APPENDIX E – ARCHITECTURE CONFORMANCE AND MAINTENANCE DOCUMENTATION FORM

Regional ITS Architecture
Architecture Conformance and Maintenance Documentation Form

Please complete the following questionnaire to document conformance or changes for the Regional ITS Architecture. Modifications will be made during the next architecture update.

Agency	
Agency Contact Person	
Street Address	
City	
State, Zip Code	
Telephone	
Fax	
E-Mail	

Project Information

Project Name	
Project Description	
Project Sponsor (Agency providing funds)	
Estimated Cost	
Deployment Plan Project Number	
RTP Project Number (MPO areas only)	
TIP Project Number*	
MDOT or Local Agency Project Number*	
MDOT Job Number*	
MDOT Control Section*	

*MDOT projects only

Conformance to Regional Architecture   Region: _____

☐   This project conforms to the existing Regional ITS Architecture. No changes are required.

☐   This project does not conform to the existing Regional ITS Architecture. Requested changes are noted in the next section.

Change Information

Please indicate the type of change:

☐   Level 1: Basic changes that do not affect the structure of the architecture

Examples include: Changes to stakeholder or element name, element status, or data flow status

☐   Level 2: Structural changes that impact only one agency

Examples include: Addition of a new market package or modifications to an existing market package that affects only your agency

☐   Level 3: Structural changes that have the potential to impact multiple agencies

Examples include: Addition of a new market package or modifications to an existing market package that involves multiple agencies, incorporation of a new stakeholder into the architecture

Describe requested change	
If the proposed change impacts any market packages, list those market packages. Note: If the proposed change involves creating or modifying a market package please attach a sketch of the new or modified market package.	
If the proposed change affects any stakeholders, list those stakeholders.	
If coordination with impacted stakeholders has occurred, describe the results.	

Approval Information

☐ Approved by regional contact.

☐ Approved by ITS Program Office.

☐ Forwarded to FHWA.

_____   _____
Regional Contact Name   Date
_____   _____
ITS Program Office Name   Date
                                                     _____
                                                     Date

Please submit change forms to:
MDOT – ITS Program Office
ITS_ARCH_Maintenance@michigan.gov
P.O. Box 30049
8885 Ricks Road
Lansing, MI 48909

Transit-related projects should also be sent to:
MDOT – Bureau of Passenger Transportation and
Federal Transit Authority (FTA)