

LOCAL PUBLIC AGENCY PROJECTS

MDOT Form LPA-001

1. Project Number: _____ If Earmarked Funds: Exempt Non-Exempt
(To be completed by MDOT)
2. Date: _____ 3. County: _____
4. Applicant: _____
(Local Public Agency)
5. Project Director: _____ 6. Phone: _____
(Technical/Administrative)
7. Address: _____
8. Project Location: _____
9. Project Description:

10. Has the Project been selected by the MDOT for the Transportation Enhancement Program?
11. Special Match Credit Program or Special Project Category (Select only one (a or b) or neither):
- a. The project is a Transportation Enhancement Program project and participation in MDOT Special Match Credit Program is requested. MDOT Procedure must have been followed by the LPA for any Consultant Selection. PE and Design, ROW and Other Costs paid by the LPA are eligible for consideration as special match credit. For any project other than Transportation Enhancement Program projects no special match credit is allowed.
- b. Project is not eligible for MDOT Special Match Credit Program but is one of the Special Project Categories allowing up to 100% Federal funds with no local match, e.g. intersection signal projects, some safety projects, etc.

12. Estimated Project Cost and Project Funding:

ESTIMATED PROJECT COST	TOTAL	CONSTRUCTION PROJECT FUNDING ¹	
PE and Design Costs to be paid by LPA		Available LPA Federal Aid Funds	
Right-of-Way (ROW) Costs to be paid by LPA			
Other Costs to be paid by LPA		Federal Share	
Sub-total PE & ROW to be paid by LPA		Local Share	
Construction Costs		Total	
Construction Engineering (5% Const.Cost)		¹ - Actual funding and special match credit will be determined by the MDOT Contract Administration Division before the construction advertisement based upon the eligibility of project work for federal aid participation and the available LPA allocation of federal aid funds.	
Testing (5% Const. Cost)			
Contingency (5% Const Cost)			
Sub-total Construction Cost			
TOTAL PROJECT COST			

13. SUBMITTED BY:

Applicant: _____
(Signature)

Title: _____
(Mayor, Pres. Board Supervisors, Agency Head)

Printed/Typed Name: _____

14. Funds Checked By:

MDOT District LPA Rep. _____
(Signature)

Date: _____