

Eastern Federal Lands Access Program (FLAP) Safety Approval Form

Acknowledgement of Coordination with State DOT or FHWA Federal Aid Division Safety Representative

By signing this support form, the State Safety Representative certifies that the proposed project scope meets the eligibility criteria for 100% HSIP (Highway Safety Improvement Program) funds. *Please Note: All fields are required.*

Name of FLAP Project: _____ State _____

Name of FLAP Applicant: _____ Phone _____

1. State Safety Representative supporting the project: _____

2. Agency & Title: (*Either State DOT or FHWA Federal Aid Division Office*)

3. Email: _____

4. Phone: _____

5. Address: _____

6. Signature:

_____ Date _____

7. Comments on the proposed project:

8. State Safety Point-of-Contact Name: _____

(If different from above)

9. Email: _____ Phone: _____