**REQUEST FOR TIME EXTENSION**

**[To Be Placed on Local Agency Letterhead]**

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To: (DLAE Name)

District Local Assistance Engineer, District ##

Caltrans, Office of Local Assistance

(District Address)

PPNO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project LP2000 ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Advantage ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assembly District: \_\_\_\_\_\_\_\_\_

Senate District: \_\_\_\_\_\_\_\_\_

Dear [DLAE Name]:

We request that CalSTA approve a request for a time extension for this project:

[**Project Name**]

1. Project Location: (be brief - max 180 characters)

[Location]

1. Project Description: (be brief - max 180 characters)
2. Output/Outcome: (be brief - max 180 characters)
3. Type of Time Extension: Project Element and Phase for which extension is requested. (Check appropriate box or boxes). *Must adhere to the PFIP Timely Use of Funds policy and DLA Process Guidance for PFIP Projects.* <https://dot.ca.gov/programs/local-assistance/fed-and-state-programs/port-and-freight-infrastructure-program>

|  |  |  |  |
| --- | --- | --- | --- |
| **Allocation** | **Expenditure** | **Award** | **Completion**  **(Contract Acceptance)** |
| PA&ED (Environmental) | PA&ED | CON | CON |
| PS&E (Design) | PS&E |  |  |
| RW (Right of Way) | RW |  |  |
| CON (Construction) |  |  |  |

1. Allocation and Deadline Summary

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| What Phase(s) is the  Time Extension Being  Requested For? | Programmed Amount By Phase  (if applicable) | Original Deadline Date | Number of Months of Extension Requested\*\* | Extended Deadline  Date |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*\*\* The length of extension requested must adhere to the PFIP Timely Use of Funds policy, cannot exceed 12 months and must be directly attributed to the reason for delay specified.*

1. Reason for project delay

Note: CalSTA may grant an extension for the period of contract award, project completion or project reimbursement if it finds that an **unforeseen or extraordinary circumstance** has occurred that justifies the extension. The extension will not exceed the period of delay directly attributable to the extraordinary circumstance.

* [Indicate the reason for the project delivery delay. Please be concise.]
* [Provide detailed justification, citing the cause and associated timelines, and if it will likely result in a scope change or funding shortfall.]
* [Specify the length of the time the project will be delayed.]
* [Include a timeline to justify and support the number of requested extension months*.*]

1. Status of project milestones/revised project milestones

1) Completion of Environmental Document:

|  |  |  |  |
| --- | --- | --- | --- |
| **Environmental Act** | **Document Type** | **Original Milestone Date, Anticipated Date** | **Revised Date,**  **New Anticipated Date** |
| CEQA |  |  |  |
| NEPA |  |  |  |

2) Right of Way Certification:

|  |  |  |
| --- | --- | --- |
| **Right of Way Certification** | **Original Milestone Date, Anticipated Date** | **Revised Date,**  **New Anticipated Date** |
|  |  |

3) Construction:

Indicate the date the project will be ready to advertise or was advertised.

|  |  |  |  |
| --- | --- | --- | --- |
| **Construction Advertise** | **Original Milestone Date, Anticipated Date** |  | **Revised Date,**  **New Anticipated Date** |
|  |  |  |

1. Local Agency Certification:

I certify that the information provided in the document is accurate and correct. I understand that if the required information has not been provided this form will be returned and the request may be delayed. Please advise us as soon as the time extension has been approved. You may direct any questions to

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (phone number)

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_

Local Public Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_