



Oregon

Kate Brown, Governor

Department of Transportation
Transportation Development Division
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Salem, OR 97301
Phone: (503) 986-3420
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November 28, 2018

City of John Day
450 E Main St
John Day, OR 97845

Subject: 2019 Small City Allotments Program Awards Announcement

Project Name : **CHAROLAIS HEIGHTS INTERSECTION - IMPROVEMENTS**

In accordance with ORS 366.805 and the recommendation of the Advisory Committee, I am pleased to announce your project was one of 56 selected to be funded. ODOT received 150 eligible applications from 112 Cities requesting a total of \$14,897,114, with funding limited to \$5.5 million it was a very competitive selection process.

The SCA award for your project is \$100,000.

In the next 30 days you will receive materials that are time sensitive and will require a prompt response. We have learned from previous experience that many small cities, eligible for these awards, have limited staff resulting in response delays or no response due to vacations, illness, staff turnover, etc. To ensure your responses are timely the SCA Advisory Committee has requested all correspondence be directed to the assigned Project Manager, the City Administrator and/or Recorder and the person having signature authority to sign the Agreement. To meet this requirement please complete the attached "Information Request Form" and return it no later than December 10th, 2018 via email to SmallCityAllotments@odot.state.or.us or fax to (503) 986-4174, attention Deanna Edgar.

Please be advised that only work that begins after the effective date of the executed Agreement will be eligible for reimbursement with SCA funds.

Congratulations on being selected for SCA funding!

I appreciate your participation and look forward to seeing your completed project. If you have general questions about the SCA program, you may contact me at (503) 986-3441.

Sincerely,

Deanna Edgar
Program Analyst

Attachments: Information Request Form
Letter to League of Oregon Cities w/ 2019 SCA Awards by City

Small City Allotments Program

Agency Name: City of John Day

Contact Information:

A. Information for person with signature authority to sign the agreement	
Contact Name:	
Contacts Title:	
Contact Number:	
Email Address:	
Street Address:	
Mailing Address:	
City:	
State:	
Zip Code:	

B. Information for person managing the project if different than above	
Contact Name:	
Contacts Title:	
Contact Number:	
Email Address:	
Street Address:	
Mailing Address:	
City:	
State:	
Zip Code:	

C. Additional Contact to be copied on correspondence	
Contact Name:	
Contacts Title:	
Contact Number:	
Email Address:	
Street Address:	
Mailing Address:	
City:	
State:	
Zip Code:	

****PLEASE ADD ADDITIONAL SHEETS AS NEEDED****