FINANCE LETTER
STATE-ONLY FUNDED (SSARP Program)

DEPARTMENT OF TRANSPORTATION
DIVISION OF ACCOUNTING
LOCAL PROGRAM ACCOUNTING BRANCH

ATTN: __________________________

<table>
<thead>
<tr>
<th>Preliminary Engineering (for Safety Analysis/Report)</th>
<th>Total Cost</th>
<th>Participating Costs</th>
<th>State Funds (SSARP)</th>
<th>Local Funds</th>
<th>Other Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

TOTALS

Reimbursement Ratio (90% maximum): _________
Signature: __________________________
Contact: __________________________
Title: __________________________
Telephone: __________________________

Remarks: __________________________________________________
__________________________________________________________