TRANSPORTATION DEVELOPMENT ACT ANNUAL LETTER OF INTENT TO SUBMIT A CLAIM FOR FUNDS

TRPA Transportation Department Tahoe Regional Planning Agency

MAIL TO:

(Date)

PO Box 5310 Stateline, NV 89449-5310 CLAIMANT: _____ CITY/ZIP CODE: CONTACT NAME: _____ CONTACT NUMBER: _____ This letter certifies that the claimant listed above intends to submit a claim for Transportation Development Act (TDA) allocations for the Fiscal Year . By signing and submitting this letter of intent, the claimant hereby self-certifies that they will meet all of the requirements outlined in the TDA Claim Checklist and the California Code of Regulations Title 21, Division 3, Chapter 2 and Chapter 2.5. Intend to apply for funds (check all that apply): ☐ Local Transportation Funds ☐ State Transit Assistance Funds ☐ State of Good Repair (Signature, Chief Financial Officer) (Agency Name)