

Carbon Reduction Program (CRP)

Project Alignment Confirmation

**Project Alignment Confirmation
Carbon Reduction Strategy (CRS) for CRP Project**

Agency Information

Local Agency Name: _____

County: _____ Congressional District(s): _____

Caltrans Dist.: _____ MPO¹ (RTPA, if no MPO): _____

Contact² Name: _____

Title: _____

Phone No.: _____ (Office) _____ (Cell) _____

Email: _____

Project Information

Project Name: _____ Fed-Aid No: _____

Location: _____

Scope of Work

CRP Funds Programming

	2022	2023	2024	2025	2026	2027	Beyond
PE							
RW							
CON							
CE							

Schedule

PE	[mm/yyyy]	RW	[mm/yyyy]	CON/CE	[mm/yyyy]
Authorize PE		Authorize RW		Authorize CON	
Beg. Work		Beg. Work		Award	
NEPA Doc.		RW Cert.		Beg CON.	
PS&E Bid Pkg.				FROE	

Requesting "Flex" FTA funding transfer (for transit, transit related, and multi-modal projects)³

¹ For urban area specify MPO; for rural area specify MPO or RTPA. Must have jurisdiction where project is located.

² Enter the local agency contact to contact to answer any questions regarding this form and proposed project.

³ See FHWA CRP Guidance Section C, No. 3 for more information.

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Local Agency Certification (_____)

I affirm the information in this form is correct and true to the best of my knowledge. I certify this project complies with the Carbon Reduction Program Implementation Guidance, located on the Division of Local Assistance's Carbon Reduction Program (CRP) web page, and with other guidance, provided on, or linked to, the CRP web page. I understand reimbursable work for project phase of work shall not commence until a Request for Authorization (E76) for the project phase of work has been authorized by FHWA, and we have received the respective E-76 Notice to Proceed.

Signature: _____

Name Date: _____

Job Title: _____

Agency: _____

Phone & Email: _____

Distribution: Submit this form to MPO, or Rural RTPA without MPO, per their instructions**MPO, or Rural RTPA without MPO, Use Only****MPO Certification (or RTPA Certification for rural areas without an MPO)**

I affirm the local agency has consulted with us, the (_____), which represents the area where this project is located. In coordination with the local agency, and after careful review and consideration, we have decided to fund this project with our apportioned CRP funds. We, further understand the authority to select which CRP projects to fund, using our CRP designated apportionments, rests solely with the MPO, or RTPA for rural areas without an MPO, and cannot be delegated. We certify we have developed a region-wide, performance-driven project selection process that aligns with the California Transportation Carbon Reduction Strategy, and that it was used to select this project for CRP funding. We further affirm the project selection process is documented, in writing, and is available to FHWA and Caltrans upon request. (**For local agencies in rural areas where there is no MPO, the RTPA shall serve as the MPO for development of the Regional Carbon Reduction Strategy (CRS) and CRP project selection process.*)

Signature: _____

Name Date: _____

Job Title: _____

Agency: _____

Phone & Email: _____

Distribution: DLA-HQ Program Coordinator

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Director's Office of Equity, Sustainability & Tribal Affairs (ESTA) (HQ) Use Only

CRS- CRP Project Alignment Confirmation

The signature below confirms this CRP project _____ aligns with the California Carbon Reduction Strategy

Signature: _____

Printed Name: _____

Job Title: _____

Distribution: MPO (or Rural RTPA without MPO), DLA-HQ Program Coordinator
