

# 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)

<b>HDOT/STP Authorization:</b> Planning Program Administrator _____ Programming Section Manager _____ Program Manager _____	<b>STP Office Use Only:</b> Initials: _____ Date: _____ Approved / Modified / Denied (Circle One)
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AMOUNT	TRANSFER FROM	TRANSFER TO	JUSTIFICATION/REASON	FOR ALL:	FOR FFY:

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

<b><u>Other Clarifications:</u></b> (Attach apportionment distributions for each funding source and note balance adjustments.)    
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**REMINDER:** The local match (20%) must be rebalanced with the federal (80%) to equal total grant amount (100%).