

EXHIBIT 3-E - REQUEST FOR AUTHORIZATION TO PROCEED DATA SHEET(S)

DATE: _____

PROJECT REFERENCE DATA

DIST-CO-RTE-AGENCY: _____ FTIP / FSTIP ID: _____
 FEDERAL PROJECT NO.: _____ PPNO (STIP): _____
 CALTRANS EA: _____ CTIPS REFER. NO.: _____
 ADVANTAGE ID: _____ BRIDGE NO.(s): _____

RESPONSIBLE/IMPLEMENTING AGENCY

RESPONSIBLE AGENCY: _____ IMPLEMEN. AGENCY: _____
 IMPLEMEN. AGENCY DUNS NO.: _____

PROJECT DESCRIPTION

PROJECT TITLE: _____
 WORK DESCRIPTION: _____

PROJECT LOCATION

PROJECT LOCATION: _____

 URBAN (IZED) AREA: _____ INDIAN RESERV. (Y/N): _____
 CONG. DIST. & %'s: _____ TOLL ROAD: (Y/N): _____
 RURAL (Y/N): _____

FEDERAL AID ROUTE

FED-AID SYSTEM: (Y/N) _____ FUNCTIONAL CLASSIF. : _____
 STATE HWY: (Y/N) _____ STATE ROUTE: _____

ADMINISTERING AGENCY

LOCAL or CALTRANS (CT): _____ IF CT, PROJ. MANAGER: _____

THIS FEDERAL AUTHORIZATION REQUEST

OVERSIGHT: DELEGATED or HIGH PROFILE
 ADV. CON. (Y/N): _____ 100% SAFETY (Y/N): _____

COST SUMMARY:

<u>PHASE OF WORK</u>	Total	Fed Part	Fed 1	Fed 2	State	Other	Local
PREV. OBLIG	_____	_____	_____	_____	_____	_____	_____
THIS REQUEST	_____	_____	_____	_____	_____	_____	_____
SUBTOTAL	_____	_____	_____	_____	_____	_____	_____
<u>PHASE OF WORK</u>	Total	Fed Part	Fed 1	Fed 2	State	Other	Local
PREV. OBLIG	_____	_____	_____	_____	_____	_____	_____
THIS REQUEST	_____	_____	_____	_____	_____	_____	_____
SUBTOTAL	_____	_____	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	_____	_____	_____

FEDERAL DEMONSTRATION PROJECT INFORMATION

PUBLIC LAW, SECTION: _____ FEDERAL DEMO ID: _____
 LEGISLATIVE PROJECT NO.: _____ ESTIM. CONST. DATE: _____
 RELATED DEMO PROJECTS: _____

FTIP / FSTIP DATA

MPO/RTPA NAME: _____ FTIP / FSTIP YEAR: _____
 FED. FUNDED PHASES: _____ SHEET OR AMD. NO.: _____
 APPROVAL DATE: _____
 FED FUND TYPES/TOTALS: _____ APPRV'D EPSP (Y or N): _____

DISADVANTAGED BUSINESS ENTERPRISE (DBE) SUBMITTALS:

Race Conscious Implementation Agreement (Exhibit 9-A) CT APPROVAL DATE: _____
 Local Agency DBE Annual Submittal Form (Exhibit 9-B):
 FED FISCAL YEAR: _____ CT APPROVAL DATE: _____

INITIAL AUTHORIZATION & ESTIMATED COMPLETION DATES

<u>PHASE OF WORK</u>	<u>INITIAL FEDERAL AUTHORIZATION DATE</u>	<u>ESTIMATED COMPLETION DATE</u>
PE	_____	_____
RW	_____	_____
CON	_____	_____

ENVIRONMENTAL DATA

NEPA DOCUMENT TYPE:
 CE _____ Date Caltrans SEP/DLAE signed CE Form (use the latest date)
 EA / FONSI _____ Date Caltrans DD (DDD or designee) signed the FONSI
 EIS / ROD _____ Date Caltrans signed the ROD
 EIS Number _____ Year of Public Release of EIS and EIS number (assigned by FHWA)
 AIR BASIN _____ (For CMAQ Program Funds)

R/W ESTIMATE

R/W ACQ PARCELS: _____ \$ _____
 RAP (FAMILY): _____ \$ _____
 (BUSINESS): _____ \$ _____
 LRH/HRDSHP: _____ \$ _____
 UTILITIES: _____ \$ _____
 SUPPORT: _____ \$ _____
 TOTAL: _____ \$ _____

UTILITY RELOCATION / ADJUSTMENTS

<u>UTILITY OWNER</u>	<u>UTILITY TYPE</u>	<u>COST TO RELOCATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL UTILITY RELOCATION COSTS		_____

DESCRIPTION OF R/W PARCELS BY TYPE OF ACQUISITION/ACTIVITY

<u># PARCELS</u>	<u>ACQUISITION TYPE AND/OR ACTIVITY</u>	<u># ACRES</u>	<u>EST. COS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

R/W CERTIFICATION

R/W CERT. NO. _____ Date Approved by Caltrans: _____

LOCAL AGENCY COMMENTS

THIS REQUEST PREPARED BY:

NAME: _____
 TITLE: _____
 PHONE NO.: _____
 E-MAIL: _____
 Distribution: DLAE

AGENCY CONTACT FOR PROGRAM SUPPLEMENT AGREEMENT

NAME: _____
 TITLE: _____
 PHONE NO.: _____
 E-MAIL: _____