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 Applicant: Phone	Name of FLAP Project:		State	
2. Agency & Title: (Either State DOT or FHWA Federal Aid Division Office) 3. Email: 4. Phone: 5. Address:	Name of FLAP Applicant:		Phone	
3. Email: 4. Phone: 5. Address:	1.	State Safety Representative supporting the proje	ect:	
3. Email: 4. Phone: 5. Address:	2.	Agency & Title: (Either State DOT or FHWA Federal Ai	d Division Office)	
5. Address:	3.			
6. Signature: Date	4.	Phone:		
Date	5.			
	6.		Date	
	7.			
8. State Safety Point-of-Contact Name:	8.	-		
(If different from above) 9. Email: Phone:	9	· · · · · · · · · · · · · · · · · · ·	'hone:	

Additional information on the Federal Lands Access Program is located at: <u>http://flh.fhwa.dot.gov/programs/flap/</u> This form can be saved, printed, signed, scanned and submitted electronically with your FLAP application to <u>efl.planning@dot.gov</u>