

# Request for Systemic Safety Analysis Report Program (SSARP) Funding Allocation

## Local Agency Letterhead

To: (DLAE Name)  
District Local Assistance Engineer  
Caltrans, Office of Local Assistance  
(District Address)

Date:  
SSARP ID: (from online list)  
Project Number: (from/by DLAE)  
Advantage ID: (from/by DLAE)  
(Local Agency Name)  
(County Name)

Dear (DLAE Name):

We request that Caltrans allocate (total reimbursable cost of project) of State funding for this SSARP project. (Note: The amount of state SSARP funds requested should not exceed the amount that was originally awarded for the project. This amount can be found on the SSARP web site at <http://www.dot.ca.gov/hq/LocalPrograms/HSIP/SSARP.htm>.)

### Project Description:

(Enter brief description of scope of work – must be consistent with the scope of work in the original project application.)

#### A. Local Agency Certification:

I certify that the information provided is accurate and correct. I understand that if the required information has not been provided, this form will be returned and the funding allocation may be delayed. Please advise us as soon as the fund allocation has been approved. You may direct any questions to \_\_\_\_\_ at \_\_\_\_\_  
(name) (phone number)

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

#### B. Caltrans District Local Assistance Engineer Acceptance:

I have reviewed the information submitted on this Request for SSARP Funding Allocation and find it complete and prepared in accordance with the SSARP Guidelines.

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

### Attachments:

- Finance Letter
- Copy of the SSARP Application
- Printout of the page from the list of selected projects at <http://www.dot.ca.gov/hq/LocalPrograms/HSIP/SSARP.htm> containing the project for which the allocation is being requested (please mark the project)
- Copy of the award notification letter or email from Caltrans DLA, if available.

Distribution: One Original + One Copy to DLAE