## **Carbon Reduction Program (CRP) Project Eligibility Review**

Agency Informa	tion						
Local A	gency Name: _						
	County:	Congressional District(s):					
		MPO¹ (RTPA, if no MPO):					
						· /·	
Co	ntact² Name: _						
	Title: _						
Phone No.:		(Office) (Cell)					
	Email:						
Project Informat	tion						
Project Name:		Fed-Aid No:					
Location:							
Scope of Work							
CBD Funda Broa	a vommin a						
CRP Funds Prog	2022	2023	2024	2025	2026		Beyond
PE							,
RW							
CON CE							
Schedule							_
PE	[mm/yyyy]	RW	L 77771		[mm/	уууу]	
Authorize PE Beg. Work		Authorize RW Authorize CON Beg. Work Award					
NEPA Doc.		RW Cert.		Award Beg CON.			
PS&E Bid Pkg.		TWV OCIT.		FROE			
T Oak Did I kg.				TROL			
Requesting "Flex" FTA funding transfer (for transit, transit related, and multi-modal projects) <sup>3</sup>							

<sup>&</sup>lt;sup>1</sup> For urban area specify MPO; for rural area specify MPO or RTPA. Must have jurisdiction where project is located. <sup>2</sup> Enter the local agency contact to contact to answer any questions regarding the application and proposed project.

<sup>&</sup>lt;sup>3</sup> See FHWA CRP Guidance Section C, No. 3 for more information.

Ν Page 2 Project Eligibility Review **Local Agency Certification** I affirm the information in this application 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 Caron 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: \_\_\_\_ Phone & Email: \_\_\_\_\_ MPO or RTPA 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 competitive, 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: DLAE, Local Agency Project File

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## **District Local Assistance Office (District) Use Only**

## **District Review / Contact Information**

I have completed a preliminary review of this application and verify it is complete and supporting documents have been included. If you have any questions, concerns or issues concerning this application you may contact me per the below phone number or email address.

• • •	•
Printed Name:	
Job Title:	
Email: <sub>-</sub>	
District Comment	(s):
Distribution: DLA	(HQ) CRP Coordinator; District file
Office of Federal	Programs, Division of Local Assistance (HQ) Use Only
DLA-OFR Eligibil	ity Review
Fed-Aid No.: _	ct Name:
	ligible for PE □ Eligible for All Phases  Not Eligible [see Comment(s)] □ Partially Eligible [see Comment(s)]
Signature:	
Printed Name:	
	DLAE; Local Agency (via DLAE)