



CSTP Funding Application

DATE: _____

Project Information:

COUNTY: _____

PID: (if available) _____

Project Administration:

LOCAL-LET: _____ ODOT-LET: _____

Funding: *

REQUESTED FISCAL YEAR: _____ 2030 _____

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.

County Road No.	Begin SLM	End SLM	Functional Classification

Project Description: (Attach additional sheets if necessary)

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

County Engineer's Signature _____