**Exhibit 25-K: Local Road Rehabilitation Project Certification**

**[To be placed on Local Agency Letterhead]**

Date:

To: [Regional Transportation Planning Agency]
 [Address]

The City/County of [ ] submits the following local road rehabilitation project for certification that the project is in compliance with California Transportation Commission guidelines.

Project Description:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Street/Road | From ------------to ---------------- | Local Road Facility (Pavement, drainage structure, bridge, cut slope, embankment, etc.) | PPNO | RehabilitationStrategy (Resurfacing, chip seal, seal coat, restoration of existing facility, etc.) | Service Life(Years) |
|  |  |  |  |  |  |

The project listed above meets the following standards:

• The type of work is eligible for local road rehabilitation, and excludes routine maintenance work, as described in Section II-D-9: “Eligibility of Rehabilitation Projects” of the Procedures for Administering Local Agency Grant Projects in the State Transportation Improvement Program.

• For pavement rehabilitation, the estimated number of years the work will extend the service life of the facility is documented in a PSR or equivalent signed by a registered civil engineer.

• Pavement rehabilitation strategies with less than 10 year service life have been determined by a Pavement Management System (PMS) to be cost-effective and have a service life of 5 years or more. (Attach PMS certification if appropriate).

• The work does not degrade any existing safety or geometric aspect of the facility.

City /County Signature: Title:

**Regional Transportation Planning Agency/County Transportation Commission Certification**

The [Regional Transportation Planning Agency/County Transportation Commission] certifies the projects listed above meet California Transportation Commission guidelines.

Signature: Title: Date: