

**EXHIBIT 3-E - REQUEST FOR AUTHORIZATION TO PROCEED DATA SHEET(S)**

DATE: \_\_\_\_\_

**PROJECT REFERENCE DATA**

DIST-CO-RTE-AGENCY: \_\_\_\_\_

FTIP / FSTIP ID: \_\_\_\_\_

FEDERAL PROJECT NO.: \_\_\_\_\_

PPNO (STIP): \_\_\_\_\_

CALTRANS EA: \_\_\_\_\_

CTIPS REFER. NO.: \_\_\_\_\_

ADVANTAGE ID: \_\_\_\_\_

BRIDGE NO.(s): \_\_\_\_\_

**RESPONSIBLE/IMPLEMENTING AGENCY**

RESPONSIBLE AGENCY: \_\_\_\_\_ IMPLEMEN. AGENCY: \_\_\_\_\_

IMPLEMEN. AGENCY DUNS NO.: \_\_\_\_\_

**PROJECT DESCRIPTION**

PROJECT TITLE: \_\_\_\_\_

WORK DESCRIPTION: \_\_\_\_\_

**PROJECT LOCATION**

PROJECT LOCATION: \_\_\_\_\_

URBAN (IZED) AREA: \_\_\_\_\_ INDIAN RESERV. : (Y/N) \_\_\_\_\_

CONG. DIST. &amp; %'s: \_\_\_\_\_ TOLL ROAD: (Y/N) \_\_\_\_\_

RURAL (Y/N): \_\_\_\_\_

**FEDERAL AID ROUTE**

FED-AID SYSTEM: (Y/N) \_\_\_\_\_ FUNCTIONAL CLASSIF. : \_\_\_\_\_

STATE HWY: (Y/N) \_\_\_\_\_ STATE ROUTE: \_\_\_\_\_

**ADMINISTERING AGENCY**

LOCAL or CALTRANS (CT): \_\_\_\_\_ IF CT, PROJ. MANAGER: \_\_\_\_\_

**THIS FEDERAL AUTHORIZATION REQUEST**

OVERSIGHT: ☐ DELEGATED or ☐ PROJECTS OF DIVISION INTEREST  
 ADV. CON. (Y/N): \_\_\_\_\_ 100% SAFETY (Y/N): \_\_\_\_\_

**COST SUMMARY:**

<u>PHASE OF WORK</u>	<b>Total</b>	<b>Fed Part</b>	<b>Fed 1</b>	<b>Fed 2</b>	<b>State</b>	<b>Other</b>	<b>Local</b>
PREV. OBLIG	_____	_____	_____	_____	_____	_____	_____
THIS REQUEST	_____	_____	_____	_____	_____	_____	_____
SUBTOTAL	_____	_____	_____	_____	_____	_____	_____
<u>PHASE OF WORK</u>	<b>Total</b>	<b>Fed Part</b>	<b>Fed 1</b>	<b>Fed 2</b>	<b>State</b>	<b>Other</b>	<b>Local</b>
PREV. OBLIG	_____	_____	_____	_____	_____	_____	_____
THIS REQUEST	_____	_____	_____	_____	_____	_____	_____
SUBTOTAL	_____	_____	_____	_____	_____	_____	_____
<b>TOTAL</b>	_____	_____	_____	_____	_____	_____	_____

**FEDERAL DEMONSTRATION PROJECT INFORMATION**

PUBLIC LAW, SECTION: \_\_\_\_\_ FEDERAL DEMO ID: \_\_\_\_\_

LEGISLATIVE. PROJECT NO.: \_\_\_\_\_ ESTIM. CONST. DATE: \_\_\_\_\_

RELATED DEMO PROECTS: \_\_\_\_\_

**FTIP / FSTIP DATA**

MPO/RTPA NAME: \_\_\_\_\_ FTIP / FSTIP YEAR: \_\_\_\_\_  
 FED. FUNDED PHASES: \_\_\_\_\_ SHEET OR AMD. NO.: \_\_\_\_\_  
 APPROVAL DATE: \_\_\_\_\_  
 FED FUND TYPES/TOTALS: \_\_\_\_\_ APPRV'D EPSP (Y or N): \_\_\_\_\_

**DISADVANTAGED BUSINESS ENTERPRISE (DBE) SUBMITTALS:**

Race Conscious Implementation Agreement (Exhibit 9-A) CT APPROVAL DATE: \_\_\_\_\_  
 Local Agency DBE Annual Submittal Form (Exhibit 9-B):  
 FED FISCAL YEAR: \_\_\_\_\_ CT APPROVAL DATE: \_\_\_\_\_

**INITIAL AUTHORIZATION & ESTIMATED COMPLETION DATES**

<u>PHASE OF WORK</u>	<u>INITIAL FEDERAL AUTHORIZATION DATE</u>	<u>ESTIMATED COMPLETION DATE</u>
PE	_____	_____
RW	_____	_____
CON	_____	_____

**ENVIRONMENTAL DATA**

NEPA DOCUMENT TYPE:

☐ CE \_\_\_\_\_ Date Caltrans SEP/DLAE signed CE Form (use the latest date)  
☐ EA / FONSI \_\_\_\_\_ Date Caltrans DD (DDD or designee) signed the FONSI  
☐ EIS / ROD \_\_\_\_\_ Date Caltrans signed the ROD  
 EIS Number \_\_\_\_\_ Year of Public Release of EIS and EIS number (assigned by FHWA)  
 AIR BASIN \_\_\_\_\_ (For CMAQ Program Funds)

**R/W ESTIMATE**

R/W ACQ PARCELS: \_\_\_\_\_ \$ \_\_\_\_\_  
 RAP (FAMILY): \_\_\_\_\_ \$ \_\_\_\_\_  
 (BUSINESS): \_\_\_\_\_ \$ \_\_\_\_\_  
 LRH/HRDSHP: \_\_\_\_\_ \$ \_\_\_\_\_  
 UTILITIES: \_\_\_\_\_ \$ \_\_\_\_\_  
 SUPPORT: \_\_\_\_\_ \$ \_\_\_\_\_  
 TOTAL: \_\_\_\_\_ \$ \_\_\_\_\_

**UTILITY RELOCATION / ADJUSTMENTS**

<u>UTILITY OWNER</u>	<u>UTILITY TYPE</u>	<u>COST TO RELOCATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL UTILITY RELOCATION COSTS		_____

**DESCRIPTION OF R/W PARCELS BY TYPE OF ACQUISITION/ACTIVITY**

<u># PARCELS</u>	<u>ACQUISITION TYPE AND/OR ACTIVITY</u>	<u># ACRES</u>	<u>EST. COS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**R/W CERTIFICATION**

R/W CERT. NO. \_\_\_\_\_ Date Approved by Caltrans: \_\_\_\_\_

**LOCAL AGENCY COMMENTS**

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

**THIS REQUEST PREPARED BY:**

NAME: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 PHONE NO.: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_  
 Distribution: DLAE

**AGENCY CONTACT FOR PROGRAM SUPPLEMENT AGREEMENT**

NAME: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 PHONE NO.: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_