

# EXHIBIT 6-D HBRRP SCOPE/COST/SCHEDULE CHANGE REQUEST

See Section 6.7.1, Chapter 6 of the LAPG for information about this form.

State Bridge No. \_\_\_\_\_ Local Bridge No. \_\_\_\_\_  
Project Number \_\_\_\_\_ (Caltrans to provide project number for new projects)  
Responsible Agency \_\_\_\_\_

Project Location	
Project Limits	
Type of Work	
Work Description	

1. Describe reason for Scope/Cost/Schedule Change (or attach separate pages):

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2. If this is a request for scope change (not cost or schedule) please prepare a new or revised Exhibit 6-A “HBRRP Application/Scope Definition Form.” Will a revised Exhibit 6-A be submitted?

Yes    No    Not Applicable

3. If the answer to the above question is “Yes,” please skip to the signoff on this form and submit this form with the Exhibit 6-A package.
4. Identify and justify “betterments” that are HBRRP participating but are not related to the major deficiencies of this bridge. Attach additional pages as needed.

5. Refer to Exhibit 6-B. Identify and justify specific items requiring Caltrans funding approval. Attach additional pages as needed.

6. Other comments: (identify non-HBRRP participating work)

**Estimated Construction Costs:**

**Exclude Contingencies, Supplementary Work, and Construction Engineering**

	HBRRP Participating	NOT HBRRP Participating*
Construct Bridge		
Bridge Removal		
Slope Protection		
Channel Work		
Detour - Stage Construction		
Approach Roadway		
Utility Relocation		
Mobilization		
Total		

Total Cost \_\_\_\_\_

\*Items that are not HBRRP participating could be participating through other federal programs. See the LAPG for other eligibility requirements of other programs. Local agencies that are unsure which project costs are HBRRP participating should contact the DLAE/SLA for resolution.

Note that the total of the HBRRP participating costs should carry over into the construction line (direct costs) on the next page.

**Summary of HBRRP Participating Costs**

Please indicate the HBRRP total participating (eligible for reimbursement) costs for this project. Based on the amounts below and the federal reimbursement rate, Caltrans will program (reserve) the HBRRP funds needed for this project. Other federal funds (RSTP, TEA, etc.) needed for this project should be shown in the Field Review form Exhibit 7-B from Chapter 7 of the LAPM.

Target dates represent a commitment by the local agency when the project will need HBRRP funding. Failure to meet target dates may cause funds to be reprogrammed to other projects by other local agencies. The reprogramming of HBRRP funds is at the discretion of Caltrans.

- PE = Preliminary Engineering (Total not to exceed the greater of \$75 K or 25% of CON and consultant contract management and quality assurance not to exceed 15% of consultant costs).
- R/W = Right of Way.
- CE = Construction Engineering (Not to exceed 15% of CON)
- CON = Construction
- Cont = Contingency (including supplemental work) not to exceed 25% (preliminary estimate) nor 10% of CON for final design. \$5 K min.

Enter CE Rate:

Enter Contingency Rate:

	Direct Costs	+	Indirect Costs*	=	HBRRP Participating \$**	Target Dates
PE	<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>
R/W						<input type="text"/>
CON	<input type="text"/>					
CE	<input type="text"/>					
Cont	<input type="text"/>					
Subtotal	<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>

Total Participating Cost

Enter Fed. Match Rate:  HBRRP Reserved

\*See Chapter 5, "Accounting/Invoices," of the LAPM for approval of indirect costs.

\*\*Participating costs exclude ineligible work items. Please review the HBRR Program Guidelines for reimbursable scopes of work and program cost limits. Other federal funds will be shown in the Field Review form, Exhibit 7-B, Chapter 7, "Field Review," of the LAPM.

Caltrans, please notify this agency to confirm the requested scope/cost/schedule changes for this project have been incorporated in the HBRRP Multi-Year Plan. I understand that reimbursable work shall not commence until a request for authorization (E76) has been processed by Caltrans and a notice to proceed has been received by this agency.

I certify that this project is in compliance with Chapter 6 (HBRRP) of the *Local Assistance Program Guidelines*.

Two (2) copies plus one original of this form (with attachments) will be included in the transmittal package to the DLAE.

\_\_\_\_\_ Date  
Local Agency Project Manager

**Attachments (only if Question 2 is answered "No"):**

- 1) Exhibit 6-B, LAPG, HBRRP Special Cost Approval Checklist
- 2)  Other: \_\_\_\_\_
- 3) Request for Authorization is included in this application package for expedited processing?  Yes  No

**Thank you for assembling the form. Please send this package to your District Local Assistance Engineer to process your request for scope/cost/schedule changes.** Please email your suggestions to improve this form to [eric.bost@dot.ca.gov](mailto:eric.bost@dot.ca.gov) or [shannon.mlcoch@dot.ca.gov](mailto:shannon.mlcoch@dot.ca.gov).

**For Caltrans use only:**

I have reviewed this form for completeness and have forwarded copies to the Office of Program Management and SLA.

- I recommend approval. (Attach comments as needed.)
- I do not recommend approval for the following reasons: See attached memo/email to the Office of Program Management.
- I request SLA review of this form for the following reasons: (Attach memo/email justifying increased Caltrans oversight.)

\_\_\_\_\_ Date  
DLAE or authorized staff

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