

To: Mr. Louis Flores, Chief
Office of Local Assistance - MS1030
Department of Transportation - District 8
464 West 4th Street, 6th Floor
San Bernardino, CA 92401-1400

Dear Mr. Louis Flores

In order to advertise, award and administer the construction contract for the above project, we request that you secure Federal authorization and obligate funds for this work. The amounts requested do not exceed the Federal funds provided to this agency in the approved Federal TIP/Federal Statewide TIP(FSTIP).

Attached are the following documents that are required to authorize this phase of work:

Request for Authorization Package

- Completed Project Prefix Checklist (Exhibit 3-E), or
- The Project Prefix Checklist was previously submitted and the funding types have not changed.
- Completed Finance Letter (Exhibit 3-F)
- Completed Data Sheets (Exhibit 3-G)

Field Review Form (Exhibit 7-A)

- Completed Field Review form, or
- The Field Review form was previously submitted on _____.

Environmental Document

- Approved Environmental Document
Type of Document _____
Approval Date _____
- The Environmental Document was previously submitted and approved.

Right of Way Certification (Exhibits 13-A and B)

- Right of Way Certification, or
- The Right of Way Certification was submitted and accepted on _____.

PS&E Package and PS&E Certification

- Completed PS&E package and PS&E Certification, or
- The PS&E package and PS&E Checklist were submitted and accepted on _____.

Local Agency Construction Contract Administration Checklist

- Local Agency Construction Contract Administration Checklist (Exhibit 15-A), or
- The Local Agency Construction Contract Administration Checklist was previously submitted and our procedures have not changed.

I understand that invoice requests for payment will not be processed until a Program Supplement Agreement and Federal-aid Project Agreement (PR-2) have been prepared and executed.

(Check which of the following applies)

- I am including the "Agreements Checklist" request form with this transmittal and request that the agreements be prepared now.
- I will transmit the "Agreements Checklist" request form upon award of the construction contract.

I will not submit any invoice requests until I receive notification that the Program Supplement Agreement and PR-2 have been executed.

CTC ALLOCATION

Check which of the following applies:

- A CTC allocation vote is not required, or
- The required CTC allocation has been scheduled for the _____ meeting, or
- The required CTC allocation was voted at the _____ meeting.

CERTIFICATION

I certify that the facts and statements in this "Request for Authorization Package" are accurate and correct. This Agency agrees to comply with the applicable terms and conditions set forth in Title 23, U.S. Code, Highways, and the policies and procedures promulgated by the Federal Highway Administrator and the California Department of Transportation relative to the above designated project.

I understand that this Agency is responsible for costs in excess of the Federal funds obligated and all costs incurred before it has received FHWA "Authorization to Proceed" with this phase of the project.

Please advise us as soon as the authorization has been received. You may direct any questions to

Sincerely,

David E. Barnhart
Director of Transportation

Attachment

REQUEST FOR AUTHORIZATION**Project Prefix Checklist**

Federal Programs: Identify each fund type to be used for this project

- | Prefix | Program |
|--------------------------|---|
| <input type="checkbox"/> | (STP) Surface Transportation Program |
| <input type="checkbox"/> | (MA) Minimum Allocation |
| <input type="checkbox"/> | (DB) Donor Bonus |
| <input type="checkbox"/> | (BH) Bridge Rehabilitation |
| <input type="checkbox"/> | (BR) Bridge Replacement |
| <input type="checkbox"/> | (CM) Congestion Mitigation & Air Quality |
| <input type="checkbox"/> | (AHL) Access Hwys to Public Recreation Areas |
| <input type="checkbox"/> | (ER) Emergency Relief |
| <input type="checkbox"/> | (PLH) Public Lands Highway |
| <input type="checkbox"/> | Demonstration Project; varies, specify if known _____ |
| <input type="checkbox"/> | Other: Specify _____ |

Sub-Programs

(Check all that Apply)

- | | | |
|--------------------------|-----|--|
| <input type="checkbox"/> | (L) | Local (Fund appropriation management) |
| <input type="checkbox"/> | (S) | State (State approp. management) not normally handled in OLP |
| <input type="checkbox"/> | (N) | On National Highway System |
| <input type="checkbox"/> | (R) | Safety - Railroad |
| <input type="checkbox"/> | (H) | Safety - HES Program List Number _____ |
| <input type="checkbox"/> | (G) | 100% Federal Funding (for Safety) |
| <input type="checkbox"/> | (P) | Bridge Painting |
| <input type="checkbox"/> | (X) | Bridge Rail replacement |
| <input type="checkbox"/> | (Z) | Seismic Retrofit - State Mandatory Pgm. |
| <input type="checkbox"/> | (V) | Seismic Retrofit - Voluntary Pgm. |
| <input type="checkbox"/> | (E) | TEA - Transportation Enhancement Activities |
| | | Second vote request _____ or Vote date _____ |

Bridge (HBRR) only Sub-Programs

- | | | | |
|--------------------------|-----|------------|--|
| <input type="checkbox"/> | (S) | On System | (Functional classification greater than below) |
| <input type="checkbox"/> | (O) | Off System | (Local Street/Road or Rural minor collector) |

Additional State Funds involved (info only - does not affect prefix)

- | | | |
|--------------------------|--|---|
| <input type="checkbox"/> | | TSM - Traffic System Management - Match ___ Other ___ |
| <input type="checkbox"/> | | SLTPP - St. & Loc. Trans. Partnership Prog. |
| <input type="checkbox"/> | | FCR - Flexible Congestion Relief |
| <input type="checkbox"/> | | Other: Specify _____ |

The prefix provides a quick summary of the funding programs and subprograms.

FINANCE LETTER

DEPARTMENT OF TRANSPORTATION
ACCOUNTING SERVICE CENTER
LOCAL PROGRAM ACCOUNTING BRANCH

Date: _____
Agency: _____
Project No.: _____
EA No.: _____

Attention.: _____

	TOTAL COST OF WORK	TOTAL PARTICIPATING COST	FEDERAL FUNDS (Fed-Aid code: _____)	LOCAL FUNDS	OTHER FUNDS Type:	OTHER FUNDS Type:
Agency Preliminary Engineering						
State Furnished Preliminary Engineering						
Overhead at _____%						
R/W Engineering & Administration Costs						
R/W Purchase Costs						
Relocation Assistance (SJ 3A055)						
Contract Items _____						
Utilities _____						
Contingencies _____						
Trainees _____						
Agency Furn. Mat. _____						
Contract Total _____						
Agency Construction Engineering						
State Furn. Construction Engineering						
Overhead at _____%						
State Furnished Materials Testing						
Overhead at _____% EA No. _____						
Force Account (Day Labor) - striping, etc.						
TOTAL:						

Federal Participation: _____%

Signature: _____

Questions regarding this finance letter should be directed to:
Printed name: _____

Reimbursement Ratio: _____%

Title: _____

Telephone number: _____

REMARKS:

Distribution All Projects: (1) Original + 4 copies-Caltrans District Local Assistance Engineer. (2) Copy-Local Agency Project File

REQUEST FOR AUTHORIZATION
DATA SHEET 1

AGENCY _____

FLAG: _____ LOCATOR: _____
 PROJ(AGR) NO.: _____ (DIST., CO., RTE., AGCY. ABBREV.)
 EA: _____ PROJ. LOCATION:
 PREFIX: _____
 RESP AGENCY: _____
 EXEMPT ____ or TYPE OF WORK:
 CA Y ____ N ____
 RTE: _____
 PM: _____ THIS REQ.: _____ FOR: _____

DEMONSTRATION PROJECTS: Estimated Construction Date _____

FSTIP FTIP/DATA	INTERGOVERNMENTAL REVIEW	RIGHT OF WAY ESTIMATE	TOTAL COST
URBANIZED: ____ POP: ____	EXEMPT: ____ COMMENT: ____	R/W ACQ (Pcls): ____	\$ _____
MPO: _____	STATE OPR#: _____	RAP (Fmls): ____	\$ _____
YEAR _____	AREA IGR #: _____	(Bus): ____	\$ _____
APPV. DATE: _____	ENVIRONMENTAL DATA	LRH/HRDSHP: ____	\$ _____
SHEET NO. : _____	TYPE: _____	UTILITIES: _____	\$ _____
TIP NO (PPNO): _____	EIS (Yr & #) _____	SUPPORT: _____	\$ _____
	APPROVED _____		
RR XING #S		TOTAL: _____	\$ _____
RR-PUC #: _____	INITIAL FED AUTHORIZATION		
_____	PE Date: _____	ENERGY: ____% TOPICS: _____	
_____	RW Date: _____	R/W CERT.: _____	
RR-FED #: _____	CON Date: _____	R/W CERT DATE: _____	

Prepared by : _____ PHONE: _____ DATE: _____

**REQUEST FOR AUTHORIZATION
DATA SHEET 2**

PROJ/AGR NO: _____
 CMAQ Projects: Air Basin (Name & Code) _____
 Local Agency/State Comments:

PROJ/AGR NO: _____ DETAIL RECORD #/ #: _____
 APPN: _____ LINE NUMBERS: _____ URBAN/RURAL: _____ COUNTY CODE: _____

CONGRESSIONAL DISTRICTS: _____

APPN COUNT: _____	NO OF RELOC PAY: _____	STATISTICAL DATA	
WORK CLASS: _____	WORK TYPE (1-4): _____	NUMBER OF:	
FUNCTION CLASS: _____	SAFETY/RR: _____	LANES	_____
FED AID SYS: _____	FED RES SYS: _____	STRUCTURES	_____
STATE SYS _____	CONST BY: _____	BUSES/OTHER VEHICLES	_____
MILES: _____	KILOMETERS: _____	INTERSECTIONS IMPROVED	_____
LANE MILES: _____	LANE KILOMETERS: _____	PROJECTS	_____
		CROSSINGS PROTECTED	_____
		CROSSINGS IMPROVED	_____
		TRF/MGT/CNTRL PROJECTS	_____
		OPERATING PROGRAMS	_____
		PARKING SPACES:	_____
	TOTAL COST	PARTICIPATING COSTS	FEDERAL FUNDS
PREVIOUS. OBLIG: _____	_____	_____	_____
THIS REQUEST: _____	_____	_____	_____
TOTAL: _____	_____	_____	_____

BRIDGE #'S _____

REQUEST FOR AUTHORIZATION
DATA SHEET 3

PROJ/AGR NO: _____ DETAIL RECORD ##: _____

APPN: _____ LINE NUMBERS: _____ URBAN/RURAL: _____ COUNTY CODE: _____

CONGRESSIONAL DIST: _____

APPN COUNT: _____	NO OF RELOC PAY: _____	STATISTICAL DATA	
WORK CLASS: _____	WORK TYPE (1-4): _____	NUMBER OF:	
FUNCTION CLASS: _____	SAFETY/RR: _____	LANES	_____
FED AID SYS: _____	FED RES SYS: _____	STRUCTURES	_____
STATE SYS _____	CONST BY: _____	BUSES/OTHER VEHICLES	_____
MILES: _____	KILOMETERS: _____	INTERSECTIONS IMPROVED	_____
LANE MILES: _____	LANE KILOMETERS: _____	PROJECTS	_____
		CROSSINGS PROTECTED	_____
		CROSSINGS IMPROVED	_____
		TRF/MGT/CNTRL PROJECTS	_____
		OPERATING PROGRAMS	_____
		PARKING SPACES:	_____

	TOTAL	PARTICIPATING	FEDERAL
	COST	COSTS	FUNDs
PREVIOUS. OBLIG: _____	_____	_____	_____
THIS REQUEST: _____	_____	_____	_____
TOTAL: _____	_____	_____	_____

BRIDGE #'S _____

PROJ/AGR NO: _____ DETAIL RECORD ##: _____

APPN: _____ LINE NUMBERS: _____ URBAN/RURAL: _____ COUNTY CODE: _____

CONGRESSIONAL DIST: _____

APPN COUNT: _____	NO OF RELOC PAY: _____	STATISTICAL DATA	
WORK CLASS: _____	WORK TYPE (1-4): _____	NUMBER OF:	
FUNCTION CLASS: _____	SAFETY/RR: _____	LANES	_____
FED AID SYS: _____	FED RES SYS: _____	STRUCTURES	_____
STATE SYS _____	CONST BY: _____	BUSES/OTHER VEHICLES	_____
MILES: _____	KILOMETERS: _____	INTERSECTIONS IMPROVED	_____
LANE MILES: _____	LANE KILOMETERS: _____	PROJECTS	_____
		CROSSINGS PROTECTED	_____
		CROSSINGS IMPROVED	_____
		TRF/MGT/CNTRL PROJECTS	_____
		OPERATING PROGRAMS	_____
		PARKING SPACES:	_____

	TOTAL	PARTICIPATING	FEDERAL
	COST	COSTS	FUNDs
PREVIOUS. OBLIG: _____	_____	_____	_____
THIS REQUEST: _____	_____	_____	_____
TOTAL: _____	_____	_____	_____

BRIDGE #'S _____