

Michigan Department
of Transportation
1696 (02/18)

TIP/STIP AMENDMENT TRANSMITTAL

SUPPORTING DOCUMENTS

Meeting Minutes or
Action Taken Letter
Proof of Public
Involvement
Meeting Handouts
Air Quality
Documentation (as
required)
EJ Documentation (as
required)

MPO	TIP	STIP	DATE
MPO STAFF CONTACT NAME	EMAIL		PHONE
MDOT MPO TIP/STIP PROGRAM MANAGER	EMAIL		PHONE
FHWA TRANSPORTATION MANAGER	EMAIL		PHONE
FTA TRANSPORTATION MANAGER	EMAIL		PHONE
DATE(S) OF MPO BOARD APPROVAL OF TIP REVISIONS			

MPO (or MDOT STIP) ASSURANCES

YES <input type="checkbox"/>	NO <input type="checkbox"/>	Amendment Request meets 23 CFR 450
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are projects consistent with the current fiscally-constrained Metropolitan Transportation Plan (TIP only)?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Public involvement opportunity consistent with the approved Public Participation Plan? Start date _____ End date _____
YES <input type="checkbox"/>	NO <input type="checkbox"/>	TIP/STIP is fiscally constrained?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Air Quality Conformity Analysis required?
		Date of Interagency Work Group (IAWG) meeting: _____
		Project(s) determined by IAWG to require a conformity analysis: _____
YES	NO	Do the environmental justice analysis findings demonstrate that implementing projects contained in this amendment will not result in a disproportionately high and adverse health or environmental effect on minority or low income populations?
YES	NO	Do the amendments approved by the MPO policy committee match the changes to the S/TIP project list?
YES	NO	Does the S/TIP remain fiscally constrained with the proposed amendments?
YES	NO	Has the policy committee approved the transit candidate list?

ADDITIONAL COMMENTS (Available for any additional notes that would aid understanding the proposed amendments):

MPO

MDOT

FHWA

FTA[23 CFR 450](#)

Your signature certifies your determination that the amendment was developed in accordance with the provisions of 23 CFR 450

MPO TIP/STIP NAME	SIGNATURE	DATE
MDOT NAME*	SIGNATURE	DATE
FHWA NAME	SIGNATURE	DATE
FTA NAME	SIGNATURE	DATE

* The Governor of the State of Michigan has designated MDOT to act on his behalf in the review of the STIP and the state's urbanized area TIPS. Pursuant to this authority, MDOT has assessed compliance with federal and state rules and regulations and endorses this STIP (or) urbanized area TIP amendment.