

FY 20__ PROJECT SUMMARY – FERRY BOAT FORMULA PROGRAM

INSTRUCTIONS: Complete and return it to the Michigan Department of Transportation.

NAME OF APPLICANT *(Legal Organization Name)*

CONTACT INFORMATION *(Applicant's Name, Address, Telephone Number and E-mail)*

PROJECT DESCRIPTIONS

CAPITAL BUDGET (Estimated \$ amounts) 80% Federal / 20% State *(only enter dollar amount in the Total area)*

Project # 1	Federal:	State:	Total:
Project # 2	Federal:	State:	Total:
Project # 3	Federal:	State:	Total:
Total:			

PROJECT MILESTONE SCHEDULE: Identify the estimated dates (mm/dd/yyyy) for work to be accomplished with these funds assuming funds are available _____. If you have more than one project with different milestone schedules, please list the milestone for each project.

Projects	RFP Issued	Contract Awarded	Construction/Purchase Complete	Contract Complete
Project #1				
Project #2				
Project #3				

CERTIFICATIONS

- | | |
|---|---|
| <input type="checkbox"/> Capital equipment will be used over its useful life

<input type="checkbox"/> Ferry boat or terminal is publicly owned or operated

<input type="checkbox"/> Fares are applied to necessary costs of operation, maintenance, and repair, debt service, negotiated management fee, and, in the case of a privately operated toll ferry, for a reasonable rate of return | <input type="checkbox"/> Grant funds will be used solely to implement the specific project

<input type="checkbox"/> Operating authority and amount of fares charged are under control of public entity |
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