

Agency Letter Head

TCRP BREF# _____

Date:

Attention: (Program Chief's name)
Office of the Traffic Congestion Relief Program
Department of Transportation
1120 N Street, MS 82
Sacramento, CA 95814

Dear (Mr./Mrs./Ms. Program Chief's name):

Submitted for your consideration:

- A. Project Expenditures by Traffic Congestion Relief Program (TCR Program) phase of work (See Attachment)

Certification

I hereby certify that:

To the best of my knowledge and belief, the information in this report is a true and accurate record of actual project costs incurred and paid for the prescribed phase(s) of work and these project costs conform to OMB Circular A-87; CFR 49 Part 18 and the provisions set forth in project contractual document(s) entered into with the Department of Transportation.

Title and Unit of Lead Agency Representative

Date

I have reviewed the project product or job site and believe that the described project phase(s) were completed in accordance the California Transportation Commission's approved scope and funding set forth in the project authorization document and the related project agreement(s).

District Project Coordinator

Date