

Missouri Regional Bridge Program Application

(submit to MoDOT District/Regional LPA Contact)

Date:

Region:

1. General Applicant Information
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)(Must be currently certified):

Has the Engineer of Record been selected by the local entity for this project?	Yes	No
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Engineering Firm
Engineering Firm Name:
Engineering Firm Contact:
Phone Number:
Email Address:

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2. Project Location and Description	
County:	Fracture Critical: Yes No
Off-System Bridge/Culvert Number: Low Water Crossing (LWC*)	Load Posted (Tons) (if applicable):
If LWC: Latitude: Longitude:	
Federal ID:	Closed Date (if applicable):
Route Functional Classification:	Detour Length (Miles):
Route Carried by Structure:	On a Dead-End Road: Yes No
Feature Intersected:	Estimated Average Daily Traffic:
Existing Structure Length (Ft.):	Total Project Length (Includes Bridge/Approach & Roadway Improvements) (Ft.):
Multiple Applications (2 Maximum): Yes No	Rank this application priority 1 2
*Applications for LWC submittals shall be reviewed by the Statewide Bridge Committee (SBC) before project scoring. By submitting an application, the applying entity commits that if this project is selected for funding, a constructions contract will be awarded within 23 month of project funding award (<i>Reasonable Progress Policy</i>).	
The Construction Plans for this project are currently 0-5 Pts.: Complete % Complete Not Started	

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2a. Project Scope and Justification

Proposed Project Scope (*Ensure the description of the project is clear and concise. Thoroughly explain the purpose of the proposed project, what will be constructed, and any other details that will help the selection committee understand the intent of the project.*) **0-10 Pts.:**

Economic Development/Impact (*Explain how this project will help facilitate new economic development opportunities or currently impacts the area economy*) **0-10 Pts.:**

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2a. Project Scope and Justification (Continued)

Safety (Highlight the degree to which the proposed project will address any existing safety needs or concerns)

0-10 Pts.:

Connectivity/Roadway Network (Describe the impact this bridge location has to the surrounding area with consideration to factors such as detour length, population centers, busing, emergency response, etc.) **0-10 Pts.:**

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3. Acquisition of Right of Way		
Will this project require any Acquisition of Right of Way?	Yes	No
If yes, check all boxes below that apply		
☐ Expected donation of Right of Way		
☐ Temporary Easement		
☐ Permanent Easement		
☐ Permanent Right of Way		
☐ Access Rights		
Explain all checked boxes for Acquisition of Right of Way:		

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Check box(es) for which phase requesting funds for (check all that apply):

PE

RW

Utilities

CE

Construction

4. Project Cost			
Project Cost Estimate			
	Total		
Preliminary Engineering (Design)			
Right of Way			
Utilities			
Construction Engineering (Inspection)			
Construction	Bridge		
	Roadway		
Total Estimated Project Cost			
Local Match	Soft Match Credit		
	Cash		
	Additional Local Match*		
Total Local Share			
* Provide detailed information below on any additional funds other than Soft Match Credit or local cash.			
RR	Amount:		
Explain:			
CDBG	Amount:		
Explain:			
Other	Amount:		
Explain:			
Other	Amount:		
Explain:			

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5. Coordination (10 Pts. to be assigned by Regional Bridge Committee (RBC))

Do you have any bridge projects currently programmed or under construction?

Have you applied for Regional bridge funds in the last three years?

Were you awarded funding last year?

Describe the past performance, responsiveness, and reasonable progress met on previous bridge projects.

6. Attachments

Attachments required for Project Submittal:

Attachment A = Location Map (required)

Attachment B = Photos (required): i.e. Roadway (both directions) and Profile

Attachment C =