

April 2014

TRANSPORTATION AND GROWTH MANAGEMENT PROGRAM GRANT APPLICATION FORM 2014

APPLICATIONS DUE 4:00 p.m. June 13, 2014

Type of Grant:

Please indicate Category 1
or Category 2

PROJECT TITLE:

PRIMARY APPLICANT JURISDICTION:

MAILING ADDRESS:

CITY:

ZIP:

CONTACT PERSON:

MATCH

Yes No

OTHER JURISDICTIONS INVOLVED IN THE PROJECT

TELEPHONE:**FAX:****EMAIL:**

ODOT REGION (1 - 5):

SUMMARY DESCRIPTION OF PROJECT: This section must be completed. Do not refer to text within the application form. In 2 or 3 sentences, explain what will be done and what the expected outcome is. (For example: The project will result in an access management plan for Black Spot Highway. The plan will be developed in partnership with ODOT based on an analysis of needs, along with input from community workshops and one-on-one contact with property owners along the highway.)

SUMMARY OF PROJECT BUDGET

PROJECT TITLE:

JURISDICTION:

	TGM Funds Requested	Local Match*	Total Project Cost
Eligible Grantee Expenses [Labor (salary plus benefits) and Direct Expenses]			
Consultant Personal Services			
TOTAL			

* This amount should be a minimum of 12 percent of the total project budget.

We will be providing a cash local match Yes No

I understand that, if used, consultant selection will follow the policies and requirements of the ODOT Procurement Office: <http://www.oregon.gov/ODOT/CS/OPO/>

Initial _____

Initial one of the following statements.

This application was prepared by staff of the primary applicant or staff of one of the involved jurisdictions listed on page 1.

Initial _____

This application was prepared by the following compensated consultant:

Consultant Name _____

Initial _____

Authorized Signature

Title

Printed Name