

Carbon Reduction Program Small Urban and Rural Application

REGIONAL SIGNATURE INSTRUCTIONS

Complete the form below. Information should match your project application. Provide the form for signature to your ODOT regional manager by May 20, 2024. Applications lacking a regional signature will be considered incomplete.

will be considered incor	nplete.				
PROJECT INFORMATION					
Please use ODOT's F	Project Naming Conver	ntions for the	e project title.		
Project Title:					
Agency (Applicant):					
Address:					
Primary Contact:					
Contact Title:					
Email:		Teleph	Telephone:		
ODOT Region:		_	Metropolitan Area:		
COST SUMMARY					
	Carbon				
Total:	Reduction Program	Other	Local	Non-Fed	
Total.	Flogram	Othlei	Local	Non-i eu	
ODOT Delivered (Y/N	1).	Contin	gency:		
ODOT Delivery Costs		latch Source:			
STIP PROJECT DESCRIPTION					
Please use ODOT's Project Naming Conventions for the project description (max 1000					
characters):					
PROJECT LOCATION					
REGIONAL REVIEW					
\square The project is not being funded by another program or source.					
\square For transit projects, this project has been reviewed by the regional transit coordinator.					
☐ With the information provided, it appears that the applicant has included sufficient					
contingency and funding for ODOT delivery.1					
SUBMISSION Designate this designant the Designal Management always and the transport of the second					
By signing this document, the Regional Manager acknowledges that your agency is submitting the project for funding and confirms the statements above.					
J , ,					
Submitted By:	Name		Electronic Signature		
	Title			Date	

¹ The applicant is solely responsible for their cost estimate and all cost overruns above the awarded amount.