

# FHWA TRANSFER REQUEST

**Type of Transfer Request:** Earmark Repurposing

In accordance with provisions of title 23 U.S.C., the State transportation department indicated below requests that Federal-aid Highway Program contract authority and/or obligation authority be transferred as shown.

**Requesting Agency:** New Jersey Department of Transportation

**Transfer Request Contact:** Name EXAMPLE FORM  
 Title Lead Budget Analyst  
 Telephone (123) 456-8910  
 Email example.form@net.org

Tracking Numbers	
State	FHWA-HCF
NJ-21-RP-002	

**Demo ID:** NJ073

Description of Project - From	Program Code	Funds Amount
Reconstruction of Institute Street, Lockwood Avenue, First Street, Second Street, Third Street, Ford Avenue, Liberty Street, and Bond Street in the Borough of Freehold, New Jersey	45A0	<b>\$58,545.05</b>
<b>TOTAL FROM</b>		<b>\$58,545.05</b>

Description of Project - To	Program Code	OA Type*	Amount
Installation of two miles of sidewalks along Donna's Parkway near Freehold	RN44	NFA	<b>\$58,545.05</b>
<b>TOTAL TRANSFER</b>			<b>\$58,545.05</b>

COMMENTS
NJ073: Earmark obligated more than 10% of available funds but all projects final vouchered and closed as of 09/14/2007.

\* OA Type: SL - special limitation; FL - formula limitation; EX - exempt from limitation; NFA - non-federal-aid

Earmark Repurposing Certification	
The Approving Officials certify that, pursuant to section 124 of title I, division L of Public Law 116-260, the designated earmark(s) meet the requirements for repurposing and that the repurposed funds will be obligated for eligible purposes on the identified project(s) which are within a 25-mile radius of the previously designated earmark.	<b>Yes</b>

**STATE TRANSPORTATION DEPARTMENT**

I certify that the funds requested for transfer are in accordance with the applicable provisions of title 23 U.S.C.; that the funds are unobligated and uncommitted; and that the percentage of funds to be transferred combined with previous transfers does not exceed the permissible amount eligible for transfer under the affected program categories according to applicable State and Federal laws and regulations. Where applicable, concurrence from affected Metropolitan Planning Organizations and other agencies has been obtained and recorded in this office. Further, I certify that I have the authority to approve the transfer of Federal-aid Highway program funds.

\_\_\_\_\_  
*Date of Approval*

\_\_\_\_\_  
*Title of Approving Official*

**FHWA DIVISION ADMINISTRATOR CONCURRENCE**

I certify that I have reviewed the request to transfer funds as itemized above; that this request is in accordance with provisions of title 23 U.S.C. and FHWA policy and procedures; and I have the authority to approve transfer of Federal-aid Highway program funds.

\_\_\_\_\_  
*Date of Approval*

\_\_\_\_\_  
*Title of Approving Official*