

FUNDING AUTHORIZATION REQUEST

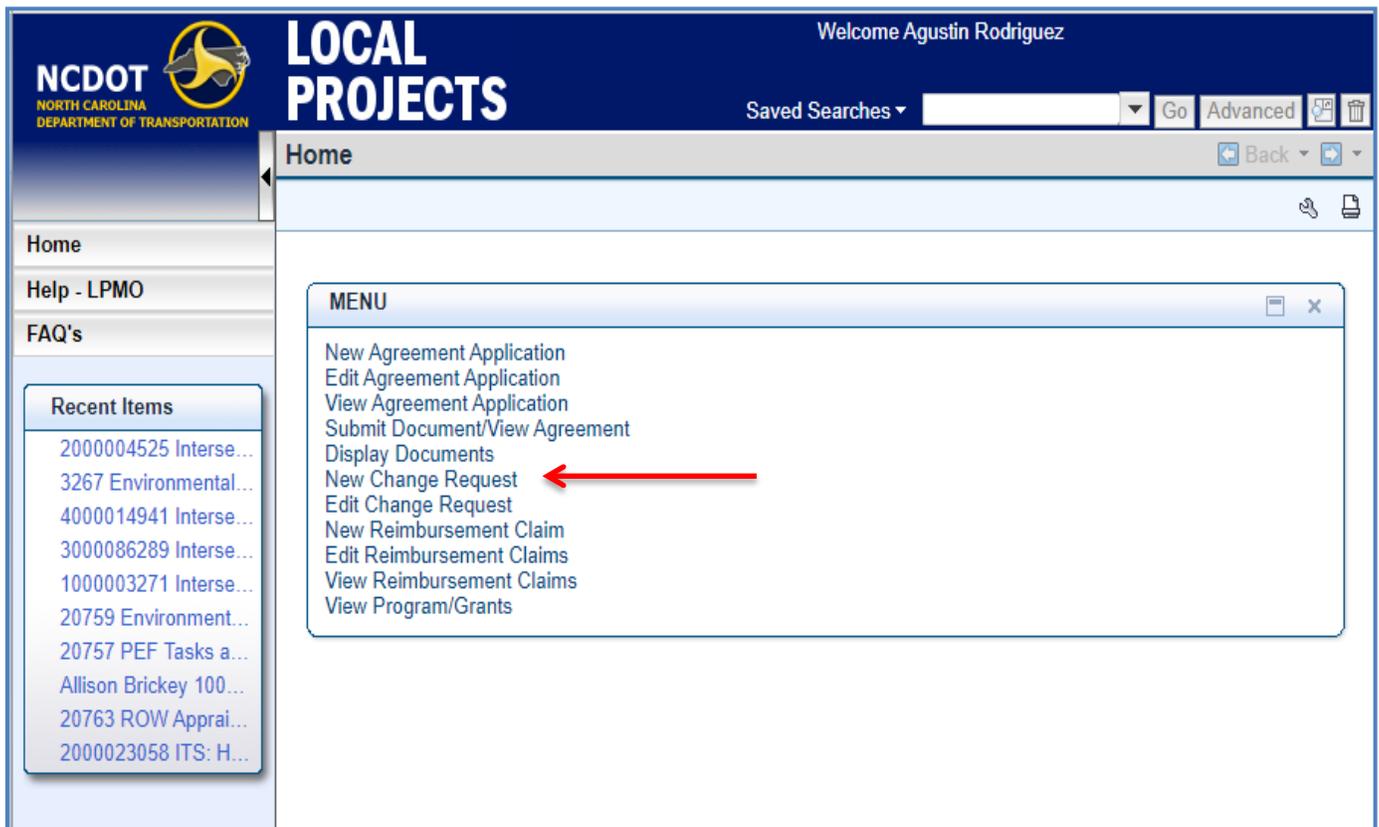
WHEN TO USE:

- When requesting **FUNDING AUTHORIZATION** for a Phase of Work (PE, ROW, UTIL or CON)
- When requesting additional funding authorization, or to transfer funding from one phase to another

STEPS FOR SUBMITTING A REQUEST FOR FUNDING AUTHORIZATION

1. From your Home Screen, click on **NEW CHANGE REQUEST**
2. Search for your Project by TIP or Agreement No.
3. Select Project from the Results List.
4. Complete the Change Request Form
5. When form is completed, select “Submit” at the bottom.
 - a. A workflow task is initiated with this step and goes to the NCDOT Project Manager for review.
 - b. Attach the award information or supporting documents when prompted after submitting.
6. If more information is needed, “Save” and come back later.
 - a. If “Save” is selected, use “Edit Change Request” from Home Screen, to open again.
 - b. Select Print to save to a browser or print a hard copy.

1. Select New Change Request to Submit Request for Funding Authorization



2. Enter TIP # and hit Search

Search: Change Request Form

Search Criteria

TIP number is

Maximum Number of Results: 100

Save Search As: Save

Search Clear

Result List

Agreement ID	Agreement Description	TIP number	Change Requi
No result found			

3. Select Project from the Results List

Search: Change Request Form

Search Criteria

TIP number is

Maximum Number of Results: 100

Search Clear Save Search As: Save

Result List

Agreement ID	Agreement Description	TIP number	Change Request Form
2000006230	Side Walk	SHP2001	LPMO - Change Request
2000006231	SAP-2010	TIP-01	LPMO - Change Request
2000006232	Sidewalk	TIP-01	LPMO - Change Request

Select Change Request form from the List for appropriate Project

4. Complete the Change Request Form

- a. Under REASON/PURPOSE there is an arrow down with two options, select Funding Authorization Transfer.
- b. For Funding Authorization Transfer, complete the following fields in the Funding Table:
 - i. TOTAL AMOUNT REQUESTED: *Total Estimated Cost of the Phase*
 - ii. NON-FEDERAL MATCH AMOUNT: *Percentage of Non-Federal Match per the Agreement*

The FEDERAL AMOUNT will calculate based on the two previous entries

Enterprise Business Services
Local Program Management Office
Change Request

PROGRAM ID: LOCAL PROJECTS - LPMO
PROJECT DESCRIPTION: Projects Managed Through LPMO
AGREEMENT: 2000004525 - Intersection of Tuckasegee-Berryhill-Th
SUB-RECIPIENT: CITY OF CHARLOTTE
SUBMITTED BY: Agustin Rodriguez
TIP: C-5538
DIVISION: 10
FA PROJECT: CMS-1003(144)
TOTAL AVAILABLE FUNDING: \$3,150,000

LET DATE(MM/DD/YYYY):
REASON/PURPOSE: Choose One
REASON FOR CHANGE: Choose One
Request for Fund Authorization/Transfer Attach Cost Estimates
Request for Supplement Agreement

CODE	WBS	EXPENSE DESCRIPTION	START DATE (MM/DD/YYYY)	AUTHORIZED TO DATE	TOTAL AMOUNT REQUESTED	NON FEDERAL MATCH AMOUNT	FEDERAL AMOUNT	PROPOSED AMOUNT
L002	51008.2.1	ROW - Right of Way	09/26/2017	\$529,600.00			\$0.00	\$529,600.00
L003	51008.3.1	CON - Construction	10/21/2019	\$2,620,400.00			\$0.00	\$2,620,400.00
Total					\$3,150,000.00	\$0.00	\$0.00	\$3,150,000.00

AUTHORIZING SUB-RECIPIENT SIGNATURE
 The information supplied in this true to the best of my knowledge, and conforms with the terms and conditions of this agreement.
 Name: Agustin Rodriguez Date: (mm/dd/yyyy)* 11/15/2021

Check Save Submit Print

Note: The funding table, blue fields, will only be available when requesting funding authorization.

5. When form is completed, select “Submit” at the bottom.

- a. A workflow task is initiated with this step and goes to the NCDOT Project Manager for review.
- b. Attach the award information or supporting documents when prompted after submitting.

CODE	WBS	EXPENSE DESCRIPTION	START DATE (MM/DD/YYYY)	AUTHORIZED TO DATE	TOTAL AMOUNT REQUESTED	NON FEDERAL MATCH AMOUNT	FEDERAL AMOUNT	PROPOSED AMOUNT
L002	51008.2.1	ROW – Right of Way	09/26/2017	\$529,600.00			\$0.00	\$529,600.00
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Total				\$3,150,000.00	\$0.00	\$0.00	\$0.00	\$3,150,000.00

AUTHORIZING SUB-RECIPIENT SIGNATURE

The information supplied in this true to the best of my knowledge, and conforms with the terms and conditions of this agreement.

Name: * Date: (mm/dd/yyyy)

Check box for Agency Authorization and type name and date.

Have award letter ready to attach once prompted after submitting.

6. If more information is needed, “Save” and come back later.

- a. If “Save” is selected, use “Edit Change Request” from Home Screen, to open again.
- b. Select Print to save to a browser or print a hard copy.

LOCAL PROJECTS Welcome Agustin Rodriguez

Saved Searches Go Advanced

Home

MENU

- New Agreement Application
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- New Change Request
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- View Reimbursement Claims
- View Program/Grants

For more EBS Quick Guides, visit our website at <https://connect.ncdot.gov/municipalities/Funding/Pages/default.aspx>