**OCD/DRU DISASTER RECOVERY APPLICATION**

**FOR ECONOMIC DEVELOPMENT GROWTH AND INFRASTRUCTURE PROGRAM**

**General Description Form**

Place a check mark in the appropriate box: Original Application Amended Application

|  |  |
| --- | --- |
| Applicant Name, Address, Phone and Fax Numbers: | Project Name: |
| Applicant’s Contact Person Name, Address, Phone Number and Email Address: | Name, Address, Phone Number and Email Address of Administrative Consultant: *(if applicable)* |
| Name, Address, Phone Number and Email Address of Architectural/Engineering Firm: | National Objective to be addressed (check one).\_\_\_\_\_ Activities Benefiting Low/Moderate Income Persons\_\_\_\_\_ Prevention/Elimination of Slums or Blight\_\_\_\_\_ Urgent Needs |
| Project Funds | Amount | Source and Status of Funds |
| CDBG | $ |  |
| Local Funds | $ |  |
| Private Funds | $ |  |
| Other State Funds  | $ |  |
| Federal Funds | $ |  |
| Other Funds | $ |  |
| TOTAL FUNDS | $ |  |
| Signature (Chief Elected or Chief Operating Official) and Date Signed | Typed Name/Title (Chief Elected or Chief Operating Official) |

**PROJECT SOURCE AND USES FORM**

|  |  |
| --- | --- |
| **Uses of Funds** |  **Sources of Funds** |
| **Private Equity/Investors** | **Commercial Financial Institution Lender(s)** | **Non-Commercial Financial Institution Lender(s)** | **Other Public/Non-profit Sources** | **Disaster Recovery CDBG Funds** | **TOTAL** |
| **1. Land Acquisition** |  |  |  |  |  |  |
|  From Appraisal |  |  |  |  | *URA Compliance* |  |
| **2. Building Acquisition** |  |  |  |  |   |  |
|  From Appraisal |  |  |  |  | *URA Compliance* |  |
| **3. Building Construction** |  |  |  |  |   |  |
|  From Cost estimate |  |  |  |  | *Labor Compliance* |  |
| **4. Building Renovation** |  |  |  |  |   |  |
|  From Cost estimate |  |  |  |  | *Labor Compliance* |  |
| **5. Construction Soft Costs** |  |  |  |  |  |  |
|  From Cost estimate |  |  |  |  | *Procurement Compliance* |  |
| **6. Capital Equipment** |  |  |  |  |   |  |
| From Vendor Quotations |  |  |  |  |   |  |
| **7. Net Inventory** |  |  |  |  |   |  |
| From Projections: Inventory Balance minus Accounts Payable Balance |  |  |  |  |   |  |
| **8. Accounts Receivable** |  |  |  |  |   |  |
| From Projected Balance Sheet |  |  |  |  |   |  |
| **9. Operating Expenses** |  |  |  |  |   |  |
| Projected Cash Flow difference between Revenues and Cash Expenses |  |  |  |  |   |  |
| **Total** |  |  |  |  |  |  |

|  |
| --- |
| **SUPPLEMENTAL INFORMATION**PROJECT NAME  1. Identify the name, telephone and district # of the State Senator(s) representing your jurisdiction.  Name Senate District #     2. Identify the name, telephone and district # of the State Representative(s) representing your jurisdiction.  Name Representative District #        3. Identify the U.S. Congressman representing your jurisdiction and congressional district number.  Name Congressional District #     4. Target Area Census Tract(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. Indicate by means of an “x” as to whether the proposed project will involve a community-wide project or a target area(s) and enter the zip code of the project. If a target area is involved, enter the name(s) and zip code of the target area(s).  Community-wide (zip code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) Target area(s) name & zip of target area  name & zip of target area  name & zip of target area  name & zip of target area  |

Community-wide projects should use the zip code of the location of city hall. Target-area projects should use the zip code of the target area where the majority of the construction funds will be spent (for each target area). If the target area(s) does not have a name, please provide a brief geographical description of the area such as “western portion of the city”. The following websites can assist in searching for this information: [http://www.louisiana.gov/wps/wcm/connect/Louisiana.gov/Government/Legislative+Branch/](http://www.louisiana.gov/wps/wcm/connect/Louisiana.gov/Louisiana%2BGovernment/Legislative/%20), <http://www.census.gov/>, and <http://factfinder.census.gov/home/saff/main.html>

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PROGRAM TIME SCHEDULE** |  |  |  |  |  |  |  |  |  |
|   | 1st Year(Month/Year for each Quarter) | 2nd Year(Month/Year for each Quarter) | 3rd Year(Month/Year for each Quarter) |
| **Private Investment** | **Q1** | **Q2** | **Q3** | **Q4** | **Q5** | **Q6** | **Q7** | **Q8** | **Q9** | **Q10** | **Q11** | **Q12** |
| Land Acquisition |   |   |   |   |   |   |   |   |   |   |   |   |
| Building Acquisition |   |   |   |   |   |   |   |   |   |   |   |   |
| Building Construction/ Renovation |   |   |   |   |   |   |   |   |   |   |   |   |
| Machinery & Equipment |   |   |   |   |   |   |   |   |   |   |   |   |
| Construction/Renovation Soft Costs |  |  |  |  |  |  |  |  |  |  |  |  |
| Net Inventory |   |   |   |   |   |   |   |   |   |   |   |   |
| Accounts Receivable |   |   |   |   |   |   |   |   |   |   |   |   |
| Operating Expenses |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | 1st Year | 2nd Year | 3rd Year |
| **CDBG Disaster Recovery Funding** | **Q1** | **Q2** | **Q3** | **Q4** | **Q5** | **Q6** | **Q7** | **Q8** | **Q9** | **Q10** | **Q11** | **Q12** |
| Land Acquisition |   |   |   |   |   |   |   |   |   |   |   |   |
| Building Acquisition |   |   |   |   |   |   |   |   |   |   |   |   |
| Building Construction/ Renovation |   |   |   |   |   |   |   |   |   |   |   |   |
| Construction/Renovation Soft Costs |   |   |   |   |   |   |   |   |   |   |   |   |

**Activity Area Maps**

A map (or maps) that delineate the following items for activity area must be included in the application package:

1. census tracts and/or block groups (by number) and/or logical record numbers;
2. location of concentrations of low and moderate income persons, showing number and percent by census tracts and/or block groups and/or logical record number;
3. boundaries of areas in which the activities will be concentrated; and
4. the specific location of the activity.

|  |
| --- |
| **LOUISIANA DISASTER RECOVERY COMMUNITY DEVELOPMENT BLOCK GRANT****ACTIVITY BENEFICIARY FORM** |
| **1.** | **Grantee [ ]  Subrecipient [ ]**  | **2.** | **CEA or Loan Number:** |
|       |       |
| **3.** | **Activity Name:** | **4.** | **Activity ID:** |
|            |       |
| **Part I – BENEFICIARY Income INFORMATION**  |

|  |  |  |
| --- | --- | --- |
| **A. Income Levels** | **Total** | **Percentage** |
| 1. Total Number Persons Less than or equal to 50% Area Median Income
 |       |       |
| 1. Total Number of Persons Over 50% not greater than 80% Area Median Income
 |       |       |
| 1. Total Number of Persons Over 80% Area Median Income
 |       |       |
| Total Population |       |  |

|  |  |
| --- | --- |
| **B.** | **Source(s) for Determining Beneficiary Data:** |
|  |       |

|  |
| --- |
| **Part II – Area Information** *(Skip Part II if this is a direct benefit project)* |
| **A.** | **Indicate whether the completed project was target area(s) specific or community-wide** |
|  |  |  |
|  | **[ ]**  Target Area(s) **[ ]** Community-WideList Census Tract(s) and/or Block Group(s): |
|  |  |  |
|  |       |                   |  |
|  |       |                   |  |
|  |       |                   |  |
|  |       |                   |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **B.** | **Provide Latitude/Longitude for the project location at or near geographical center:** |
|  |  |  |  |  |
|  | Latitude: |       | Longitude: |       |  |
|  |  |  |  |  |

**PART III – DIRECT BENEFIT DEMOGRAPHIC INFORMATION *(Skip Part III if this is an area wide benefit project.)***

|  |  |  |
| --- | --- | --- |
| **A. Race and Ethnicity**  | **Total** | **Hispanic/Latino** |
| **LMI** | **Non-LMI** | **LMI** | **Non-LMI** |
| 1. White
 |       |       |       |       |
| 1. Black/African American
 |       |       |       |       |
| 1. Asian
 |       |       |       |       |
| 1. American Indian/Alaskan Native
 |       |       |       |       |
| 1. Native Hawaiian/Other Pacific Islander
 |       |       |       |       |
| 1. American Indian/Alaskan Native and White
 |       |       |       |       |
| 1. Asian and White
 |       |       |       |       |
| 1. Black/African American and White
 |       |       |       |       |
| 1. American Indian/Alaskan Native and Black/African American
 |       |       |       |       |
| 1. Other multi-racial
 |       |       |       |       |
| 1. Unknown
 |       |       |       |       |
| ***Total Persons*** |       |       |       |       |
|  |  |  |
| **B. Head of Household** | **LMI** | **Non-LMI** |  |
| 1. **Female-Headed Households**
 |       |       |  |

|  |
| --- |
| PROJECT NAME: |
| PROJECT DESCRIPTION FORM: |
|  (Use only one sheet per target area) |

|  |
| --- |
| ARCHITECT/ENGINEER’S (Refer to the instructions for the specific information that mustCOST ESTIMATE be included herein. Refer to Appendix B for a sample document. Attach additional sheets if necessary). |
| Estimated number of parcels to be acquired:Anticipated approvals/permits to be acquired:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Date Licensed Architect/Engineer |

**Project Map(s)**

1. Existing Conditions Map: Provide a detailed map of the existing improvements. The map should delineate such items as the location and size of buildings, railways, docks, access roads, etc.

2. Proposed Improvements Map: Provide a detailed map showing the location, sizes, etc. of the proposed improvements.

**Note**: The Existing Conditions map and the Proposed Improvements map may be combined into one map if all the information shown can be depicted in such a way as to easily determine the difference between the existing and proposed.

**Other Funds Supplemental Documentation**

Some projects may cost more than is available under the Gustav/Ike Economic Revitalization Program. These other funds must be identified and must be available and ready to spend. Other funds involve loans or grants from other state, federal, or private sources, the monies must have already been awarded or be in the bank. To substantiate the immediate availability of the other funds, one of the following items of supporting documentation will be required: a letter and adopted resolution from the local governing body stating the specific source, amount, and location of local cash, a line of credit letter from a financial institution such as a bank stating the amount available as a loan, specific evidence of funds to be received from a tax or bond election that has already passed, or a letter from another funding agency stating that the funds have been awarded and are currently available for expenditure.

Attach the supporting documentation to this application.

**General Description Form Instructions**

Mark the appropriate box at the top of the form to indicate whether this is the original application or an amended application. An amended application must be submitted each time there is a change to the project.

In the **Applicant Name** box indicate the name, address, phone and fax numbers of the entity requesting funds (ex: City of Lake Charles).

In the **Project Name** box indicate the name of the project (ex: Improvements to Fire Station No. 4).

In the **Applicant’s Contact Person** box indicate the name, address, phone number and e-mail address of the person in the applicant’s office to be contacted regarding this application.

In the **Administrative Consultant** box indicate the name, address, phone number and e-mail address of the Administrative Consultant for this project if one was hired by the applicant. If you intend to use grant funds to pay an administrative consultant; see Section 6 Procurement Methods of the DR website <http://www.doa.louisiana.gov/cdbg/dradmin-manual.htm>

In the **Architectural/Engineering Firm** box indicate the name, address, phone number and e-mail address of the architectural/engineering firm for this project if one was hired by the applicant. If you intend to use grant funds to pay an architect or engineer; see Section 6 Procurement Methods of the DR website <http://www.doa.louisiana.gov/cdbg/dradmin-manual.htm>

In the **National Objective** box indicate which national objective will be addressed by the project.

Indicate the total dollar amount of Project Funds expected from each funding source. Round all amounts to the nearest dollar. The **TOTAL FUNDS** amount should equal the total project cost. Identify the funding source and the status of each of those funds (committed, applied for, etc.).

The applicant’s **Chief Elected or Chief Operating Official** as applicable must sign and date the form. Type the **Chief Elected or Chief Operating Official** as applicable **Official’s** name and title in the appropriate box.

**Budget/Cost Summary Form Instructions**

Include the Project Name above the table.

Column A: Eligible activities are listed in the section entitled, “Eligible and Ineligible Activities for the Gustav/Ike Economic Revitalization Program” shown at the beginning of this document. Definitions of these activities may be found in 24 CFR 570.201. The link to these definitions is: http://www.access.gpo.gov/nara/cfr/waisidx\_04/24cfr570\_04.html.

Columns B-E: For each activity, complete each applicable cost column. Be sure to include all costs related to an activity in the cost columns. For example, if the proposed activity involves construction improvements to a building, the A/E design costs, construction costs, construction observation costs, etc. must be included in the in the “Public Facilities and Improvements” column.

**Supplemental Information Instructions**

Item 1: Enter the name, telephone number, and district number of each State Senator representing the local governing body for community-wide projects. If the project involves a target area(s), enter the names of only those State Senators representing the target area(s).

Item 2: Enter the name, telephone number, and district number of each State Representative representing the local governing body for community-wide projects. If the project involves a target area(s), enter the names of only those State Representatives representing the target area(s).

Item 3: Enter the name and district number of each Congressman representing the local governing body. The information required above can be found at <http://www.legis.state.la.us/>.

Item 4: Enter the Census Tract number(s) of the physical location of the project (Target Area). This information can be found by entering your street address at the following web site: <http://www.census.gov/main/www/cen2000.html>

Item 5: Indicate by means of an “x” whether the proposed project will involve a community-wide project or a target area(s) and enter the zip code of the project. If a target area is involved, enter the name(s) and zip code of the target area(s). Community-wide projects should use the zip code of the location of city hall. Target-area projects should use the zip code of the target area where the majority of the construction funds will be spent (for each target area). If the target area(s) does not have a name, please provide a brief geographical description of the area such as “western portion of the city”.

The following websites can also be helpful in searching for the some of the above information: <http://www.census.gov/> and <http://factfinder.census.gov/home/saff/main.html>.

**Program Time Schedule Instructions**

The CDBG program may have a duration period up to three year (twelve quarters). On this schedule, for each major activity, indicate when completion of major project milestones is expected. For example, milestones could be acquisition of land, engineering, bid advertisement/award, construction, installation of equipment, investment of working capital.

Consider the activities and decide what major tasks must be accomplished to complete them. List these tasks as milestones under **each** activity. Then indicate by lines on the twelve quarter schedule showing when these tasks will occur. **For each activity also estimate projected expenditures by dollar amount for each quarter. The expenditures should reflect all funds (CDBG, private investment and other funds) being used to complete the activity. Distinguish between the funds by source and amount.**

If more space is needed, attach additional sheets.

When completing this form, identify **each** activity as it corresponds to the line items shown on the Source and Uses Form. For example, the completion of a rail spur could involve the activities of acquisition (#1, Acquisition of Real Property), (#2, Public Facilities and Improvements), and the construction of privately owned industrial building.

**Project Description Form Instructions**

Provide a concise description of the public facilities improvements project for which you are requesting funds. The description should include the following:

* Describe how the proposed improvements are related to disaster recovery or economic revitalization.
* If applicable, show that the project considers and/or proposes a mitigation plan to minimize damage in the event of future floods or hurricanes.
* Identify the proposed improvements, location of the proposed improvements, and if applicable current size/capacity of an area served by the system, etc.
* Indicate whether the project will require acquisition of property, easements, or rights-of-way and the approximate number of parcels to be acquired.
* Briefly explain the needs to be addressed with the proposed improvements.
* Describe how the project relates to existing infrastructure.
* Describe how people will benefit from the project and indicate whether the benefits will be direct and/or indirect.

Identify who will retain ownership of the public improvements after the completion of the project. Describe the method by which the applicant can ensure that adequate revenues will be available to operate and maintain the proposed project. The description must identify the source and the estimated amount of funds that will be generated for this purpose.

Applicants must describe whether the project will generate program income. For example; lease or rent charged to private entities for the use of the public improvement financed with CDBG funds.

Provide a description of the assisted business’s operation:

* sales history of business and overall market
* growth and expansion
* sources and uses of infrastructure funds
* local funding capacity and sources (if any)
* type of infrastructure
* necessity of infrastructure

It is vital to recognize that DR-CDBG Economic Development funds are intended to generate long term employment accessible to low and moderate income persons by stimulating new private investment in the community. For this reason it is vital to show that there are real infrastructure needs which are vital to the success of the project. To the extent practicable, no DR-CDBG funds should substitute for available private funds in CDBG loan applications or for other non-federal funds for infrastructure projects (24 CFR 570.209(a)(3) ). For infrastructure projects the application must address the appropriateness of the infrastructure improvements to the project in quantitative terms. An engineer or other qualified professional must certify that the infrastructure improvements are the minimum necessary and state his reasons and assumptions.

At the end of the project description, you must provide names of firms and persons, addresses and telephone numbers for the following:

* Private participant contact person
* Other public participants.
* Persons who prepared the financial projections and previous financial statements
* Persons who provided certifications or estimate of project costs.

Private Sector Participant

The private sector participant's commitment letter must be a firm commitment to undertake the project. The commitment letter must:

* Be on a letterhead of the firm;
* Be signed by an official authorized to commit the organization;
* Clearly indicate that the signatory has the authority to commit the organization;
* Provide the number, description, and timing of new full-time permanent jobs to be provided by the signatory's organization and low-moderate income persons. (See Attachment 1). For retained jobs, evidence must be included that official decisions have been made to close the facility or reduce operations, and that these actions will take place unless the activities included in the application occur.
* State a willingness of the signatory to sign a legally binding commitment upon award of an DR-CDBG loan;
* State the total amount of private funds to be committed to the project;
* Must provide a clear statement of the developer's concept of the project; i.e., the location, scope, and cost of the project and the developer's role in the project.
* Must state the present financial condition of the business to include acknowledging that all debts and contingent liabilities have been disclosed; and

The developer must also state the specific reason(s) for the DR-CDBG assistance and describe the appropriateness in quantitative terms. The State must be able to verify that the firm's need for infrastructure is appropriate to the project.

**INSTRUCTIONS FOR ACTIVITY BENEFICIARY FORM**

**Objective:** The Activity Beneficiary Form reports information for actual beneficiaries for completed Disaster Recovery CDBG activities.

 ITEM

NUMBER

|  |  |
| --- | --- |
| 1. | Mark the appropriate checkbox that applies (Grantee or Subrecipient), and enter the name of the Grantee or Subrecipient. |
| 2. | Enter the CEA or loan number for the Disaster Recovery CDBG activity. |
| 3. | Enter Activity Name assigned by OCD-DRU. |
| 4.Part I -  | Enter the Activity ID for the activity that is being closed outBENEFICIARY INCOME INFORMATION |
| A. | Enter the number and percentage of individuals benefiting by income level. |
|  |  |
| B. | Enter the data source(s) (e.g. HUD American Community Survey, household survey) and any additional information describing how the beneficiaries were determined. |
| Part II -  | AREA INFORMATION *(if the activity being closed is a direct benefit activity, leave this Part II area blank)*  |
| A. | Enter whether the project is target area or communitywide and the census with block groups of the project area. Please list each census tract(s) and/or block group(s) that define the area; separating each census tract with a “;”.Please continue on another page, if necessary.This information should be determined using the American Community Survey (ACS) data located on the HUD Exchange website (<https://www.hudexchange.info/programs/acs-low-mod-summary-data/>). This data is updated annually by HUD and the most current data should be used at the time of application. The transition policy for use of the Low Moderate Income Summary Data (LMISD) is further explained in CPD Notice 15-05 which supplements CPD 14-10 and CPD 14-11 and can be found at: <https://www.hudexchange.info/resource/4480/notice-cpd-15-05-transition-policy-for-low-moderate-income-summary-data/>.  Also, remember that the beneficiary data may also be collected using household survey method if any portion of the target area is smaller than a census block. (Contact our office for further assistance using this method.)  No beneficiary data may be determined using a percentage of a block group.  |
| B. | Enter the exact location of the geographical center of the project by identifying the latitude and longitude numbers. This information may have been initially reported on the supplemental information page in the approved project application. |
|  |  |
| Part III -  | DIRECT BENEFIT DEMOGRAPHIC INFORMATION*(if the activity being closed is an area wide benefit, leave this Part III area blank)*  |
| A.  | Enter the total individuals benefiting by racial and ethnicity and by income level. This total for LMI is any person 80% or below the area median income and Non-LMI are 81% or higher of the area median income. The LMI and Non-LMI total should equal the population total in Part I,A. Race and ethnicity are independent of each other and should be counted separately. For instance, if the activity served 20 White persons, 15 of which are not of Hispanic/Latino ethnicity and 5 of which are of Hispanic/Latino ethnicity, the information to be added into row “A. Race and Ethnicity, 1. White” should be 20 for Total and 5 for Hispanic/Latino”.  |
| B. | Enter female headed households for those LMI (80% or below area median income) and those non-LMI (above 80% area median income). |
|  |  |
|  |  |
|  |  |

**Architect/Engineer’s Cost Estimate Instructions**

All proposed project activities shall be accompanied by a detailed cost estimate prepared and signed by a Licensed Architect or Professional Engineer licensed in the State of Louisiana. The cost estimate shall contain the cost of construction, architectural/engineering fees, and related costs. The construction estimate shall be a listing of construction items (as a bid proposal), estimated quantity, unit of measure, unit price, and amount.

Architectural/Engineering fees shall be identified by type in a line item format. Typical items include basic services, resident project representative, topographic surveying, property surveying, geotechnical investigation, and testing. The justification shall contain an explanation of why the service is needed and how the proposed fee was derived. Please refer to the document entitled, “Architectural/Engineering Design and Construction Manual for Disaster Recovery Programs” for more information concerning eligible fees.

If any other funds (federal, local, etc.) will be used to complete the project, then the cost estimate must identify the amount of those funds as well as the specific use of those funds. For example, if $200,000 in local funds will be used to assist in the construction of a treatment facility for a new sewerage collection and treatment system, a specific identification of such must be shown on the cost estimate.

Provide an estimate of the number of parcels that will be needed to be acquired to construct the proposed improvements.

Provide a listing of anticipated permits and government approvals that may be necessary.

**Example of Cost Estimate – Street Improvements**

|  |
| --- |
| ARCHITECT/ENGINEER’S (Refer to the instructions for the specific information that mustCOST ESTIMATE be included herein. Attach additional sheets if necessary). |
|  CONSTRUCTION:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DESCRIPTION | QUANTITY | UNIT OF MEASURE | UNITPRICE | AMOUNT |
| Mobilization | Lump | Lump Sum | $ 25,000.00 | $ 25,000 |
| Asphaltic Concrete Wearing Course | 3,700 | Ton | $ 80.00 | $ 296,000 |
| 8-1/2” In-Place Cement Stab. Base Course | 35,000 | Sq. Yd. | $ 6.00 | $ 210,000 |
| Water Valve Adjustments | 5 | Each | $ 200.00 | $ 1,000 |
| Sewer Manhole Adjustments | 10 | Each | $ 250.00 | $ 2,500 |
| Aggregate Surface Course | 1,500 | Cu. Yd. | $ 45.00 | $ 67,500 |
| 18” Corrugated Metal Pipe | 100 | Lin. Ft. | $ 30.00 | $ 3,000 |
| 24” Corrugated Metal Pipe | 100 | Lin. Ft. | $ 38.00 | $ 3,800 |
| 30” Corrugated Metal Pipe | 80 | Lin. Ft. | $ 45.00 | $ 3,600 |
| Signs and Barricades | Lump | Lump Sum | $ 8,500.00 | $ 8,500 |
| Project Sign | 1 | Each | $ 1,000.00 | $ 1,000 |

 Subtotal: $621,900 Contingencies: $62,100 Total Estimated Construction Cost: $684,000ENGINEERING: Basic Services: $59,100 Resident Project Representative: $25,500 Geotechnical Investigation: $3,000 Testing: $3,750TOTAL PROJECT COST: $775,350Estimated number of parcels to be acquired: 0Anticipated approvals/permits to be acquired: DOTD permit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Date Licensed Architect/Engineer |

**JUSTIFICATION FOR ADDITIONAL ENGINEERING FEES**

Geotechnical Investigation:

To provide pre-design base testing for lime and cement determination. A geotechnical engineering firm will provide investigation, recommendations, and report. The cost is estimated at $3,000.

Testing:

To provide soil proctor tests and in-place density tests for the completed base course and corings of completed asphaltic concrete pavement.

25 corings @ $30 each = $ 750

30 density tests @ $100 each = $ 3,000

 Total = $ 3,750