

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.

NEW PROJECT OR PROJECT CHANGE			IF YES, INCLUDE JOB NUMBER			JOB #:					
						CHANGE TYPE					
						FY		COST		SCOPE	
						SUSPENDED				ABANDONED	
FISCAL YEAR			COUNTY			TRANSIT AGENCY - LEGAL NAME					
AGENCY ADDRESS						CITY			ZIP CODE		
JOB TYPE: MULTI-MODAL						TEMPLATE: TRANSIT			BOUNDARIES: STATEWIDE		
MODE: TRANSIT						JOB PHASE: NON-INFRASTRUCTURE (NI)					
MAJOR ROUTE:				LOCATION (Report): AREAWIDE				FUNDS FLEXED TO FTA:			

TRANSIT PROJECT DESCRIPTION

PHASE FINANCIAL SYSTEM					DESCRIPTION OF OTHER FUNDING TYPE						
DESCRIPTION		FEDERAL	STATE	LOCAL	TOTAL	SCOPE CODE/SP CODE					
WORK DESCRIPTION											
WORK DESCRIPTION											
WORK DESCRIPTION											
WORK DESCRIPTION											
WORK DESCRIPTION											
GRAND TOTAL											

IF ADDITIONAL LINES ARE NEEDED PLEASE ATTACH A SEPARATE SHEET.

Scheduled Obligation Date is **ALWAYS** the last day of September for the fiscal year of the job. Scheduled End Date is **ALWAYS** the last day of September for the fiscal year of the job plus three years for Capital (*rural agencies*), plus four years for Capital (*urban agencies*) jobs, or plus one year for Operating jobs.

TRANSIT FLEX CATEGORY (<i>only need to complete if funds are flexed to FTA and selection is based on the type of Transit Agency</i>)								GPA TYPE	
OPT PROJECT MANAGER NAME						ATTACHMENTS: Yes No			
						(Must attach MDOT Form 1481)			

BUDGET

1) FEDERAL: _____	SUBTOTAL: _____
2) STATE: _____	4) Other Local Funding (<i>not part of match</i>): _____
3) LOCAL (<i>part of match</i>): _____	TOTAL JOB COST: _____

SUBMITTED BY (<i>Please print</i>)			TITLE			DATE		
SIGNATURE						PHONE NUMBER		