INSTRUCTIONS FOR FHWA TRANSFER REQUEST

The worksheet is designed to reduce paperwork by allowing multiple transfer requests to be submitted simultaneously. Signatures on the transfer request by authorized officials of both the State transportation department and FHWA Division Office indicating approval of the movement of contract authority and/or obligation authority eliminates the need for separate letters to be submitted to headquarters.

Completion of General Information Section

Type of Transfer Request:

Determine the type of transfer request. Chose either worksheet *"FHWA to FLH or Other Agency"* or *"Within State or to Other State".*

On worksheet *Within State or to Other State,* select type of transfer from the drop down menu:

- Between Programs – Apportioned Fund to Fund
- Between Projects – Demo to Demo Project
- Between Projects – Special Limitation
- State to State – Non-Pooled Funded (including Demos)
- State to State – Pooled Fund Project

No selection is required on *FHWA to FLH or Other Agency* worksheet.

Depending on the type of transfer request selected, data fields automatically may be cross-hatched. Data should not be entered in any cross-hatched field.

Requesting Agency:
Enter the State name.

Transfer to State:
Enter the name of the State which should receive the transfer only if Type of Transfer is:

- State to State - Non-Pooled Fund (including Demos) or
- State to State - Pooled Fund.

Transfer Request Contact:
Each field is REQUIRED. Enter name (first and last), position title, telephone number (including area code) and e-mail address of the person who should be contacted concerning the transfer request.

Tracking Numbers:
Enter the State tracking number, if applicable. The FHWA/OCFO field is for use by the OCFO. Do not enter data in this field.

Completion of "Transfer From" Details

Item # and Description of Fund - From:
Enter the program fund(s) to be transferred.

An asterisk (*) beside a program description indicates that more information is **required**. Complete the additional information field (limited to 500 characters) and attach supplementary sheets if more room is needed for explanatory notes.

* For Bridge Program, indicate the percentage indicator of the fund. For example, 85% On System.

* For High Priority Projects, enter the description of the project as itemized in the public law.

* For SPR or PL program funds transferred to another State for administration of a pooled fund project, enter the title of the pooled fund project. (Note that other funds such as NHS, STP, EB can also be transferred for a pooled funded project.)

* For STP program funds, indicate the suballocation. For example, Optional Safety. If the funds are apportioned for obligation in a designated urban area, enter the name of the urban area.

* For Transportation Improvement Projects, enter the description of the project as itemized in the public law.

--------------- *For each Item # with an X, complete the four items on the row as applicable.* ---------------

Fiscal Year
> Enter the fiscal year of the fund. Requests may be delayed or rejected if submitted without the fiscal year of the fund to be transferred.

Program Code
> Enter the four-character FMIS program code of the program fund to be transferred. Fund codes established for obligation through Delphi cannot be transferred through these means.

Demo ID or Urban Area Code
> Demo ID or Urban Area Code is required for certain fund transfers. Enter the 5-character Demo ID or the 3-digit urban area code.

Amount
> Enter the dollar amount of funds to be transferred.
>
> An equal amount of limitation, where applicable, will be transferred. For transfer of limitation only of demonstration projects, the Type of Transfer Request selected must be "Demo to Demo Limitation (including Q920 to formula)". Use the Transfer of Funds Worksheet to determine the percentage of total apportionment and determine eligibility for transfer.

Total From:
> This field is automatically calculated. It is the total amount of funds to be transferred.

Completion of "Transfer To" Details

From Item # and Description of Fund - To:
> Enter the Item # and program fund(s) from left-hand (From) side the right-hand (To) side.
>
> An asterisk (*) beside a fund description indicates that more information is required. Complete the additional information field and attach supplementary sheets if more room is needed for explanatory notes.
>
> * For Bridge Program, indicate the percentage indicator of the fund. For example, 85% On System.
>
> * For High Priority Projects, enter the description of the project as itemized in the public law.
>
> * For SPR or PL program funds transferred to another State for administration of a pooled fund project, enter the title of the pooled fund project. (Note that other funds such as NHS, STP, EB can also be transferred for a pooled funded project.)
>
> * For STP program funds, indicate the suballocation. For example, Optional Safety.   If the funds are apportioned for obligation in a designated urban area, enter the name of the urban area.
>
> * For Transportation Improvement Projects, enter the description of the project as itemized in the public law.

Program Code
> Enter the four-character FMIS program code of the program fund to receive transferred funds. Fund codes established for obligation through Delphi cannot be transferred through these means.

Demo ID or Urban Area Code
> Demo ID or Urban Area Code is required for certain fund transfers. Enter the 5-character Demo ID or the 3-digit urban area code.

Amount
> Enter the dollar amount of funds to be received by the program.

Total Transfer:
> This field is automatically calculated from entries in the Amount column.

Approvals and Submission

The transfer request must be signed by authorized representatives of both the State transportation department and the FHWA Division Office. Signatures, titles of approving officials and dates of approval are REQUIRED.

Completed transfer requests should be sent electronically to the OCFO - Office of Budget (e-mail HCF-10).

Authority to Collect Information

This collection of information is required to obtain benefits and will be used to process fund transfers to other agencies and among Title 23 programs. Sections 1108, 1119(b), 1935, and 1936 of Public Law 109-59, the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU) expanded the transferability of funds to other agencies and among programs. This information collection will ensure the States requests are accurately executed and the requests are allowable by law. Public reporting burden is estimated to average one half hour per response, including the time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2125-0620 *(OMB will provide the #).* Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Highway Administration, 1200 New Jersey Ave., SE, Washington, DC 20590. Expiration date: *(OMB will provide the new date)*