**Request For State ATP Funding**

[To Be Placed on Local Agency Letterhead]

To: ATP Manager Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

 1120 N Street, MS 1

 Sacramento, CA 95814

Subject: Request for ATP State Funding

The (*local agency*) hereby requests ATP State funding for the following project:

PROJECT NAME:

PROJECT DESCRIPTION: (Describe specifically what work is being accomplished, include PPNO)

JUSTIFICATION:

1. Type of Work (Infrastructure (IF), Non-Infrastructure(NI), Combined (IF/NI)), Plan
2. Project cost
3. Total Project Funding Plan by Fiscal Year (list all funding sources & anticipated fund usage by year include all phases
4. State specific reasons for requesting State-Only funds and why Federal funds should not be used on the project.

REGIONAL AGENCY CONCURRENCE:

(Name of Regional Agency) concurs with this request for an exception to the Project Funding Policy. (Only for MPO selected projects):

(Signature of Regional Agency Representative) (Only for MPO selected projects):

(Signature of Local Agency Representative)