Exhibit 3‑Q Request for Authorization to Proceed

with Non-Infrastructure Project (Construction phase)

##### **[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 begin federally reimbursable work for the above-referenced non-infrastructure project, we request that you secure Federal Authorization to Proceed and the 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-E *Request for Authorization to Proceed Data Sheet*

[ ] Copy of FTIP/FSTIP Reference

[ ] Completed Exhibit 3-O *Finance Letter*

[ ] NI project work plan, budget, schedule and deliverables

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 this 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

[ ] Project Application for SRTS-NI, or TE

Environmental Document

[ ] Categorical Exclusion (CE). Approval Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ] Preliminary Environmental Screening Form for Non-Infrastructure Projects (PES-NI)

Disadvantaged Business Enterprise (DBE)

[ ] All work for this phase of the project will be performed by local agency staff.

[ ] For consultant contracts a Disadvantaged Business Enterprise (DBE) goal will be established for each contract and Exhibit 10-O1 *Consultant Proposal DBE Commitment* will be submitted with each proposal. Within 30 days of contract execution, Exhibit 10-O2 *Consultant Contract DBE Information* shall be forwarded to the DLAE.

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:

California Transportation Commission (CTC) Allocation

[ ] A CTC allocation is not required, or

[ ] A CTC allocation of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (federal/state) funds 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 work performed after federal “Authorization to Proceed” (E-76) 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 approval 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 the policies and procedures promulgated by the FHWA and California Department of Transportation (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.” I further understand that all subsequent phases of the project will require a separate “Federal Authorization to Proceed.”

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*

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

*Agency*

**Distribution:** DLAE