

OFFICE OF ECONOMIC DEVELOPMENT
TRANSPORTATION ECONOMIC DEVELOPMENT FUND

CATEGORY B: COMMUNITY SERVICE INFRASTRUCTURE FUND APPLICATION

SECTION ONE: APPLICANT INFORMATION

CITY OR VILLAGE NAME	MAILING ADDRESS	ZIP CODE	COUNTY
CONTACT PERSON	CONTACT TITLE	E-MAIL ADDRESS	
ALTERNATE CONTACT PERSON	PHONE NUMBER/ EXTENSION /	E-MAIL ADDRESS	
STATE SENATOR	STATE SENATE DISTRICT NO.	STATE REP.	STATE REP. DISTRICT NO.

SECTION TWO: PROJECT INFORMATION

1) STREET NAME	PROPOSED PROJECT LIMITS (Using nearest cross streets)	LINEAR LENGTH OF PROJECT	
ROADWAY CLASSIFICATION	PASER RATING	DAILY AVERAGE TRAFFIC COUNT	CONSTRUCTION COST
DESCRIPTION OF PROPOSED WORK; include specific treatment method with details such as quantities (ie patching) and/or depth (ie mill/fill), where applicable.			
<p>IS ANY ADDITIONAL RIGHT-OF-WAY NEEDED FOR THE PROJECT(S)? YES NO IF YES, PLEASE BRIEFLY DESCRIBE.</p>			
2) STREET NAME	PROPOSED PROJECT LIMITS (Using nearest cross streets)	LINEAR LENGTH OF PROJECT	
ROADWAY CLASSIFICATION	PASER RATING	DAILY AVERAGE TRAFFIC COUNT	CONSTRUCTION COST
DESCRIPTION OF PROPOSED WORK; include specific treatment method with details such as quantities (ie patching) and/or depth (ie mill/fill), where applicable.			
<p>IS ANY ADDITIONAL RIGHT-OF-WAY NEEDED FOR THE PROJECT(S)? YES NO IF YES, PLEASE BRIEFLY DESCRIBE.</p>			

3) STREET NAME	PROPOSED PROJECT LIMITS (Using nearest cross streets)		LINEAR LENGTH OF PROJECT
ROADWAY CLASSIFICATION	PASER RATING	DAILY AVERAGE TRAFFIC COUNT	CONSTRUCTION COST

DESCRIPTION OF PROPOSED WORK; include specific treatment method with details such as quantities (ie patching) and/or depth (ie mill/fill), where applicable.

IS ANY ADDITIONAL RIGHT-OF-WAY NEEDED FOR THE PROJECT(S)? YES NO IF YES, PLEASE BRIEFLY DESCRIBE.

4) STREET NAME	PROPOSED PROJECT LIMITS (Using nearest cross streets)		LINEAR LENGTH OF PROJECT
ROADWAY CLASSIFICATION	PASER RATING	DAILY AVERAGE TRAFFIC COUNT	CONSTRUCTION COST

DESCRIPTION OF PROPOSED WORK; include specific treatment method with details such as quantities (ie patching) and/or depth (ie mill/fill), where applicable.

IS ANY ADDITIONAL RIGHT-OF-WAY NEEDED FOR THE PROJECT(S)? YES NO IF YES, PLEASE BRIEFLY DESCRIBE.

5) STREET NAME	PROPOSED PROJECT LIMITS (Using nearest cross streets)		LINEAR LENGTH OF PROJECT
ROADWAY CLASSIFICATION	PASER RATING	DAILY AVERAGE TRAFFIC COUNT	CONSTRUCTION COST

DESCRIPTION OF PROPOSED WORK; include specific treatment method with details such as quantities (ie patching) and/or depth (ie mill/fill), where applicable.

IS ANY ADDITIONAL RIGHT-OF-WAY NEEDED FOR THE PROJECT(S)? YES NO IF YES, PLEASE BRIEFLY DESCRIBE.

SECTION THREE: PROJECT FUNDING

1a) WILL THE PROPOSED PROJECT(S) BE PAIRED WITH OTHER NONPARTICIPATING INFRASTRUCTURE WORK? I.E., SEWER, WATER, ELECTRIC, OR OTHER? YES NO
 IF YES, PLEASE BRIEFLY DESCRIBE NATURE OF WORK AND COST ESTIMATE: \$

1b) ARE FUNDS COMMITTED FOR THIS NONPARTICIPATING WORK? YES NO

2) ARE YOU APPLYING FOR ADDITIONAL FUNDING FOR ANY OF THE PROJECTS LISTED IN THIS APPLICATION? YES NO
 IF YES, PLEASE PROVIDE

AGENCY NAME	ADDITIONAL FUNDING	AMOUNT REQUESTED	YEAR EXPECTED
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3) PROJECT COST CALCULATIONS AND GRANT REQUEST

- a. TOTAL CONSTRUCTION COSTS FROM SECTION 2: \$
- b. MAXIMUM GRANT AMOUNT NOT TO EXCEED 50% of SECTION 3.3a: \$
- c. MAXIMUM GRANT AMOUNT NOT TO EXCEED: \$250,000.00
- d. **THE LESSER OF 3b AND 3c = GRANT REQUEST: \$** OR % WHICHEVER IS LESS*
- e. **PARTICIPATING MATCH PROVIDED BY LOCAL AGENCY (AT LEAST 3a MINUS 3d): \$**
- f. TOTAL NONPARTICIPATING COST FROM SECTION 3.1a: \$
- g. TOTAL AGENCY FUNDING COMMITMENT (SECTION 3.3e PLUS SECTION 3.3f): * *

* If the project total comes in higher or lower than anticipated in this application, the final grant amount will be the lesser of the total grant award or the grant percentage (3d).

** The resolution should note this dollar amount as committed by the local agency.

SECTION FOUR: PROJECT IMPLEMENTATION

1) PROPOSED PROJECT START DATE (mm/dd/yyyy):

2) WILL THE PROPOSED WORK BE PAIRED WITH OTHER ROADWORK BY ANOTHER AGENCY? YES NO
 IF YES, PLEASE PROVIDE THE AGENCY NAME:

3) WILL YOUR AGENCY OVERSEE THE GRANT IMPLEMENTATION? YES NO IF NO, WHO WILL OVERSEE THE GRANT IMPLEMENTATION? I.E., LOCAL AGENCY, CONSULTANT ENGINEERING FIRM, ETC.:

ADDITIONAL COMMENTS

REQUIRED DOCUMENT CHECKLIST

RESOLUTION OF SUPPORT	MAP	CONSTRUCTION ESTIMATES	PHOTOS
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NAME OF AUTHORIZED SIGNATORY FROM RESOLUTION

E-MAIL ADDRESS

PHONE NUMBER

SIGNATURE

DATE