

**EXHIBIT 12-F COST-EFFECTIVENESS/PUBLIC INTEREST FINDING**

U.S. DEPARTMENT OF TRANSPORTATION		FEDERAL HIGHWAY ADMINISTRATION		CALIFORNIA DEPARTMENT OF TRANSPORTATION	
<b>COST-EFFECTIVENESS/PUBLIC INTEREST FINDING</b>					
<b>COST-EFFECTIVENESS DETERMINATION REQUIRED</b>			<b>PUBLIC INTEREST DETERMINATION REQUIRED</b>		
<input type="checkbox"/> Use of force account (23 CFR 635.204, 205)* <input type="checkbox"/> Use of publicly owned equipment (23 CFR 635.106) <input type="checkbox"/> Other*: _____  * Requires Caltrans District approval ** Requires FHWA approval *** Must be emailed to <a href="mailto:Proprietary.PIF@dot.ca.gov">Proprietary.PIF@dot.ca.gov</a> . Certification below must accompany PIF if no suitable alternative exists or if proprietary item is essential for synchronization with existing highway facility.			<input type="checkbox"/> Use of non-competitive negotiated consultant contracts (23 CFR 172.7) (a) (3)* <input type="checkbox"/> Use of publicly furnished materials (23 CFR 635.407) <input type="checkbox"/> Use of proprietary products and processes (23 CFR 635.411)** <input type="checkbox"/> Use of contracting method other than competitive bidding (23 CFR 635.104/204)* <input type="checkbox"/> Use of mandatory borrow/disposal sites (23 CFR 635.407) <input type="checkbox"/> Advertising period less than 3 weeks (23 CFR 635.112)* <input type="checkbox"/> Waiver of Buy America Requirements (23 CFR 635.410)** <input type="checkbox"/> Other*: _____		
FEDERAL-AID PROJECT		CLASS OF FEDERAL FUNDS: <input type="checkbox"/> IM <input type="checkbox"/> NH <input type="checkbox"/> STP <input type="checkbox"/> OTHER:			
		STEWARDSHIP: <input type="checkbox"/> DELEGATED <input type="checkbox"/> HIGH PROFILE			
ID	DIST-CO-RTE- PM	ESTIMATED COST		FEDERAL FUNDS	
PROJECT SPECIFIC <input type="checkbox"/>		MULTIPLE PROJECTS <input type="checkbox"/>		REGIONAL/DISTRICTWIDE <input type="checkbox"/>	
				STATEWIDE <input type="checkbox"/>	
IF A PROPRIETARY ITEM AND NOT PROJECT SPECIFIC, WHAT IS THE EXPIRATION DATE: _____					
GENERAL LOCATION			GENERAL DESCRIPTION OF WORK:		
REASONS THAT REQUESTED APPROVAL IS CONSIDERED TO BE COST-EFFECTIVE OR IN THE PUBLIC'S BEST INTEREST (STATE):					
REMARKS (STATE) :					
PREPARED/APPROVED BY LOCAL AGENCY'S REPRESENTATIVE			REPRESENTATIVE NAME AND TITLE:		Date:
*APPROVED BY DISTRICT LOCAL ASSISTANCE ENGINEER (DLAE)			DLAE NAME:		Date:
**APPROVED BY FHWA (Buy America Waiver only)			FHWA REPRESENTATIVE NAME:		Date:

Distribution: (1) Local Agency File - Original; (2) DLAE - Copy; (3) Caltrans Project Manager - Copy if on the SHS

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**CERTIFICATION**

(Applicable to Proprietary Products and Processes if no suitable alternative exists or if proprietary item is essential for synchronization with existing highway facility. This Certification and accompanying Proprietary Item PIF must be emailed to Proprietary.PIF@dot.ca.gov)

Trade Name of Proprietary Product or Process: \_\_\_\_\_

Describe the Specific Product: \_\_\_\_\_

\_\_\_\_\_

[As Applicable, either:]

*"I (name of certifying official), (position title), of the (Name of contracting agency), do hereby certify that in accordance with the requirements of 23 CFR 635.411(a)(2), that this patented or proprietary item is essential for synchronization with existing highway facilities,*

or

*"I (name of certifying official), (position title), of the (Name of contracting agency), do hereby certify that in accordance with the requirements of 23 CFR 635.411(a)(2), that that no equally suitable alternative exists for this patented or proprietary item.*

**SUPPORTING INFORMATION**

What are the unique properties, synchronization aspects and/or operational features that this product provides such that no equally suitable alternative exists?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What Level of Evaluation and Testing of Potential Products has been done?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ATTACH ADDITIONAL SHEETS AS NECESSARY)

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**EXHIBIT 12-F COST-EFFECTIVENESS/PUBLIC INTEREST FINDING****INSTRUCTIONS**

1. Check appropriate box under “Cost-Effective Determination Required” or “Public Interest Determination Required.”
2. Check “Class of Funds” as follows: IM-Interstate Maintenance, NH-National Highway, STP—State Transportation Program, Other (all other classes).
3. Provide the Federal-aid Project ID number in first column.
4. Identify Caltrans District-County-State Route-Post Mile, or City and street in second column.
5. List Estimated Cost of the portion of the project subject to this PIF.
6. List the amount of the Federal Funds in the portion of the project subject to this PIF.
7. Describe “General Location” applicable to this PIF.
8. Provide “General Description of Work” affected by this PIF.
9. Explain and give “Reasons that requested approval is considered to be cost-effective, or in the public’s best interest.” Provide cost analysis or comparison as evidence of cost-effectiveness.
10. “Remarks” is for the Local Agency Representative preparing the Finding.
11. Signature, Name, and Title of Local Agency Representative preparing or approving PIF, as appropriate, and Date.
12. Signature and Name of District Local Assistance Engineer approving the PIF, as required, and Date.
13. Signature and Name of FHWA representative approving the PIF for Buy America waivers, and Date.
14. If a patented or proprietary item is used, a self-certified PIF or certification shall be emailed to [Proprietary.PIF@dot.ca.gov](mailto:Proprietary.PIF@dot.ca.gov).