

CHEMICAL STORAGE FACILITY REPLACEMENT FUNDING REQUEST FORM

Call for Projects

Fill out each section to the best of your ability for all project types unless specific instructions indicate otherwise.

SALT SHED NAME	CURRENT SALT SHED ADDRESS
PREPARER	COST ESTIMATE OF REPLACEMENT
E-MAIL ADDRESS	DESIRED STORAGE CAPACITY (TONS)
AGENCY	REQUESTED FISCAL YEAR OF CONSTRUCTION
DATE	HAS LOCAL FUNDS BEEN SECURED FOR THE PROJECT?
ESTIMATED STATE SALT %	YES NO

IS THE PROPOSED CHEMICAL STORAGE FACILITY IMPROVEMENT CONNECTED TO A LARGER PROJECT THAT REQUIRES COORDINATION?

YES NO

Justification for Reasoning: Describe “why” this chemical storage facility needs to be replaced and “what” issue(s) are being addressed, if any (e.g. why is this chemical storage facility replacement is a priority and what changes are being made to improve operations).

Current Chemical Storage Facility Condition: Provide a brief overview of the current chemical storage facility condition, include supporting photos.

Repair Rehabilitation Consideration: Can existing facility be repaired to meet operational needs? If yes, what repairs are needed, what are the estimated costs, and what is the estimated service life extension?

A Does the proposed replacement meet an emergency need?	Yes	No
Is the proposed project located on property currently owned by the Contract Agency?	Yes	No
Is the proposed site fifty feet from a body of water and above the 100-year flood plain?	Yes	No

Other Consideration: Provide any other applicable considerations not covered in the sections above (e.g., site limitations, schedule, previous repairs/updates, etc.)

MDOT POINT OF CONTACT FOR THIS PROJECT		
NAME	E-MAIL ADDRESS	PHONE NUMBER
LOCAL AGENCY POINT OF CONTACT FOR THIS PROJECT		
NAME	E-MAIL ADDRESS	PHONE NUMBER