PROJECT CAPTI ASSESSMENT MEMO TEMPLATE

The memo content below serves as a guide. Please use your District memo template.

<u>Memorandum</u>

To: Project sponsor Agency Name Date: Month date, year

Organization File: Optional—delete

From: NAME (ALL CAPS)

Title

Division/District

Subject: PROJECT ASSESSMENT FOR [PROJECT TITLE]

The California Department of Transportation (Caltrans) has reviewed the [Project Title] (Project) proposed by [Project Sponsor Agency Name]. Based on the information provided, Caltrans concurs with development of the Project Initiation Document as identified in Cooperative Agreement [number].

Suggested Languages (select one or combination)

[The proposed Project, as presented, has been assessed and is determined to be conceptually addressing the Climate Action Plan for Transportation Infrastructure (CAPTI) goals for the following reasons:]

OR

[The proposed Project, as presented, is determined not to be conceptually addressing Climate Action Plan for Transportation Infrastructure (CAPTI) goals for the following reasons:]

[Caltrans and the Project Sponsor have agreed to consider these recommendations during PID development to enhance the achievement of CAPTI goals.]

[The following scope elements may not fully support CAPTI goals and will be further explored and addressed as the project develops.]

Please ensure the Project continues to integrate CAPTI goals in the project scoping and development process. If the Project does not continue to address CAPTI-related objectives moving forward, it may be at risk of not being considered for Caltrans nomination, partnership, or a letter of support for future state and federal discretionary programs.

This memo does not guarantee funding or approval of future phases of the project. Caltrans' consideration of the Project for future state and federal discretionary funding, a letter of support, or partnership for discretionary programs is subject to a

separate evaluation and nomination process.	
We look forward to our continued collaboration as the Project develops.	
APPROVAL RECOMMENDED	
NAME District Director/Deputy District Director	Date
Attachments (if applicable)	