

## **Pavement Management Project Application Jackson MPO Surface Transportation Program**

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The following information must be completed for all **Pavement Management** proposed Jackson MPO STP projects. MPO staff will use the information contained in the project application to assign points to proposed projects based on the Project Submittal Guidelines. The establishment of project eligibility and each project score will then be used by the Intermodal Technical Committee and the Metropolitan Planning Policy Committee to program projects to be funded with Jackson MPO STP funds. A separate application must be submitted for each type of project. For example, do not combine a street widening project with a traffic signal improvement project.

### **Applicant Information**

1. Project Sponsor \_\_\_\_\_

2. Sponsor Contact \_\_\_\_\_

3. Telephone \_\_\_\_\_ 4. Email \_\_\_\_\_

5. Mailing Address \_\_\_\_\_

6. Additional Sponsors \_\_\_\_\_

7. Co-Sponsor Contact Name(s) \_\_\_\_\_

### **Project Description**

8. Project Title \_\_\_\_\_

9. Project Type \_\_\_\_\_

10. County \_\_\_\_\_ 11. Municipality \_\_\_\_\_

12. Small Municipality \_\_\_\_\_

13. *Small Municipality population according to the latest U.S. Census* \_\_\_\_\_

14. Project Location \_\_\_\_\_

15. Functional Class \_\_\_\_\_

16. Detailed Project Description

## Project Costs

### 17. Total Project Costs

<u>Description</u>	<u>Federal Funds</u>	<u>Local Funds</u>
Environmental	\$ _____	\$ _____
Design	\$ _____	\$ _____
Right-of-Way Acquisition	\$ _____	\$ _____
<i>Eligible for STP funding</i>		
Construction Engineering	\$ _____	\$ _____
Construction	\$ _____	\$ _____
Other, please specify		
<a href="#">Click here to enter text.</a>	\$ _____	\$ _____
<a href="#">Click here to enter text.</a>	\$ _____	\$ _____
<a href="#">Click here to enter text.</a>	\$ _____	\$ _____
<a href="#">Click here to enter text.</a>	\$ _____	\$ _____
<a href="#">Click here to enter text.</a>	\$ _____	\$ _____
<b>TOTAL Estimated Cost</b>	_____	_____

**STP Funds Requested**

	<u>Amount</u>	<u>%</u>
18. Federal STP Funds Requested	\$ _____	_____
19. Minimum Local Match Provided	\$ _____	_____
20. Local Overmatch Provided	\$ _____	_____
21. TOTAL for STP Portion of Project	\$ _____	100%
22. Source of Local Funds	_____	
23. Date Available	_____	

**Project Schedule**

24. Milestone Dates

<i>Completion of Preliminary Design</i>	_____
<i>Completion of Environmental Clearances</i>	_____
<i>Completion of Final Design</i>	_____
<i>Initiation of Right-of-Way Plan</i>	_____
<i>Completion of Right-of-Way Plan Review</i>	_____
<i>Review Initiation of Utilities Relocation</i>	_____
<i>Completion of Utilities Relocation</i>	_____
<i>Completion of Plans, Specifications and Estimates and/or Authorization for Advertisement</i>	_____
<i>Anticipated Construction Advertisement Date or Purchase Date</i>	_____



26. Describe any potential delays that have been identified that would interfere with the schedule for this project or the readiness of the project to proceed to construction.

27. Average Daily Traffic