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

2. Project Location and Description				
County:	Fracture Critical:			
	☐ Yes ☐ No			
Off-System Bridge/Culvert Number:	Load Posted (Tons) (if applicable):			
If LWC: Latitude:	☐ Low Water Crossing (LWC*)			
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):	Rank this application priority			
☐ Yes ☐ No				
*Applications for LWC submittals shall be reviewed project scoring.	d by the Statewide Bridge Committee (SBC) before			
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 0-10 Pts. :				
☐ Complete				
% Complete				
☐ Not Started				

2a. Project Justification
Safety (Highlight the degree to which the proposed project will address any existing safety needs or
concerns) 0-15 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.) 0-15 Pts. :

3. Acquisition of Right of Way
Will this project require any Acquisition of Right of Way? \square Yes \square 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:

Check box(es) for which	phase requesting funds f	or (check all tha	t apply):	
☐ PE	□RW	☐ Utilities	☐ CE	☐ Construction	
4. Project	Cost				
_				y listing, enter the amount showr	n in
		•	ie separate proje	ect phases can be left blank.	
Project (Cost Estimate	2		Total	
Prolimin	ary Engineer	ing (Decign)		Total	
Right of		ing (Design)			
Utilities	way				
-	Construction Engineering (Inspection)				
		Bridge			
Construc	tion	Roadway			
Total Est	imated Proj	ect Cost			
		Soft Match Credit*			
Local Ma	ntch	Cash			
		Additional Local Match*	*		
Total Loc	cal Share				
				sufficient Soft Match Credit bala	ance
				e time of project programming. other than Soft Match Credit or lo	ocal
cash.	z actanea iin	ormation below on any a	aartionai ranas e	other than sort water creat or w	ocai
□RR			Amount:		
Explain:					
☐ CDBG			Amount:		
Explain:					
☐ Other			Amount:		
Explain:			1		
☐ Other			Amount:		
Explain:			1 23		

5. Coordination (15 Pts. to be assigned by Regional Bridge Committee (RBC))
List any bridge projects currently programmed or under construction.
- and any arrange projects carrently programmed or anaer concernation
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 =