

Community Project Funded Congressional Directed Spending (CPFCDs) Program • Project Funding Application Form**CPFCDs PROJECT ELIGIBILITY CONFIRMATION****LOCAL AGENCY APPLICANT INFORMATION**

Agency Name: _____ Date: _____

County: _____ Congressional District No(s): _____

Caltrans District: _____ MPO: _____ RTPA: _____

Does Agency have approved Master Agreement with Caltrans? YES NOWill a different agency be administering the project? YES NO**Agency Contact**

If yes, list agency: _____

Name: _____ Phone: _____

Last *First*

Title: _____ Email: _____

EARMARK INFORMATION**DOCUMENTATION**

DEMO ID No.: _____

Legislated Scope of Work:

CPFCDs FUNDING AVAILABILITY (if unsure of 2nd or 3rd line amts., leave for HQ to complete in review)\$ _____ Total funds legislated under Public Law (see [CPFCDs web page](#))

\$ _____ Total Obligational Authority (OA) for legislated funds

\$ _____ Total amount of funds available (not already allocated to other projects)

\$ _____ Total amount of funds requested for project

DocumentationIs a copy of the [CPFCDs web page](#) listing the award attached to the application? YES NO**PROPOSED PROJECT INFORMATION****PROPOSED PROJECT** Federal Aid No.: _____ PPNO: _____

Project Name: _____

Project Location: Project Scope:

CONDITIONAL APPROVAL VERSUS FULL APPROVAL

The above information is required for the project to be considered for Conditional Approval to use the CPFCDs funding, which allows authorization of the Preliminary Engineering (PE) funds.

Before RW, and CON/CE can be obligated, Full Approval is required. The below documents are required for the application to be considered for full approval.

Conditional Approval may be secured first, to allow local agencies to develop the project under the PE phase using federal CPFCDs funds (is the scope of work is eligible). Then later, when the below documents are ready, the Full Approval may be obtained with a second submission of this application, which includes the ready documents.

DOCUMENTS REQUIRED FOR FULL APPROVAL REVIEW

- YES NO
 Project Plans (in final design stage of work, after NEPA approval; or after Plans complete)
 Engineers Estimate (use [Exhibit 15-M: Detailed Estimate](#) from LAPM)

NOTE: If the project includes non-eligible activities or work, the Engineers Estimate must segregate the Earmark eligible activities and quantities from the non-eligible activities and quantities.

PROJECT SCHEDULE AND MILESTONES

FUNDING SCHEDULE – ESTIMATED AUTHORIZATION (E76) DATES AND AMOUNTS

	PE	RW	CON
Authorization (E76) Date (est.)			
Earmark Amount			

PROJECT MILESTONES

	PE	RW	CON
est. Authorization (E76) Date			
Earmark Amount			

ATTACHMENTS

Documents required for Conditional Approval

- YES NO
 Project Scope, Scope Summary, or Scoping Document Equivalent

Documents required for Full Approval

- YES NO
 Completed NEPA Document
 Project Plans (Substantially Complete)
 Engineers Estimate (use [Exhibit 15-M: Detailed Estimate](#) from LAPM)

LOCAL AGENCY CERTIFICATION

LOCAL AGENCY CERTIFICATION / CONTACT INFORMATION

I affirm the information in this application is true and correct. I understand any false or inaccurate information submitted in, or as part of this application, may result in the entire project being ineligible for federal funding.

Signature: _____ Date: _____

Printed Name: _____ Phone No.: _____
Last First

Job Title: _____ E-Mail: _____

Distribution: DLAE, project file

DISTRICT REVIEW

DISTRICT LOCAL ASSISTANCE OFFICE USE ONLY

DISTRICT REVIEW / CONTACT INFORMATION

I have done a preliminary review of this application and verify it is complete and supporting documents have been included. If you have any questions, concerns or issues concerning this application you may contact me per the below phone number or email address.

DISTRICT SIGNATURE

Signature: _____ Date: _____

Printed Name: _____ Phone No.: _____
Last First

Job Title: _____ E-Mail: _____

District Comments:

Distribution: DLA (HQ) Earmarks Coordinator; District file

DLA REVIEW (A.K.A. HQ) – ELIGIBILITY REVIEW
OFFICE OF FEDERAL PROGRAMS, DIVISION OF LOCAL ASSISTANCE (HQ) USE ONLY

Applicant Agency: _____

Fed Aid No.: _____ DEMO No.: _____ CT District: _____

Project Name: _____

His Application for CPFCDs funding is granted:

- Full Approval¹
- Conditional Approval²
- Rejected, with comment³

¹ **Full Approval**; CPFCDs funding requests not restricted by phase of work.

² **Conditional Approval**; only Preliminary Engineer (PE) CPFCDs funding requests allowed.

³ **Rejected**: No funding requests allowed for CPFCDs funding

Comments (Required if request for CPFCDs funding is rejected)

FEDERAL FUNDING AMOUNT

Phase of Work ⁴	Federal Program Code	Reimb. Ratio (Fed/Loc Match)	Amount of Awarded Fed Funds

⁴ Full Approval = All; Conditional Approval = PE Only; Rejected = None or N/A funding not approved for project

DLA-OFP SIGNATURE

Signature: _____ Date: _____

Printed Name: _____ Phone No.: _____
Last First

Job Title: _____ E-Mail: _____

Distribution: DLAE, Agency Applicant (via DLAE), HQ project file