

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: _____ Demo ID: _____ | Transfer Request Contact: Name _____ Title _____ Telephone _____ Email _____ | <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="2">Tracking Numbers</th> </tr> <tr> <th style="width: 50%;">State</th> <th style="width: 50%;">FHWA-HCF</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"> </td> <td> </td> </tr> </tbody> </table> | Tracking Numbers | | State | FHWA-HCF | | |
|--|---|--|------------------|--|-------|----------|--|--|
| Tracking Numbers | | | | | | | | |
| State | FHWA-HCF | | | | | | | |
| | | | | | | | | |

| Description of Project - From | Program Code | Funds Amount |
|-------------------------------|--------------|--------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL FROM | | |

| Description of Project - To | Program Code | OA Type* | Amount |
|-----------------------------|--------------|----------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL TRANSFER | | | |

| |
|----------------------|
| Balance Check |
| |

COMMENTS

* 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 1, division L of Public Law 117-103, 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. | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Confirm below</td> </tr> <tr> <td style="height: 40px;"> </td> </tr> </table> | Confirm below | |
| Confirm below | | | |
| | | | |

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.

Earmark Repurposing Certification is required before approval

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