

Highway Safety Improvement Program

Project Information Form

SPONSOR			
1. Name of Requesting Agency			
2. Certified Employee in Responsible Charge			
3. Phone Number		4. Email	

PROJECT			
5. New project or request for additional funds:		6. Des No. of existing project:	
7. Project type:		8. Road name:	
9. Name of primary county where project is located:		10. Functional classification of project location:	
11. Project description (Detailed):			
12. Project location:			

SCHEDULING & FUNDING			
13. Estimated Project Scheduling and Funding Information			
		FEDERAL/LOCAL SPLIT OF NEW TOTALS	
PROJECT COST	TOTAL	APPROVED FEDERAL	LOCAL MATCH
		90%	10%
a. Preliminary Engineering			
b. Land Acquisition (Right-of-Way)			
TOTAL (PE & RW, lines A-B)			
c. Construction (including inflation)*			
Inflation rate used: _____	-----	-----	-----
d. Construction Engineering			
e. Contingency			
TOTAL (all construction, lines C-E)			
Total All Phases			
*Construction Cost must include inflation out to the year of construction			
14. A proposed timeline for project development and construction			
Preliminary Engineering		Letting Date	
Land Acquisition		Construction	

