

Type of Transfer Request: Earmark Repurposing

Requesting Agency: _____	Transfer Request Contact:	Name _____ Title _____ Telephone _____ Email _____	Tracking Numbers	
			State	FHWA-HCF

Description of Project - From	Program Code	Funds Amount
	TOTAL FROM	\$0.00

[illegible]

* OA Type: SL - special limitation; FL - formula limitation; EX - exempt from limitation;
NFA - non-federal-aid

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.

FHWA DIVISION ADMINISTRATOR CONCURRENCE	
<p>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.</p>	
<div style="border-top: 1px solid black; margin-top: 80px;"></div>	<div style="border-top: 1px solid black; margin-top: 80px;"></div>
<i>Title of Approving Official</i>	<i>Date of Approval</i>

Alabama