23 CFR 667 Resiliency Evaluation Certification

**Project Information**

|  |  |  |
| --- | --- | --- |
| Project Fed-Aid No. | Funding Source: (State, Federal, or Local) | |
|  |  | |
| Project Name | Project Termini/Location under evaluation | |
|  |  | |
| Project Location | Functional Classification | On NHS? (Y/N) |
|  |  |  |

**Findings**

This completed form certifies the project listed above has been reviewed pursuant to the requirements of 23 CFR 667, per Caltrans Division of Local Assistance guidelines.

This review has resulted in the following finding:

* No sites were identified within the limits of this project.
* One or more site(s) on the Sites of Reoccurring Disaster Damage (SORDD) List were identified within the limits of this project. The information regarding the site(s) is below.

Sites of Repeated Disaster Damage1

|  |  |  |  |
| --- | --- | --- | --- |
| ER Fed-aid No. | Location of Repeated Damage | Description of Damage | Previous Repair |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1Attach additional sheets as needed.

If no sites from the SORDD List were found within the project limits identified at the top of this form, check the appropriate box above and skip to the Completion section of this form.

If one or more sites were found within the project limits identified at the top of this form, the local agency shall complete a 23 CFR 667 Resiliency Evaluation Worksheet and attach it to this form, in accordance with 23 CFR 667 and Caltrans guidance, before proceeding to the next section of this form (i.e., Completion).

**Completion**

Once completed and signed, the local agency shall keep a copy of this form and, if completed as part of this certification, a copy of the 23 CFR 667 Resiliency Evaluation Worksheet and 23 CFR 667 Benefit-Cost Analysis, all together in the project file. The completed certification and worksheet forms must be signed by the Local Agency, full-time staff member, in responsible charge of the project. In addition to keeping a copy of these completed forms in the file, the local agency shall also email a copy of these forms, to the Caltrans Division of Local Assistance, Office of Federal Programs via the following e-mail: [23CFR667.Compliance@dot.ca.gov](mailto:23CFR667.Compliance@dot.ca.gov).

**Certification**

I hereby certify the project listed above has been reviewed pursuant to the requirements of 23 CFR 667, as set forth by Caltrans Division of Local Assistance guidelines. I further certify all the information on this form is correct and complete, to the best of my knowledge.

|  |  |
| --- | --- |
| Signature: |  |
| Printed Name, Title: |  |
| Date: |  |

**Distribution**: Project File, MPO (RTPA, if no MPO), Caltrans (Email: [23CFR667.Compliance@dot.ca.gov](mailto:23CFR667.Compliance@dot.ca.gov) )