

DESIGNATION OF FUNDS

Rev. 4/10/2006

SUMMARY – Designation of Funds Form

FY06/07 Insert Locality Name Select One

District Select One **Residency** Insert Residency Name

Rev Sh Priority #	Route # / Road Name	Requested State Rev Sh Match (\$)	Locality Rev Sh Match (\$)	Locality Unmatched Funds (\$)	TOTAL FUNDS (\$)
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TOTAL OF ALL FUNDS

DETAILED PROJECT INFO

Rev. 4/10/2006

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**PROJECT DETAIL – Designation of Funds Form
FY06/07 Revenue Sharing Program**

Insert Locality Name Select One

District Select One **Residency** Insert Residency Name

PROJECT INFORMATION

Rev Sh Priority #: Locality's priority # to receive revenue sharing funding Route # & Road Name: Please give both

State Project Number: If already assigned UPC #: If already assigned

Description of Work/Scope:

Does this project enhance accommodations for pedestrians and bicyclists? Select One

From:

To:

Length: (miles) Planned Construction Ad/Start Date:

Is this project in another locality? Select One

If yes, please identify locality and reason for request?

PROJECT ESTIMATES

* *Estimated Eligible VDOT* ** *Estimated Eligible LOCALITY* *** *TOTAL Estimated Project*

Project Expenses: *Project Expenses:* *Expenses:*

PE PE PE

RW RW RW

CN CN CN

Total Total Total

* *Estimated Eligible VDOT Project Expenses – Even if project is administered by locality, VDOT will have costs on every project for SERP, inspection, plan review and other type services. Please coordinate with our Residency Administrator or Urban Program Manager to determine these costs. These costs should be included in the Total Estimated Project Costs.*

** *Estimated Eligible LOCALITY Project Expenses – Please include estimate for work even if locality does not want reimbursement for the particular phase.*

*** *Total Estimated Project Costs – These estimates should include all work even if locality is not requesting reimbursement for phase. Should also include all VDOT costs.*

LOCALLY ADMINISTERED – Please complete if project will be locally administered

Locally Administered? Requesting to be reimbursed?

PE Select One PE Select One

RW Select One RW Select One

CN Select One CN Select One

PROJECT FINANCIAL INFORMATION

Revenue Sharing Funds Requested (State) for FY 07

Matching Revenue Sharing Funds Provided (Locality) FY 07

Unmatched Funds from Locality for FY07

Other State / Federal Funds (list amount and type of funds – CMAQ, Urban, Secondary, etc.)

Has this project received Revenue Sharing Funds before? Select One

PROGRAM EVALUATION CRITERIA (Tiers)

First Priority – is locality giving more than \$1. million for a \$1 million request? Select One

Second Priority – is this project locally administered? Select One Only yes if all phases will be locally administered

Third Priority – is this an existing project with an established advertisement date that will be advanced? Select One

Current ad date New ad date

Fourth Priority – this project does not meet any of the above priorities? Select One

COMMENTS

Submitted by:
Please sign here & date
Locality Official / Date

Reviewed by:
Please sign here & date
Residency Admin / Urban Program Manager / Date