



ECONOMICALLY DISADVANTAGED COUNTIES PROGRAM INFORMATION SHEET

COUNTY _____

APPLICANT _____

District Contact Information

NAME: _____

TELEPHONE: _____

* If the project is an "OFF-SYSTEM" project, is the project in the Unified Transportation Program (UTP) and have a local funding agreement in place, or in a District Bank Balance Program?

(Circle as appropriate) YES or NO

* If the applicant is a **CITY** within an eligible county, please answer the two following questions:

1 Economic Development Sales Tax? (Circle as appropriate) YES or NO

2 Population (2010 Census)? _____

PROJECT INFORMATION

UTP PRIORITY STATUS:	
CSJ:	
ESTIMATED LETTING DATE	

On-System? (Circle as appropriate) YES or NO

LOCATION AND LIMITS - Give highway number with limits to and from.

PROJECT SCOPE- Give type of work.

ADJUSTMENT RATIONAL- Give reason why the adjustment is needed.

ANTICIPATED PROJECT COST BREAKDOWN OF ELIGIBLE COMPONENTS

TOTAL ADJUSTMENT-

1. Project Component	2. Est. Total Cost (\$)	3. Local Participation (%)		4. Est. Required Local Match (\$)	5. Local Participation After Adjustment (\$)
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
TOTAL	\$0.00			\$0	\$0

Approved by: _____ Date: _____