



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.

PROJECT SCOPE- Give type of work.

ADJUSTMENT RATIONAL- Give reason why the adjustment is needed.

ANTICIPATED PROJECT COST BREAKDOWN OF ELIGIBLE COMPONENTS

TOTAL ADJUSTMENT- []

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

Approved by: _____ Date: _____
District Engineer