***Metro 2015 Call for Projects Assistance Letter Template (Please use Local Agency Letterhead, signed by your City Manager. For City and County of Los Angeles, please have the letter signed by a staff member authorized to commit the jurisdiction (e.g.: City Manager, CEO, CAO, etc.)***

Date (must be received by SBCCOG no later than May 30, 2014)

Jacki Bacharach, Executive Director

South Bay Cities Council of Governments

20285 S. Western Ave., #100

Torrance, CA 90501

Dear Ms. Bacharach:

We understand that the South Bay Cities Council of Governments is willing to provide technical assistance and local matching funds related to application preparation and project delivery of 2015 Metro Call for Projects applications for projects that are eligible to receive Measure R South Bay Highway Program funding.

The (City/County) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby requests that the South Bay Cities Council of Governments fund and provide technical assistance using the South Bay Highway Program (SBHP) Technical Assistance Bench in the preparation of applications for the following 2015 Metro Call for Projects (CFP) project(s) that are eligible to receive Measure R SBHP funding:

Project Name Project Description (scope and project limits)

1.

2

Etc.

The (City / County) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ also requests the South Bay Cities Council of Governments to commit the minimum local matching funding for CFP applications for the following projects that are eligible for Measure R SBHP funding. The City / County understands that the maximum SBHP funding will not exceed the minimum local match required by the Metro 2015 CFP Application Guidelines (as specified in the appropriate CFP project category local match requirement) and that additional local funds may be provided by the City / County to complete the minimum match required or to earn “overmatch” points in the CFP process.

Although more accurate local match commitments will be developed as the project is further developed during the project application development process, the City / County estimates the magnitude of the SBHP match to be:

CFP Estimated Estimated

Category Project Name Project Cost Local Match

1.

2.

Etc.

The (City / County) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is currently funded to deliver other CFP or SBHP-funded projects by Metro’s CFP and/or the SBCCOG’s SBHP. The status of ALL current commitments is as follows:

SBHP / CFP Project Completion date in Anticipated

Project # Name Funding Agreement Completion Date.

1.

2.

Etc.

Thank you for your consideration.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_, City Manager / County Public Works Director

City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_