Exhibit 3‑C Request for Authorization to Proceed with Utility Relocation

##### **[Place this form on Local Agency Letterhead]**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| To: | (DLAE Name) | Date: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | District Local Assistance Engineer | FTIP/FSTIP ID: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Caltrans, Office of Local Assistance | Federal Project No: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | (District Address) | Project ID/Advantage ID: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | PPNO (For STIP Projects only): | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Project Description: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

Dear (DLAE Name)

In order to proceed with the Utility Relocation phase of work for the above-referenced project, we request that you secure Federal *“Authorization to Proceed”* (E-76) and Obligation of funds. The federal funds requested will not exceed those provided to this agency in the federally approved Federal Transportation Improvement Program (FTIP)/Federal Statewide Transportation Improvement Program (FSTIP).

Attached are the following documents required to authorize this phase of work:

Request for Authorization Package

[ ] Completed Exhibit 3-B *Request for Authorization to Proceed with Right of Way of*

[ ] Completed Exhibit 3-E *Request for Authorization to Proceed Data Sheet(s)*

[ ] Copy of FTIP/FSTIP Reference Sheet

[ ] Completed Exhibit 3-O *Sample Local Federal-aid Project Finance Letter*

[ ] Copy of Executed Cooperative Agreement, if not previously submitted (only for projects on State Highway System)

[ ] Exhibit 3-H *Request for Capital Subvention Reimbursement Allocation* (only for projects on State Highway System) with ”Capital-Outlay” cost funded with local assistance subvention funds and administered by the state)

Agreement End Date (AED)

The project AED must be identified on Exhibit 3-O *Sample Local Federal-aid Project Finance Letter*. Check which of the following applies:

[ ] The AED will be established with submittal. Date: \_\_\_\_\_\_\_\_\_\_\_\_

[ ] No revision to the AED is requested with this Submittal.

[ ] A revised AED is requested with this submittal. Date: \_\_\_\_\_\_\_\_\_\_\_\_

Toll Credit Usage

[ ] This project will use Toll Credit. It is fully funded.

[ ] This project will NOT use Toll Credit.

Field Review Form (Exhibit 7-B)

[ ] Completed Exhibit 7-B *Field Review Form*, or

[ ] The Exhibit 7-B was submitted previously on \_\_\_\_\_\_\_\_\_\_\_\_

Environmental Requirements

[ ] Type of NEPA Document. Approval Date: \_\_\_\_\_\_\_\_\_\_\_\_

[ ] Categorical Exclusion (CE) Form

[ ] Findings of No Significant Impact (FONSI)

[ ] Record of Decision (ROD)

[ ] Revalidation. Approval Date: \_\_\_\_\_\_\_\_\_\_\_\_

Disadvantaged Business Enterprise (DBE) Contract Goal Methodology Form (Exhibit 9-D)

[ ] Completed Exhibit 9-D *DBE Contract Goal Methodology* and the DBE goal is \_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Exhibit 9-D *DBE Contract Goal Methodology* is not required as the contract was executed prior to   
 October 1, 2014, and the contract has a DBE contract goal, which is a percentage of the entire contract.

[ ] The DBE goal is 0% because there are no subcontracting opportunities for DBE participation. Documentation

verifying this determination is attached to this exhibit, on file with the local agency and has been approved

by the DLAE.

[ ] There is no goal because work is to be performed by the local agency. A Cost-Effectiveness Determination (Exhibit 12-F) is attached.

A&E Consultant Contracts

[ ] Consultant contract(s) already executed.

|  |  |
| --- | --- |
| **Acceptance date of Exhibit 10-C by Caltrans** | **Name of Consultant** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

[ ] Consultant contract will be procured after authorization. Exhibit 10-C will be sent to Caltrans for acceptance **prior to contract award.**

[ ] Work is being done by Local Agency staff.

[ ] Not applicable. Explain:

Utility Relocation

[ ] This Agency agrees to comply with 23 CFR 645.119 “Alternate Procedure” (as explained in Chapter 13 *Right of Way*, and Chapter 14 *Utility Relocations,* of the LAPM). This alternate procedure is provided to simplify the processing of utility relocations or adjustments under the provisions of 23 CFR 645. Under this procedure, the Federal Highway Administration (FHWA) authorized the California Department of Transportation (Caltrans) to act in relative position of the FHWA for review and approval of the arrangements, fees, estimates, plans, utility agreements, and other related matters required by such regulation as prerequisites for authorizing the utility owner to proceed with and complete the work.

It is understood that the scope of the Department’s approval authority under the Alternate Procedure includes all actions necessary to advance and complete all types of utility work under the provisions of

such regulation, except Section 645.119 (B)(1) and 645.119 (b)(2). Two of such documents that need the Department’s approval are FHWA Specific Authorization and FHWA Approval of the Utility Agreement(s). See Chapter 14 “*Utility Relocations*”, of the LAPM for more information on the activities necessary for federal participation in utility relocations. The approval authority has been delegated to the Right of Way District Utility Coordinators.

California Transportation Commission (CTC) Allocation

Check which of the following applies:

[ ] A CTC allocation is not required, or

[ ] A CTC allocation of funds for the right of way component of work was made at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ meeting of the CTC, or

[ ] A CTC allocation of funds has been scheduled for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ meeting of the CTC. It is understood that the authorization/obligation of any federal STIP funds will not be made until after the CTC allocation.

Project Agreement and Liquidation of Funds

Upon issuance of Authorization to Proceed (E-76) by the Federal Highway Administration (FHWA), a Program Supplement Agreement (PSA) and state approved project Finance Letter will be prepared to encumber the federal and/or state funds for the project. This Agency understands that any federal and/or state funds encumbered for the project are available for reimbursement until the applicable fund reversion date(s) shown on the state approved project Finance Letter (unless an extension is granted by the Department of Finance).

Invoice Submittal

This Agency understands that only relocation work performed after federal “*Authorization to Proceed*” (E-76), approval of the Specific Authorization, and appropriate Utility Agreement is eligible for reimbursement. Invoices for reimbursement will not be submitted until after the federal and state (if applicable) funds are encumbered via an executed “Program Supplement Agreement” and/or state approved Finance Letter. In addition, it is also understood that an invoice must be submitted at least once every six (6) months for each project phase until all funds are expended.

CERTIFICATION

I certify that the facts and statements in this Request for Authorization Package are accurate and correct. This Agency agrees to comply with the applicable terms and conditions set forth in Title 23, U.S. Code, Highways, and policies and procedures promulgated by the FHWA and Caltrans relative to the above-designated project.

I understand that this Agency is responsible for all costs in excess of the federal and/or state funds obligated/encumbered, as well as, for all costs it incurred prior to receiving the FHWA issued *“Authorization to Proceed”* (E-76).

Please advise us as soon as the “*Authorization to Proceed*” has been issued. You may direct any questions to: (Name of Local Agency Contact) at (Phone Number and E-mail Address) .

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Full-time Local Agency Employee in Responsible Charge*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Print Name*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Title*

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*Agency*

**Distribution:** DLAE