

ECONOMICALLY DISADVANTAGED COUNTIES PROGRAM PROJECT INFORMATION SHEET



COUNTY _____ APPLICANT _____

District Contact Information

NAME: _____ TELEPHONE: _____

*If the project is an "OFF-SYSTEM" project, is the project in the Unified Transportation Program (UTP) and have a local funding agreement in place, or in a District Bank Balance Program?
 (Mark as appropriate) YES or NO

*If the applicant is a CITY within an eligible county, please answer the two following questions:

- #1 Economic Development Sales Tax? (Mark as appropriate) YES or NO
- #2 Population (2020 Census)? _____

PROJECT INFORMATION

UTP PRIORITY STATUS:	
CSJ:	
ESTIMATED LETTING DATE	

On-System? (Mark as appropriate) YES or NO

LOCATION AND LIMITS - Give highway number with limits to and from.

PROJECT SCOPE - Give type of work.

ADJUSTMENT RATIONAL - Give reason why the adjustment is needed.

ANTICIPATED PROJECT COST BREAKDOWN OF ELIGIBLE COMPONENTS

TOTAL ADJUSTMENT- _____

1.	2.	3.	4.	5.
Project Component	Est. Total Cost (\$)	Local Participation (%)	Est. Required Local Match (\$)	Local Participation After Adjustment (\$)
TOTAL				

Approved by: _____

District Engineer

Date: _____