

LOCAL PROGRAMS AGREEMENT CHECKLIST

Request for Local Agency/State agreement for Federal/State funding:

Project No. _____

A. Funds:

1. _____ Federal _____ TSM match _____ LS Partnership _____ Match/Exchange

2. _____ Bicycle Lane Acct.

3. _____ Prop. 116 Bicycle _____ EEM _____ FCR _____ TSM _____ TEA

Is a CTC 2nd vote required? _____ Yes _____ No (Normally req'd for line 3. items)

Has it been scheduled/voted? _____ Yes _____ No Date _____

B. Agreement Type

_____ Master _____ Supplement _____ Revised Supplement _____ Special Program

C. Phases to be Covered:

Funding: _____ PE _____ ROW _____ Const. _____ Other (specify) _____

D. Standard Conditions:

Who will:

___ Advertise ___ Award ___ Administer ___ Furnish RE ___ Maintain

L = Local Agency S = State O = Other (Specify) _____

E. Reimburse State for:

_____ Resident Engineer _____ Inspection _____ Other (specify) _____

F. Cooperative Agreement No. _____ (if any)

G. If multiple fund sources are to be used provide estimates and clarifying information defining covenant references needed in the agreement.

H. Describe any other special conditions applying to the project.

I. Agency Contact Person _____ **Date** _____ **Phone** _____

Attach an updated finance letter.

LOCAL PROGRAMS AGREEMENT CHECKLIST

Request for State/FHWA agreement (PR-2/2A) for Federal funding:

Project No. _____

A. Agreement Type

_____ PR-2 _____ PR-2A (modification to PR-2)

B. Federal Funds

_____ STP _____ STP/TEA _____ STP/Safety _____ CMAQ _____ HBRR
_____ Demonstration _____ ER _____ Other (specify) _____

C. Phases to be Covered:

_____ PE _____ ROW _____ Const. _____ Other (specify) _____

D. TIP Consistency

___ Funds requested do not exceed amounts in approved FTIP/FSTIP.

___ Funds requested do exceed amounts in approved FTIP/FSTIP as allowed by MPO rule:
(Describe rule)

E. Consistency with "Authorization to Proceed"

___ No change from amounts authorized.

___ Increase funds for: _____ PE _____ ROW _____ Const. *

___ Decrease funds for: _____ PE _____ ROW _____ Const. *

F. Agency Contact Person _____ Date _____ Phone _____

Agency: _____

Address: _____

*Attach an updated finance letter.