**REQUEST FOR RIGHT OF WAY ACQUISITION AUTHORITY (A-DATE)/NOTICE TO PROCEED**

SAMPLE LETTER

(Copy all below to AGENCY LETTERHEAD and then delete from this line up, and save as. Form is not fillable until the instructions above are followed.)

**DATE:**

**TO:**

District Liaison Engineer

**FROM:**

**SUBJECT:** **Request for RW Acquisition Date (A-Date)/Notice To Proceed**

|  |  |  |
| --- | --- | --- |
| Federal Project Number (Ex. STP, BRO,BRM, CMAQ, etc.): |  |  |
| County: |  |  |
| Route or Project Name: |  |  |

Termini (use from cross street to cross street, if appropriate):

|  |
| --- |
|  |

From **Begin** **Station**      **+**     To **End** **Station**      **+**

Length of Project: :

Number of Parcels to Acquire:

**FUNDING SELECTION**: Select only one funding option, then complete appropriate sections.

Local Public Agency is requesting Federal Participation in funding RW activities.

### (Complete Section One, Section Two and Section Three below)

LocalPublic Agency will fund all RW activities – no Federal Participation in the RW activities and the project will not be eligible for in kind match credit, should the LPA receive donations.

### (Complete Section One and Section Two below)

|  |  |  |
| --- | --- | --- |
| SECTION ONE: All items in this section must include the approval date. | | |
|  | Date RW Plans approved - \*Attach copy of RW plans\* | |
|  | | |
| Environmental Document Approved by FHWA - \*Attach one copy of Environmental Approval\* | | |
| **for NEPA Approval** | | CE  EA  EIS; Date |
| **Date of Cultural/Park/Recreational/4F Clearance** | | Date |

|  |  |
| --- | --- |
| Historic Section 106 Approved by MoDNR - \*Attach one copy of Section 106 Approval\* | |
|  | Clearance Date – Section 106 |
| N/A | Clearance Date - Archeological Review |
| N/A | Clearance Date - Eligible Structure on New R/W |
| N/A | Date of Public Meeting |

|  |
| --- |
| **SECTION TWO:** **Mark the appropriate responses.** Please comment on all “No” responses below. |

Is the LPA adequately staffed and equipped to perform all types of acquisition activities in compliance with 23 and 49 CFR? Yes  No

**Who will be responsible for negotiating right of way:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Phone No.: |  |
| Address: |  | E-mail: |  |

LPA will contract with the following individuals from MoDOT’s Approved Rosters:

Appraisers Review Appraisers  Negotiators  or None

|  |
| --- |
| **SECTION THREE:** **Questions must be answered with an estimated dollar amount.**  **Note:** (See MoDOT EPG 136.8.2.6, For right of way costs eligible for reimbursement.) |

**Amount of RW funding to be obligated at this time**:

Breakdown:

R/W Total Cost: $       Federal $       Local $       Other $

Project Total Cost Percentage:

BRO      % BFP      % Other Federal (STBG, CMAQ, etc.)      %

Local Cash      % Soft Match Credit      % Other      %

|  |  |
| --- | --- |
| Name of “**Other”** Participating Entity, if any: |  |

Breakdown of relocation cost (if any) that were included in the above RW Total Cost:

|  |  |  |  |
| --- | --- | --- | --- |
| Total Relocation Assistance and Moving Cost |  | $ |  |
| Number of Residential Units |  | $ |  |
| Number of Business Units |  | $ |  |

MoDOT *Representative* for Right of Way Assigned to this Project: Name:

|  |
| --- |
|  |

Please use this comment area for additional remarks, explanations of unusual circumstances or specific details that may affect the RW activities.

COMMENT HERE:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **This Section to Be Completed by MoDOT.** | | | | | | |
| Acquisition Authority Approved: | | Yes  No | Approval Date: | | | |
| Approval Signature: | | | | | | |
| MoDOT Representative for Right of Way Assigned to this Project: Name: | | | |  | | |
| Location: |  | | | | Phone No.: |  |