

RTIP # SBD90105

Omnitrans  
Bus Replacements  
Alt. Fuel vehicles

FHWA TRANSFER REQUEST - APPORTIONED FUNDS

Type of Transfer Request: Apportioned Funds to a DOT Agency or Federal Department

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 obligation authority be transferred as shown

Requesting Agency: California Department of Transportation (Caltrans)

Transfer Name: Albert Soares  
Request Title: Senior Transportation Engineer  
Contact: Telephone: (916) 653-7140  
Email: albert\_soares@dot.ca.gov

Tracking Numbers	
State	FHWA
FTACML-6046(006)	CA-11-039

Item #	Description of Funds - From	Fiscal Year	Program Code	Demo ID or Urban Area Code	Amount
1	CMAQ (FSTIP Id SBD90105)	2011	L40E	3069	\$9,900,000.00
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
TOTAL FROM					\$9,900,000.00

From Item #	Description of Entity - To	Amount
1	Federal Transit Administration (FTA)	\$9,900,000.00
TOTAL TRANSFER		\$9,900,000.00

For State-to-State transfer of contract authority and obligation authority

Has the State entered into an agreement with the agency indicated above to receive, obligate, expend and manage these funds for specified project(s)?  Yes  No

OCFO Comments

Enter Item # (above), Project Description, Urban Area or other additional information

Agency: OMNITRANS, Location: San Bernardino County (SCAB)  
FTA Grant No. : CA-95-X156

Adv Id: 0812000016  
Item 1: Purchase fifteen 40-FT CNG vehicles (replacement).

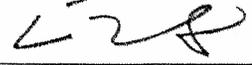
Enter Item # (above), and Project Description, Urban Area or other additional information

**STATE DEPARTMENT OF TRANSPORTATION**

I certify that the funds requested for transfer are in accordance with the provisions of title 23 U. S. C.; that the funds are unobligated and uncommitted; and that the percentage of the 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.

**FHWA DIVISION ADMINISTRATOR CONCURRENCE**

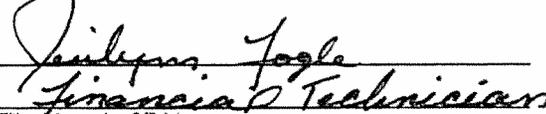
I certify that I have reviewed the request to transfer funds as itemized above; that this request is in accordance with provisions of title 23 U. S. C. and FHWA policy and procedures; and I have the authority to approve transfer of Federal-aid Highway program funds.



07/28/11  
Date of Approval

Office Chief, Division of Local Assistance

Title of Approving Official



8/5/2011  
Date of Approval

Financial Technician

Title of Approving Official