

**REQUEST FOR FUNDING ALLOCATION  
LOCAL HIGHWAY PROJECTS  
Local Agency Letterhead**

To: (DLAE Name)  
District Local Assistance Engineer  
Caltrans, Office of Local Assistance  
(District Address)

Date: \_\_\_\_\_  
PPNO: \_\_\_\_\_  
EA: \_\_\_\_\_  
(Brief Project Description) \_\_\_\_\_  
(Location) \_\_\_\_\_  
(County) \_\_\_\_\_  
Assembly District: \_\_\_\_\_  
Senate District: \_\_\_\_\_

Dear (DLAE Name)

We request that the California Transportation Commission allocate (total dollar amount of this request) of Regional Improvement Program or Interregional Improvement Program funding for this project.

Project Description:

Enter description of project location and scope from Project Programming Request.

Output/Outcome:

Enter action(s) to be taken and quantifiable benefits or results.

**A. Fund Allocation Summary**

<u>Project Component</u>	<b>Fund Allocation</b> (This Request)
Environmental Studies & Permits	\$ _____
Plans, Specifications & Estimate	\$ _____
Right of Way	\$ _____
Construction	\$ _____
Total	\$ _____

**B. Total Project Funding Plan by Fiscal Year**

List all funding sources and anticipated fund usage by year. If there are any funding conditions, describe type of conditions, i.e., proportional split of funds across all components, STIP funds first, etc. (If attached Project Programming Request includes this detail and it is still current, it is not necessary to repeat the information here.)

**C. Type of STIP Funding**

Indicate type of STIP funding required. (Federal/State or State-only)

**D. Request for Additional STIP Funding**

If this request exceeds the amount programmed for any component, provide justification and the following information:

Additional funding required \$ \_\_\_\_\_  
County reserves available \$ \_\_\_\_\_  
County share advance required \$ \_\_\_\_\_ (If county reserves are inadequate to fund the shortfall)

**E. Request for Advance of STIP Funding**

If this request for funding is for STIP funding programmed in a future Fiscal Year, provide justification.

**F. Status of Project**

1) Completion of Environmental Document:

CEQA - Describe document type and date. (Required for all components except environmental studies)

- if the document type is ND, MND, or EIR, provide E Resolution #: E - \_\_ - \_\_

*If the project is not exempt from CEQA, all CEQA environmental submittals shall be coordinated directly with the CTC. The lead agency ensures that the necessary environmental documents are brought forward to the CTC for action prior to allocation of funds to receive an E Resolution number.*

NEPA - Describe document type and date. (Required for Right of Way and Construction, if applicable)

2) Right of Way Certification:

If this request is for Federal Construction funding, indicate the date right of way has been certified (or will be certified) for the project.

3) Construction

If this request is for Construction funding, whether project is ready to advertise (or the date the project will be ready to advertise.)

**G. Timely Use of Funds**

We request that the CTC allocate these funds [at the \_\_\_\_\_ meeting *or* by \_\_\_\_\_.]  
(use appropriate wording per Checklist instructions)

(Indicate the actual date that work on the project component commenced, if work on this component started prior to allocation as allowed by the provisions of Government Code 14529.17, as amended by SB 184. Eligible work will be reimbursed subject to the limitations described in Government Code 14529.17)

**H. Local Agency Certification:**

This Request for Funding allocation has been prepared in accordance with the *Procedures for Administering Local Grant Projects in the State Transportation Improvement Program (STIP)*. I certify that the information provided in the attached checklist is accurate and correct. I understand that if the required information has not been provided this form will be returned and the funding allocation may be delayed. Please advise us as soon as the fund allocation has been approved. You may direct any questions to

\_\_\_\_\_ at \_\_\_\_\_  
(Name) (Phone No.)  
Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**I. Regional Transportation Planning Agency/County Transportation Commission Concurrence:**  
(See attached Request for Funding Allocation Checklist for requirements.)

Concurred:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Title) (Agency/Commission)

**J. Caltrans District Local Assistance Engineer Acceptance:**

I have reviewed the information submitted on the Request for Funding and agree it is complete and has been prepared in accordance with the procedures outlined in Chapter 23 of the *Local Assistance Program Guidelines*.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Title)

Attachments:

- Project Programming Request
- Funding Allocation Checklist
- For Transportation Enhancement (TE) projects, attach the DLA approved TE application
- Others (as required, i.e., State-only funding exception approval, Justification for construction deadlines longer than 36 months, Pre-award Audit Request, Audit Disposition letter, State-only Finance Letter, Local Road Rehabilitation Project Certification, etc.)

**Distribution:** (1) Original + 1 copy to DLAE  
(2) Copy to Regional Planning Agency/County Transportation Commission

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