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| --- | --- |
| DATE: |  |

 **Project Information:**

|  |  |
| --- | --- |
| COUNTY: |  |

|  |  |
| --- | --- |
| PID: (if available) |  |

**Project Administration:**

|  |  |  |  |
| --- | --- | --- | --- |
| LOCAL-LET: |  |  ODOT-LET: |  |

**Funding: \***

|  |  |
| --- | --- |
| REQUESTED FISCAL YEAR: | 2029 |

|  |  |
| --- | --- |
| TOTAL COST ESTIMATE:  | $ |

80% CSTP COST ESTIMATE: (Please note that this amount may not exceed the project cap of $2 million)

 \*1. Submit cost estimates in current year dollars and **DO NOT INCLUDE CE**

 2. Requested year and Estimated Costs may differ from the actual approval by the CSTP/LBR Committee.

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| **County Road No.** | **Begin SLM** | **End SLM** | **Functional Classification** |
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**Project Description:** (Attach additional sheets if necessary)

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**Priority\_\_\_\_\_\_\_\_\_\_\_\_\_:** If submitting more than one CSTP Application, please prioritize your applications (with 1 being the highest priority):

|  |  |
| --- | --- |
| County Engineer’s Signature  |  |