

Type of Transfer Request: Earmark Repurposing

Requesting Agency: New Jersey Department of Transportation

Transfer Request Contact:	Name	<u>EXAMPLE FORM</u>
	Title	<u>Lead Budget Analyst</u>
	Telephone	<u>(123) 456-8910</u>
	Email	<u>example.form@net.org</u>

Tracking Numbers	
State	FHWA-HCF
NJ-21-RP-002	

Description of Project - To	Program Code	OA Type*	Amount
Installation of two miles of sidewalks along Donna's Parkway near Freehold	RN45	NFA	\$58,545.05
TOTAL TRANSFER			\$58,545.05

* 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>	
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<i>Title of Approving Official</i>	<i>Date of Approval</i>