

ATTACHMENT A: Project Modification Request (PMR) Form

The purpose of this PMR form is to initiate the Project modification process and provide the SCWP with information necessary to evaluate the Project modification request.

Regional Program	<input type="checkbox"/> Infrastructure Program Project <input checked="" type="checkbox"/> Scientific Studies Program <input type="checkbox"/> Technical Resources Program
Project/Study Name	Targeted Human Waste Source Reduction Strategy to Address Bacteria-Related Compliance Objectives for the LCC
Project/Study Lead	Gateway Water Management Authority
Watershed Area(s)	Lower San Gabriel River
Current Project Phase	Initiating Year 1 of Scientific Study
Estimated Completion Date of Funded Activity	6/30/2026
Approved Stormwater Investment Plan Fiscal Year	FY23-24
Transfer Agreement ID (e.g., 2020RPULAR52)	2023RPLSGR50

Has the Transfer Agreement or most recent Addendum been executed (i.e., signed by the project lead and the District)? ☒ Yes ☐ No

What type(s) of modification request?

- ☐ like-for-like modifications
- ☐ functionally equivalent BMP modifications
- ☐ modifications to Project or Study components that were not material to the WASC, ROC, or Board's decision to include the Project or Study in the SIP
- ☐ reallocation of annual funding projections in the SIP, provided that the total amount of Regional Program funding for the Project or Study remains unchanged
- ☐ change in primary or secondary objective
- ☐ change in Project benefits
- ☐ change in methodology (e.g., infiltration instead of diversion to sanitary sewer)
- ☐ decrease in BMP capacity
- ☐ change in Project or Study location
- ☐ change in capture area where benefits claimed are diminished or where there is a change in the municipalities that are receiving benefits
- ☐ updated engineering analysis resulting in a reduction of benefits
- ☐ increase in community support
- ☐ reduction or withdrawal of community support
- ☐ change in amount or status of leveraged funding
- ☐ any modification resulting in an increase of the total amount of Regional Program funding for the Project or Study
- ☐ any modification resulting in a decrease of the estimated total amount of Regional Program funding for the Project or Study
- ☒ other, please describe:

Original schedule delayed due to delay in Transfer Agreement and fund disbursement from assumed NTP.

Impact on scope or benefits?

- | | |
|--|--|
| <input type="checkbox"/> Improved
<input type="checkbox"/> Diminished | <input checked="" type="checkbox"/> Neither
<input type="checkbox"/> Not Sure |
|--|--|

Description of the proposed modification(s), a comparison to the previously approved Project, and the reason(s) why the modification(s) is/are being proposed. Attach additional pages, as needed.

The schedule is delayed by approximately 1 year from the original schedule in the study application based on a delay in the Transfer Agreement and fund disbursement from the original assumed NTP. There are no other causes for the delay or change in scope to the study.

Refer to the attached schedule update.

If applicable, list previously approved funding allocations/disbursements and revised funding request:

Note, if some or all of a previously Funded Activity cannot be completed as a result of the proposed modification, please include a description and indicate the amount of unused funds. Any unused funds should be reallocated and accounted for in your revised funding request. Attach additional pages, as needed.

SIP Fiscal Year	Approved Funding Allocations	Increase/ Decrease Requested	Revised Funding Request	Description/Phase/Status <i>If applicable, include description of unused funds</i>
		Not Applicable		
TOTAL				

A: Approved Total Funding Allocations	
B: Revised Estimate of Total Funding from Regional Program	Not Applicable
Regional Program Funds Received to date	
Regional Program Expenditures to date	
Difference between B and A	
Percent change between B and A	

Would the additional funding request be the only option that would allow the project to be implemented? Please describe.	<input type="checkbox"/> YES
N/A	
Would delaying funding allocations impact the project's ability to be implemented? Please describe.	<input type="checkbox"/> YES
N/A	
Would funding only a portion of the additional funding request impact the project's ability to be implemented? Please describe.	<input type="checkbox"/> YES
N/A	
Has the Recipient considered other funding sources? Please describe. Include type of funding, status, and amount.	<input type="checkbox"/> YES
N/A	

If applicable, a description of difference in SCWP Anticipated Total Funding Request. As a reminder, annual funding is at the discretion of the WASC, ROC, and ultimately the Board of Supervisors. Attach additional pages, as needed.

N/A

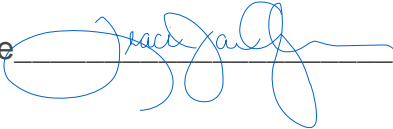
Brief description of Supporting Documentation provided. Please include any documentation needed to support benefits claimed by the modified Project or Study and confirm compliance with the Feasibility Study Guidelines.

Revised schedule, compared to previous milestones, based on the delay in NTP.

Contact information of persons who should be included in correspondence with the SCWP regarding this Project or Study. Attach additional pages, as needed.

Name	Title	Email Address
Grace Kast	Executive Officer	gracekast.gateway@gmail.com
Traci Gleason	Program Manager	tgleason.gateway@gmail.com
Brianna Datti	Director of Science & Policy	brianna.datti@craftwater.com

I certify the information and supporting documentation provided is accurate and true.	<input checked="" type="checkbox"/> YES
I certify the modified Project complies with all requirements described in the Feasibility Study Guidelines.	<input checked="" type="checkbox"/> YES
I understand this is a request and it is under the WASC's discretion to consider requested modifications.	<input checked="" type="checkbox"/> YES

Name Traci GleasonOrganization Gateway Water
Management AuthoritySignature Date 10/31/24

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Proposed Modifications to Projects or Studies:

	Status	Date
Scope/benefits of the modified Project or Study is consistent with the Project or Study included in the current fiscal year's SIP and proposed modifications were approved by the SCWP.	<input checked="" type="checkbox"/> YES	1/7/2025
Scope/benefits of the modified Project or Study requires reapproval in the SIP. If yes, select all that apply:	<input type="checkbox"/> YES	
Budget/schedule modifications would impact future SIP funding allocations. If yes, select all that apply:	<input type="checkbox"/> YES	
PMR was received after October 31 of a fiscal year and the PMR will be considered for approval during the preparation of subsequent SIP for the fiscal year after the next	<input type="checkbox"/> YES	-
Project or Study abandoned the proposed modifications	<input type="checkbox"/> YES	
Project or Study was withdrawn from consideration by the WASC and shall issue repayment of unspent funds	<input type="checkbox"/> YES	
Proposed scope/benefit modifications were recommended for approval in the SIP	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Modifications to the Project or Study's funding allocations were recommended for approval as identified in the SIP	<input type="checkbox"/> YES <input type="checkbox"/> PARTIAL <input type="checkbox"/> NO	

Proposed Modifications to Project Concepts:

	Status	Date
Proposed modifications were deemed consistent with the Project concept that was approved by the WASC, ROC and Board for inclusion in the SIP and can be addressed within the existing budget. SCWP staff will proceed to incorporate the proposed modification into the Feasibility Study immediately.	<input type="checkbox"/> YES	
Proposed modifications were deemed significant enough to result in a significantly different Project concept from the one approved by the WASC, ROC and Board for inclusion in the SIP. If yes, select one:	<input type="checkbox"/> YES	
SCWP staff to discontinue work on the Feasibility Study, return unused funds to be programmed in the SIP for the next fiscal year, and advise the proponent to submit the modified Project concept during the Call for Projects for a future fiscal year.	<input type="checkbox"/> YES	-
SCWP staff to abandon the proposed modifications and proceed with the Project concept included in the SIP.	<input type="checkbox"/> YES	-

Targeted Human Waste Source Reduction Strategy to Address Bacteria-Related Compliance Objectives for the Los Cerritos Channel: Project Modification Request Supporting Documentation

SCHEDULE UPDATE

The schedule update is summarized in **Table 1**. Updates to milestones are based on an actual NTP of September 6, 2024 (as compared to the previous assumed NTP of December 1, 2023).

Table 1. Scientific Study Schedule

Task	Task Name	Original SOW Milestone	Revised SOW Milestone
1	Project Management	Ongoing through 6/30/2025	Ongoing through 6/30/2026
2	Catchment Prioritization (includes assessment of water quality conditions)	March 29, 2024	December 31, 2024
2	Refined Catchment Prioritization	December 31, 2024	December 31, 2025
3	Targeted Human Waste Source Reduction Strategy	June 28, 2024	May 12, 2025
4	Source Identification & Abatement in Selected Areas of Investigation	June 30, 2025	June 30, 2026
5	Outreach & Education	Ongoing through 6/30/2025	Ongoing through 6/30/2026