**Exhibit 22-F Request For State ATP Funding**

[To Be Placed on Local Agency Letterhead]

To: ATP Manager Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

 1120 N Street, MS 1

 Sacramento, CA 95814

Subject: Request for ATP State-Only Funding

The (local agency) hereby requests ATP State-only funding for the following project:

PROJECT NAME

PROJECT DESCRIPTION (Describe specifically what work is being accomplished, include PPNO)

JUSTIFICATION:

1. Type of Work (Infrastructure (IF), Non-Infrastructure(NI), Combined (IF/NI))
2. Project cost
3. Status of Project
4. Beginning and Ending Dates of the Project
5. Environmental Clearance Status
6. R/W Clearance Status (if currently R/W certified as #3, when will the certification be upgraded to a #1 or #2?)
7. Status of Construction
8. Proposed Advertising Date
9. Proposed Contract and Construction Award Dates
10. Total Project Funding Plan by Fiscal Year (list all funding sources & anticipated fund usage by year include all phases)
11. State specific reasons for requesting State-Only fund and why Federal funds should not be used on the project.

REGIONAL AGENCY CONCURRENCE:

(Name of Regional Agency) concurs with this request for an exception to the Project Funding Policy. (Only for MPO selected projects):

(Signature of Regional Agency Representative) (Only for MPO selected projects):

(Signature of Local Agency Representative)