

### About this form (Updated 10 October 2023)

This form (Request for VOS Decision) is completed as part of a submission into the next phase readiness process or when a project is making a price level/cost or scope adjustment that is intended to go through the VOS process. It replaces the old Next Phase Request and Variations Request.

Who uses this	Any project (both Waka Kotahi or Approved Organisation) funded by the NLTF and
form?	submitting a request for approval to move to the next phase or approval of a
	variation to a project.
	, ,

### How to get help:

Guidance to help you use this form is available here. Further material, including exemplars will be added to the VOS Committee OnRamp page when developed.

For assistance, please contact <u>VOSsupport@nzta.govt.nz</u>. Support from your regional Project/Portfolio Controls team is also available if required, contact <u>projectmanagementprocess@nzta.govt.nz</u>

Before submitting this form, engage the teams below to complete the required assurance.					
Team	Waka Kotahi Approved Organisations				
Investment quality assurance	businesscaseprocess@nzta.govt.nz LGF	'team			
Activity class assessment	Activity Class Manager (ACM)  Activity Class Manager (AC				
	Click here if you need to see who the ACM is fo	Click here if you need to see who the ACM is for the Activity Class			
Funding availabili	ity Manager Treasury & Cashflow Manager Treasury & Cash				
Portfolio check assessment	tsportfolioandperformance@nzta.govt.nz n/a	tsportfolioandperformance@nzta.govt.nz n/a			
Key dates	Submissions must be received two Mondays prior to meeting date. (Note this is 9 days before the committee meeting).  2023 meeting dates and final dates for submission are outlined in this calendar.				

BEFO	RE SUBMITTING YOUR FORM, PLEASE ENSURE YOU HAVE COMPLETED THE
FOLLO	<b>DWING</b> (Incomplete forms will create a delay and will be returned to you).
	The information on this form matches the information in TIO
	The Sponsor has signed off (and added signature)
	Portfolio Assessment team have completed their assurance activities (if required)
	Totalio 733033ment team nave completed their assurance activities (ii required)
	IQA is complete (if required)
	Corporate & Commercial have completed their assurance activities

When complete send the form to: <a href="mailto:vossupport@nzta.govt.nz">vossupport@nzta.govt.nz</a>



# **REQUEST FOR VOS DECISION**

# Approvals cover page

Submitter to complete

Decision required		
The decision that is required.		~%
E.g. Approve the Cost/Scope Adjustment for the ABC project		
RAPID role	Who	Date
Recommender		Click here to enter a
Please list the group/individuals that is/are making/endorsing the recommendation.	70:	date
Project Manager, The Steering Committee, sponsor and/or business owner, VOS Committee, CFO.	Maille	
Agree		Click here to enter a
Please list the groups/individuals that provided input that <u>must</u> be considered when making the decision recommendation. This group ensures decisions align to any fundamental requirements of the business to prevent poor or risky decisions.  E.g. assurance teams, consenting, legal.	cialmic	date
Performer  Please provide a short summary of what action/s will be enabled by the decision and who will perform them.  E.g.  PM produces board paper. Treasury & Cashflow updates TIO and releases funds PM attaches request in TIO		Click here to enter a date
Input  Please list the groups/individuals that provided input into the recommended decision.  E.g. Subject matter experts		Click here to enter a date
Decider  Please specify who the relevant decision maker is for this request. Based on business delegations.	Select	Click here to enter a date

Project information				
Project/activity name	Name MUST be the same in TIO/SAP			
VOS meeting date	Click here to enter a	date		
Region	Select	Request type	Select	
Waka Kotahi submitter name	[insert here]	Submitter Contact No.	[insert here]	
		Email	[insert here]	
Waka Kotahi project manager	[insert here]	Waka Kotahi project sponsor	[insert here]	

### Recommendation

[Include the funding recommendation here] Completed by submitter refined by Investment Advisor

#### The delegated decisionmaker

- An action, in this case,
- A second action,
  - The organisation receiving funding (required)
  - The activity (required)
  - The total amount, inclusion of admin, and the admin rate used (required)
  - The FAR percentage and the NLTF share in dollars (required)
  - The activity class and work category (required)
  - The phase being funded (required)

### Reason for recommendation

[Outline the reason for the recommendation]

#### Include:

- What the key benefit is in approving this request (Only use one line statement)
- The BCR for the initiative
- Confirm that the request meets the requirements of <u>section 20 of the Land Transport Management</u>
  Act 2003
- Using the dropdown select the statement that applies:

## Any conditions

Select Yes or No

[If Yes see assurance section for details]

## Request summary

[This section should outline a summary of what is being requested. This is also a good place to highlight if there have been prior funding variation requests and what those requests covered.]

#### May include:

- Summary of the project What is the elevator pitch?
- What is the current phase of the project?
- Scope of the activities covered by this request
- How much is being requested in this phase
- Expected time frame of this phase or changes to schedule for current or future phases
- Total expected cost of the project
- Summary of the key project risks

## **Background**

[This section should outline what the activity is about and the reason for funding being sought.]

#### May include:

- Background about the project
- The strategic outcome the project seeks to meet

#### Must include:

- Previous approvals / applications; conditions and status
- Previous NZTA Board Direction
- Is this a variation to the NLTP

### **Project status summary**

[Only complete this section for a <u>variation</u> request including price level adjustment, cost/scope adjustment. Remove this section if not a variation request

#### May include:

- · Confirmation of where currently allocated funds have been spent
- Confirmation of current level of contingency
- Outline key milestones and decision points so far
- Outline the recommended option and what the additional monies will be spent on
- Outline potential funding option
- What is the implication if the application is not approved

Item/task (List all items including completed items)	Original TIO allocation	Proposed cost variation (insert nil if no change)	Total item	Change to scope Y/N/NA
[insert item]	\$xx	\$xx	\$xx	
	10			
TOTAL	\$xx	\$xx	\$xx	

Impact assessment	Demonstrate the impact of the variation
Benefits	X
Quality	
Stakeholders	70,
Risk	

## Project sponsor endorsement

Project sponsor to complete

DA 1.17 - The	usiness case sponsor confirms this business case meets the business requirements				
Name & role					
Signature	Date Click here to enter a date				
Additional	Choose an item.				
commentary	Provide additional information of value to the decision maker if necessary.				

## **Project details**

Submitter to complete

Relevant information
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TIO activity ID:	[insert here]	Phase ID(s):	[insert here]	
SAP Item ID:	[insert here]	Business Plan ID:	[insert here]	
		(ID in Planview, applicable for business plan projects only)		
Organisation/s requesting funding	e.g. Waka Kotahi (Gisborne), Gisborne District Council	Requires Board approval?	No	
Phase type	Select	Funding source	Select	
Activity class (AC)*	Select	Work category (WC)	[insert here]	
*(Not required for NZUP)	Select		[insert here]	
	Select		[insert here]	
Funding priority for requested phase/s at NLTP adoption	Not included in 2021-24 NLTP	If funding status was not included in NLTP 2021- 24 confirm in the 'ANY CONDITIONS' section if an NLTP variation is required, and RLTP variation has been confirmed.		
IPM assessment & priority order	x-x-x (#)	BCR (Waka Kotahi assessed –	[insert here]	
(Waka Kotahi assessed – at funding request)		at funding request)		
Does the request include	e retrospective funding?	Select		
If 'yes', specify amount a place	and if an agreement is in	[insert here]		
Funding application links (or other relevant documents)	<ol> <li>InfoHub folder with proj</li> <li>e.g. IQA</li> <li>e.g. Business Case</li> <li>e.g. AST</li> </ol>	ect information		

Submitter to complete

Funding sum	mary			
Phase ID	Current phase cost (\$0 if next Phase Request)	Funding being requested	Total phase cost (current & requested)	Funding Assistance Rate %
XXXX	INO			
XXXX				
XXXX				
Total		\$1,000,000		
If the cost is shared with a local government organisation, has local share affordability been confirmed?			Select	
(If relevant) 'Other supplementary funding', \$ amount			-	
Is the requested funding request deliverable in the period specified?			Select	
(If relevant) For Waka Kotahi delivered activities confirm the admin rate			-	
Confirmation the funding request has been submitted in TIO			Select	

Total	expected	activity	cost
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Submitter to complete

Funding being requested cash flow*	Phase ID	Phase ID	Phase ID	Total funding requested in this request
2023/24	\$xx	\$xx	\$xx	\$xx
2024/25	\$xx	\$xx	\$xx	\$xx
2025/26	\$xx	\$xx	\$xx	\$xx
Future year (+24)	\$xx	\$xx	\$xx	\$xx
2021-24 Total	\$xx	\$xx	\$xx	\$xx
Total all years	\$xx	\$xx	\$xx	\$xx

<sup>\*</sup> Inclusive of admin cost

Submitter to complete

Portfolio assessment (Waka Kotahi only)	
Planview ID	[insert here]
Confirm that the project scale and complexity model has been updated	Y/N
Confirm that milestones for the next phase have been updated in Planview	Y/N
Have you completed a resourcing request for the next phase?	Y/N
Confirm the project exists in the portfolio plan	Y/N
Provide detail of the governance model being used for this initiative?	,

### Stakeholder engagement

Submitter to complete

Provide a brief overview of ALL engagement undertaken regarding this request, issues resolved, and any outstanding issues. Provide links (e.g., to customer feedback, safety audit, etc.) if relevant.

Title	Method of consultations (e.g. emails; workshops; conversation)	Subject of consultation	Outcome of consultation
100			
Outstanding issues to be resolved include:			

## Significance assessment

Submitter to complete

Is there anything decision-makers should be aware of with respect to the delegation principles?

### Lessons learned (Variations only)

Submitter to complete (Only complete this section for variations, including price level adjustment (PLA), cost or scope adjustment

Insights		
Why has this occurred?	Choose an item.	If other, please explain he
Could this be foreseen at project approval point?	Choose an item.	Please explain
Could this price level/ cost/ scope adjustment have been avoided?	Choose an item.	Please explain
Could/will there be any further PLA's or CSA's expected from this project?	Choose an item.	If yes, please explain how will mitigate further cost increases, or what these increases will be.
Is there a change in the business case approval process we can make to avoid this in the future?	ķO	
Additional information		
ased under the		
eased.		

# **Assurance summary**

IQA Assessment	– Completed by Investment Ad	visor			
Completed by	Name & role	Date	Click here to enter a date		
Summary	Cut and paste the overall ass	essment from IQA			
Key	Include:				
considerations	<ul><li>(1) Risks or issues that do no</li><li>(2) Significance assessment</li><li>(3) Choose an item.</li></ul>	•	tigation.		
	**Delete options that do not apply**				
Conditions	[This section should outline can be used to outline if there are any conditions precedent or subsequent that need to be included in the recommendation or satisfied before further funding is approved]				
Actions	Summary of actions required	from the IQA	.:.01		
Risks & mitigations	Risks identified and mitigation	ns required from IQA	Silver		

Investment Assurance & Finance assessment – Completed by Investment Advisor		
Completed by	Date Click here to enter a date	
Assessment		
Key considerations		

Activity Class Manager	Name & role	Date	Click here to enter a date
Priority confirmed	Select		
Assessment	. 0		
Key considerations	70		
Funding availability			
Manager Treasury & Cash Flow	Name & role	Date	Click here to enter a date
Funding available	Select		
Assessment			
Key considerations			

Portfolio check assessment (For Waka Kotahi Requests only) – Completed by Portfolio & Performance			
Completed by	Name & role	Date	Click here to enter a date
Key considerations	Trade-offs to be understood TBC		

## Assurance sign off

Completed by		Date	Click here to enter a date
completed by		Bute	Short here to enter a date
	Manager – Business Case and Project Management Standards		
Assessment	Select		
Key considerations			
Assurance sign off	– Portfolio		
O - manual at and the co		Date	Click here to enter a date
Completed by			
Completed by	Manager – Portfolio and Performance		DC.
Assessment	•		, RC.

### **Additional information**

Released under the

Are there other circumstances or aspects that should be noted by decision makers?

## **FUNDING DECISION RECORD**

Φ	Resolution / Decision – Delegation – National Manager, Programme and Standards, Transport Services				
plet	Endorsed		Recommendation:		
<b>Transport Services Approver</b> to complete	Deferred (Revise and resubmit)				
	Declined				
	Conditions		1.		
A S			2.		
vice	Conditions Met	Choo	ose an item.		
Ser	Name	Out	of scope		
port	Position	Natio	National Manager, Programme and Standards, Transport Services		
ans	Signature		\$ <del>`</del> (O'		
F	Date	Click here to enter a date.			
	Actions taken				
Process Coordin	Paper number: Meeting date:		here to enter a date.		
(1)	Resolution / Decision - De	legatio	on – Chief Financial Officer, Commercial & Corporate		
nplete	Endorsed / Approved		Recommendation:		
Approver to complete	Deferred (Revise and resubmit)				
ove	Declined				
Appr	Conditions				
_	(0)				
por	Conditions Met		ose an item.		
Cor	Name		of scope		
<u>8</u>	Position	Chie	f Financial Officer, Commercial & Corporate		
Commercial & Corporate	Signature				
mue	Date	Click	here to enter a date.		
ပိ_	Actions taken				