
G12 and contingency funds used to award	\$ ()
Project allotment available at project approval	\$
Prior requests	\$
This request	\$
Total project funds	\$
Total state funds	\$
Total percentage of work completed	%
Total percentage of budget committed	%
Total percentage of contract time elapsed	%

As of **DD MMM 20YY** project expenditures of this project are as follows:

Budget Line Item Description	Current Allotment	Current Expenditures	Estimated Final Expenditures
Contract Items	\$	\$	\$
Supplemental Work	\$	\$	\$
Contingency Fund	\$	\$	\$
Subtotal-Construction Allotment	\$	\$	\$
State Furnished Materials & Expenses	\$	\$	\$
TOTALS	\$	\$	\$
Estimated Deficit			\$

DESCRIBE FUNDING ALTERNATIVES DISCUSSED BY THE DISTRICT SUPPLEMENTAL FUNDS REQUEST COMMITTEE:

- Has the uncommitted contingency balance been exhausted?
- Are completed items of work and contract change order payments final and under runs returned to contingency?
- Can planned or added items of work be reduced or eliminated?
- Can supplemental work items be reduced or eliminated?
- Can the project length be shortened?
- Can the project scope be reduced?
- Are there any opportunities for value engineering cost proposals or engineer ordered changes to complete the work?
- Is contract termination and rebidding a viable alternative?

SUMMARY OF FUND REQUEST:

District **XX** is requesting a total resolution G12 budget augmentation of **\$XXX,XXX.00**
 Delivery of these funds is requested by **DD MMM 20YY**.
 Total resolution G12 authority for this project is **\$XXX.XXX.00**.
 This request will exhaust **XX%** of the resolution G12 authority.
 Total requests to date amount to **XX%** of the resolution G12 authority.

Upon approval of this G12 augmentation request, these funds will be used as follows:

Project Budget Line Item	Amount
Contract items	\$
Contract change order	\$
State furnished material and expenses	\$
Contingency allocation	\$
Supplemental work allocation	\$
Arbitration award or judgment	\$
Total	\$

Questions concerning this request should be directed to **First Name Last Name**, Project Manager, (xxx) yyy-zzzz, at xyz@dot.ca.gov

REQUIRED SIGNATURES:

REQUESTED BY:

Typed Name, Resident Engineer Date

RECOMMENDED BY:

Typed Name, Project Manager Date

Typed Name, Area Construction Manager Date

RECOMMENDED FOR APPROVAL BY:

Typed Name, Deputy District Director for Construction Date

Typed Name, Deputy District Director for Program / Project Management Date

CONCURRED BY:

Typed Name, Budget Analyst Date

Typed Name, Construction Division Contract Change Order Engineer Date

APPROVED BY:

Typed Name, Construction Division Coordinator Date

Typed Name, Project Management Division Coordinator Date

Attachment(s):Fact Sheet(s)