REGIONAL AGENCY OBLIGATION PLAN

RTPA/MPO _____

Required by AB 1012

Date Submitted _____

DOLLARS OBLIGATED SINCE NOTICE OF
BALANCE SUBJECT TO REPROGRAMMING: _____

Local Agency	Project Identifier	FTIP No.	Project Location/Limits	Project Description	Type of Work	Total Project Cost ($$C ,$$R,$$T)	Obligations			Progress Milestones					Comments/Misc.
							Phase	Amount	Expected Date	SPE	DED	EDA	SC	CC	