3. APPLICATION

3.1 LHTAC 2027 (FY28) LRHIP APPLICATION COVER SHEET

Project Title: _____

Local Highway Jurisdiction Name: _____

Local Highway Jurisdiction Physical Address: _____

(Optional) P.O. Box: _____

*Local Sponsor contact name: _____

Phone: _____

Email: _____

***Please list the person from your LHJ we should call if we have any questions on this project application.**

1. Project is on a rural roadway, not within an urban area with population of 5,000 or greater.
   Yes ☐ No ☐

2. Description of Project: _____

_____

_____

3. Total cost of the project: $ _____

4. Amount of money applying for: $ _____

5. Amount and source of other funds used in this project: $ _____

_____
(source)

6. For what purpose will this grant money be used? _____

_____

7. When will work be done? _____, _____
   (month) (year)

8. What bike and pedestrian plan considerations have been made regarding this project?

_____

_____

9. Other Comments: _____

10. My local agency commits to completing the project within three fiscal years of award (by October 1, 2028) or may be required to return funds.

Signature: _____
(Mayor, Chairman or other *designated signatory)

If signed by designated signatory – a signed designation letter from the Mayor or Chairman **must be attached.*