

Missouri Local Public Agency Off-System Bridge Program

Statewide Large Bridge and Emerging Needs Funding Request Form

Date:

Region:

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):

Project Location and Description	
County:	Fracture Critical: ☐ 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: ☐ Yes No
Feature Intersected:	Estimated Average Daily Traffic:
Existing Structure Length (Ft.):	Total Project Length (Includes Bridge/Approach & Roadway Improvements) (Ft.):

Project Cost:

- 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: