



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

Table with 2 columns: Label (UTP PRIORITY STATUS, CSJ, ESTIMATED LETTING DATE) and Value.

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

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

Three horizontal lines for location and limits information.

PROJECT SCOPE - Give type of work.

Three horizontal lines for project scope information.

ADJUSTMENT RATIONAL - Give reason why the adjustment is needed.

ANTICIPATED PROJECT COST BREAKDOWN OF ELIGIBLE COMPONENTS

TOTAL ADJUSTMENT- [Redacted]

Table with 5 columns: 1. Project Component, 2. Est. Total Cost (\$), 3. Local Participation (%), 4. Est. Required Local Match (\$), 5. Local Participation After Adjustment (\$). Includes a TOTAL row.

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_