FLEX Transfer Request Form

Date: , 20

It is requested that this budget transfer be approved for the source(s) and the amount(s) indicated below.

(Grant Type - 5303, 5304, 5305, 5310)

(Name of Agency Accountant)

(Name of Agency) (Name of Agency Director)

|  |  |
| --- | --- |
| **HDOT/STP Authorization:**  **Planning Program Administrator** **Programming Section Manager** **Program Manager** | **STP Office Use Only:**  **Initials: Date:**  **Approved / Modified / Denied (Circle One)** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| AMOUNT | TRANSFER FROM | TRANSFER TO | JUSTIFICATION/REASON | FOR ALI: | FOR FFY: |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

FLEX Transfer: This form is required when there is a request to transfer unobligated FTA funds to FHWA (and vice versa).

Other Clarifications: (Attach apportionment distributions for each funding source and note balance adjustments.)

REMINDER: The local match (20%) must be rebalanced with the federal (80%) to equal total grant amount (100%).