

5/1/2023

## Missouri Local Public Agency Off-System Bridge Program Statewide Large Bridge and Emerging Needs Funding Request Form

Date:

Region:

<b>General Applicant Information</b>
County of Project Location:
Name of Local Public Agency (LPA):
Street Address:
City:
State:
Zip Code:
Phone Number:
Email Address:
Unique Entity Identifier (UEI):
Primary Contact: (Name and Title):
Person in Responsible Charge (if different from Primary Contact):

<b>Project Location and Description</b>	
County:	Fracture Critical: <input type="checkbox"/> Yes      No
Off-System Bridge/Culvert Number:	Load Posted (Tons) (if applicable):
Federal ID:	Closed Date (if applicable):
Route Functional Classification:	Detour Length (Miles):
Route Carried by Structure:	On a Dead-End Road: <input type="checkbox"/> Yes      No
Feature Intersected:	Estimated Average Daily Traffic:
Existing Structure Length (Ft.):	Total Project Length (Includes Bridge/Approach & Roadway Improvements) (Ft.):

**Project Cost:**

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- Total Estimated Project Cost:	
- Regional - Federal Share:	
- Local Share:	

**Amount being Requested from Large Bridge Emerging Needs Fund:**

### Explain the request for Large or Emerging Needs Bridge Funds



(Table below to be completed by Statewide Bridge Committee)

<u>Final Breakdown of Project Funding</u>	<u>Amount</u>	<u>Percentage</u>
Regional Bridge Fund Contribution:		
Large Bridge Emerging Needs Fund Contribution:		
Local Share:		
Total Project Cost:		

**Statewide Bridge Committee Approval**

**Date Approved:**

**Authorization Signature:**