

TRANSIT PROJECT DATA SHEET FOR TIP (TRANSPORTATION IMPROVEMENT PROGRAM)

INSTRUCTIONS: Submit completed form to the MPO and a copy to your OPT Project Manager for each project.

FILL OUT A SEPARATE FORM FOR OPERATING OR CAPITAL PER PHASE FINANCIAL CODE.

ALL ITEMS MUST BE COMPLETED				JOB #:	
				CHANGE TYPE	
PROJECT REQUEST: CAPITAL		OPERATING		FY COST SCOPE	
NEW PROJECT OR PROJECT CHANGE		IF YES, INCLUDE JOB NUMBER		DELETE ABANDON	
FISCAL YEAR		COUNTY		TRANSIT AGENCY - LEGAL NAME	
AGENCY ADDRESS				CITY	
				ZIP CODE	
JOB TYPE: MULTI-MODAL				TEMPLATE: TRANSIT	
MODE: TRANSIT				BOUNDARIES: STATEWIDE	
TRANSIT PROJECT DESCRIPTION				JOB PHASE: NON-INFRASTRUCTURE (NI)	
PHASE FINANCIAL SYSTEM				DESCRIPTION OF OTHER FUNDING TYPE	

DESCRIPTION	FEDERAL	STATE	LOCAL	TOTAL	SCOPE
WORK DESCRIPTION					
WORK DESCRIPTION					
WORK DESCRIPTION					
WORK DESCRIPTION					
WORK DESCRIPTION					
GRAND TOTAL					

IF ADDITIONAL LINES ARE NEEDED PLEASE ATTACH A SEPARATE SHEET

FUNDS FLEXED TO FTA: Yes No

OPT PROJECT MANAGER NAME	ATTACHMENTS: Yes No CMAQ EMISSION FORMS REQUIRED
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BUDGET

1) FEDERAL: _____	3) LOCAL: _____
2) STATE: _____	4) Other (please specify): _____
TOTAL: _____	

SUBMITTED BY (Please print)	TITLE	DATE
SIGNATURE		PHONE NUMBER