

**EXHIBIT 3-A REQUEST FOR AUTHORIZATION TO PROCEED WITH PRELIMINARY ENGINEERING**

*[Place this form on Local Agency Letterhead]*

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

In order to begin federally reimbursable preliminary engineering 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-E *Request for Authorization to Proceed Data Sheet(s)*
- Copy of FTIP/FSTIP Reference
- Completed Exhibit 3-O *Sample Local Federal-aid Project Finance Letter*
- For High-Risk Intelligent Transportation System (ITS) Projects: Federal Highway Administration (FHWA) approved Systems Engineering Management Plan (SEMP). (Federal approval of the SEMP is contingent on prior federal approval of the Systems Engineering Review Form [SERF])
- Copy of Executed Cooperative Agreement (only for projects on State Highway System)

Period of Performance End Date (PPED)

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

- The PPED will be established with this submittal. Date: \_\_\_\_\_
- No revision to the PPED is requested with this submittal.
- A revised PPED 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*”

Environmental Document

- Type of NEPA Document. Approval Date: \_\_\_\_\_
- Categorical Exclusion (CE)
- Findings of No Significant Impact (FONSI)
- Record of Decision (ROD)
- Revalidation Approval Date: \_\_\_\_\_
- This agency has not completed the environmental process. The NEPA Document will be submitted at a later date, prior to beginning of final design (PS&E).

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

- Anticipated (or actual) Executed Consultant Contract Date \_\_\_\_\_
- Completed Exhibit 9-D 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 subconsulting 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.

California Transportation Commission (CTC) Allocation

Check which of the following applies:

- A CTC allocation is not required, or
- A CTC allocation of \$ \_\_\_\_\_ (federal/state) funds for the PA/ED and/or PS&E component(s) 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 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 PSA 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 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*”(E-76). I further understand that all subsequent phases of the project will require a separate “*Federal Authorization to Proceed*”.

For High-Risk and Low-Risk Intelligent Transportation Systems (ITS) projects, I understand that our project shall be consistent with the Regional ITS Architecture, adhere to ITS Standards, and undergo Systems Engineering analysis. A SERF will be included in the Field Review Package. For High-Risk ITS projects, I understand that this Agency shall not proceed with component detailed design until after FHWA approval of the SEMP and receipt of “*Authorization to Proceed*.”

Please advise us as soon as the “*Authorization to Proceed*” has been issued. You may direct any questions to:  
\_\_\_\_\_ at \_\_\_\_\_.

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

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Agency*

**Distribution:** DLAE