



STATE AID FOR LOCAL TRANSPORTATION
 State Transportation Fund Grants and Town Bridge Funds

July 2008

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Identification	Project Number _____	Old Bridge Number _____	
	New Bridge No. _____	Over _____	
	County of _____	Road or Street No. _____	
	Municipality of _____	Road or Street Name _____	
	Township of _____	Proposed Const Year _____	
Eligibility	Bridge Sufficiency Rating _____ Is this bridge hydraulically deficient? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Adequacy Status from Structure Inventory <input type="checkbox"/> Structurally Deficient <input type="checkbox"/> Functionally Obsolete <input type="checkbox"/> Adequate		
	Date of Council/Board action prioritizing this bridge _____		
	Is this a road-in-lieu of bridge project? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Prioritization	Is the bridge on a private approach and within the public right-of-way? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Will completion of this project effectively eliminate a deficiency in the transportation system? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	How many people are affected by this deficiency? _____ What is the ADT on this bridge? _____		
	Describe the economic importance of replacing this bridge. _____		
	Will this project adversely affect optimum land use or cause other planning concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Have federal-aid funds been applied for on this project? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Cost Estimate	Is the road designated or planned to be designated as a Minimum Maintenance road? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	(Attach additional sheets for explanation if necessary)		
		Eligible Amount	Ineligible Amount
	Structure Costs	\$ _____	\$ _____
	Approach Costs	\$ _____	\$ _____
	Engineering Costs	\$ _____	\$ _____
	Total Costs	\$ _____	\$ _____
Total Project Cost	\$ _____	\$ _____	
DSAE	County/City Engineer _____ Date _____		
	DISTRICT STATE AID ENGINEER RECOMMENDATION		
Approval	Replace _____ Defer _____		
	District State Aid Engineer Signature _____ Date _____		
	Federal-Aid	\$ _____	
	State-Aid	\$ _____	
	Local/Other	\$ _____	
	Town Bridge	\$ _____	
	Unallocated Town Bridge	\$ _____	
State Bridge Funds	\$ _____		
Total	\$ _____		