

## CPFCDs FUNDING APPLICATION

### LOCAL AGENCY APPLICANT INFORMATION

Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_  
County: \_\_\_\_\_ Congressional District No(s): \_\_\_\_\_  
Caltrans District: \_\_\_\_\_ MPO: \_\_\_\_\_ RTPA: \_\_\_\_\_  
Does Agency have approved Master Agreement with Caltrans?  YES  NO  
Will a different agency be administering the project?    
Agency Contact If yes, list agency: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Last* *First*  
Title: \_\_\_\_\_ Email: \_\_\_\_\_

### EARMARK INFORMATION

#### DOCUMENTATION

DEMO ID No.: \_\_\_\_\_

Legislated Scope of Work:

CPFCDs FUNDING AVAILABILITY (if unsure of 2<sup>nd</sup> or 3<sup>rd</sup> line amts., leave for HQ to complete in review)

\$ \_\_\_\_\_ Total funds legislated under P.L. 117-103 (see [CPFCDs web page](#))  
\$ \_\_\_\_\_ Total Obligational Authority (OA) for legislated funds  
\$ \_\_\_\_\_ Total amount of funds available (not already allocated to other projects)  
\$ \_\_\_\_\_ Total amount of funds requested for project

#### Documentation

Is a copy of the [CPFCDs web page](#) listing the award attached to the application?  YES  NO

### PROPOSED PROJECT INFORMATION

PROPOSED PROJECT Federal Aid No.: \_\_\_\_\_ PPNO: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Project Location:   
Project Scope:

**CONDITIONAL APPROVAL VERSUS FULL APPROVAL**

The above information is required for the project to be considered for Conditional Approval to use the CPFCDs funding, which allows authorization of the Preliminary Engineering (PE) funds.

Before RW, and CON/CE can be obligated, Full Approval is required. The below documents are required for the application to be considered for full approval.

Conditional Approval may be secured first, to allow local agencies to develop the project under the PE phase using federal CPFCDs funds (is the scope of work is eligible). Then later, when the below documents are ready, the Full Approval may be obtained with a second submission of this application, which includes the ready documents.

DOCUMENTS REQUIRED FOR FULL APPROVAL REVIEW

- YES NO  
  Project Plans (in final design stage of work, after NEPA approval; or after Plans complete)  
  Engineers Estimate (use [Exhibit 15-M: Detailed Estimate](#) from LAPM)

NOTE: If the project includes non-eligible activities or work, the Engineers Estimate must segregate the Earmark eligible activities and quantities from the non-eligible activities and quantities.

**PROJECT SCHEDULE AND MILESTONES**

**FUNDING SCHEDULE – ESTIMATED AUTHORIZATION (E76) DATES AND AMOUNTS**

	PE	RW	CON
Authorization (E76) Date (est.)			
Earmark Amount			

**PROJECT MILESTONES**

	PE	RW	CON
est. Authorization (E76) Date			
Earmark Amount			

**ATTACHMENTS**

Documents required for Conditional Approval

- YES NO  
  Project Scope, Scope Summary, or Scoping Document Equivalent

Documents required for Full Approval

- YES NO  
  Completed NEPA Document  
  Project Plans (Substantially Complete)  
  Engineers Estimate (use [Exhibit 15-M: Detailed Estimate](#) from LAPM)

**LOCAL AGENCY CERTIFICATION**

LOCAL AGENCY CERTIFICATION / CONTACT INFORMATION

I affirm the information in this application is true and correct. I understand any false or inaccurate information submitted in, or as part of this application, may result in the entire project being ineligible for federal funding.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
*Last First*

Job Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Distribution: DLAE, project file**

**DISTRICT REVIEW**

**DISTRICT LOCAL ASSISTANCE OFFICE USE ONLY**

DISTRICT REVIEW / CONTACT INFORMATION

I have done 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.

DISTRICT SIGNATURE

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
*Last First*

Job Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_

District Comments:

**Distribution: DLA (HQ) Earmarks Coordinator; District file**

**DLA REVIEW (A.K.A. HQ) – ELIGIBILITY REVIEW**  
**OFFICE OF FEDERAL PROGRAMS, DIVISION OF LOCAL ASSISTANCE (HQ) USE ONLY**

Applicant Agency: \_\_\_\_\_

Fed Aid No.: \_\_\_\_\_ DEMO No.: \_\_\_\_\_ CT District: \_\_\_\_\_

Project Name: \_\_\_\_\_

His Application for CPFCDs funding is granted:

- Full Approval<sup>1</sup>
- Conditional Approval<sup>2</sup>
- Rejected, with comment<sup>3</sup>

<sup>1</sup> **Full Approval**; CPFCDs funding requests not restricted by phase of work.

<sup>2</sup> **Conditional Approval**; only Preliminary Engineer (PE) CPFCDs funding requests allowed.

<sup>3</sup> **Rejected**: No funding requests allowed for CPFCDs funding

Comments (Required if request for CPFCDs funding is rejected)

**FEDERAL FUNDING AMOUNT**

Phase of Work <sup>4</sup>	Federal Program Code	Reimb. Ratio (Fed/Loc Match)	Amount of Awarded Fed Funds

<sup>4</sup> Full Approval = All; Conditional Approval = PE Only; Rejected = None or N/A funding not approved for project

**DISTRICT SIGNATURE**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Last First

Job Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Distribution: DLAE, Agency Applicant (via DLAE), HQ project file**