



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

Approved by: _____ Date: _____