CITY OF SANTA CRUZ

PUBLIC WORKS DEPARTMENT

809 Center Street, Room 201, Santa Cruz CA 95060 • 831 420-5160 • Fax: 831 420-5161

Exhibit 25-K: Local Road Rehabilitation Project Certification

Date: October 3, 2023
To: Santa Cruz County Regional Transportation Commission
1101 Pacific Avenue Suite 250
Santa Cruz CA 95060

The City of Santa Cruz submits the following local road rehabilitation project for certification that the project is in compliance with California Transportation Commission guidelines.

Project Description:

Street/Road	From ---------- to ----------	Local Road Facility (Pavement, drainage structure, bridge, cut slope, embankment, etc.)	PPNO	Rehabilitation Strategy (Resurfacing, chip seal, seal coat, restoration of existing facility, etc.)	Service Life (Years)
Escalona	Grandview to Bay and Walnut to Highland	pavement		cold-in-place-recycling (CIR)	20

The project listed above meets the following standards:

- The type of work is eligible for local road rehabilitation, and excludes routine maintenance work, as described in Section II-D-9: "Eligibility of Rehabilitation Projects" of the Procedures for Administering Local Agency Grant Projects in the State Transportation Improvement Program.
- For pavement rehabilitation, the estimated number of years the work will extend the service life of the facility is documented in a PSR or equivalent signed by a registered civil engineer.
- Pavement rehabilitation strategies with less than 10 year service life have been determined by a Pavement Management System (PMS) to be cost-effective and have a service life of 5 years or more. (Attach PMS certification if appropriate).
- The work does not degrade any existing safety or geometric aspect of the facility.

City /County Signature: _____ Title: Assistant Dir.

Regional Transportation Planning Agency/County Transportation Commission Certification

The Santa Cruz County Regional Transportation Commission certifies the projects listed above meet California Transportation Commission guidelines.

Signature: _____ Title: _____ Date: _____