

**Economically Disadvantaged Counties Program
Project Information Sheet**

COUNTY: Hidalgo

APPLICANT: County of Hidalgo

District Contact Information

Name: Robin Longwell, P.E.

Telephone: (956) 702-6130

If the project is an "Off-System" project, is the project in the Unified Transportation Plan and have a local funding agreement in place, or in a District Bank Balance Program?

(X as appropriate) Yes No

If the applicant is **a city** within an eligible county, please answer the two following questions:

1. Economic Development Sales Tax? (X as appropriate.) Yes No
2. Population (2002 Census)?

PROJECT INFORMATION

UTP PRIORITY STATUS:	CONSTRUCTION
CSJ:	0921-02-146
ESTIMATED LETTING DATE:	NOV 2007

LOCATION & LIMITS On-System (X as appropriate) YES No
CR 342 (CHARLES GREEN ROAD) 1.35 MILES W. OF FM 88
STR.#AA03-42-001 OVER DELTA LAKE IRRIGATION CANAL

PROJECT SCOPE

REPLACE BRIDGE & REHABILITATE APPROACHES.

ADJUSTMENT RATIONALE

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ANTICIPATED PROJECT COSTS BREAKDOWN OF ELIGIBLE COMPONENTS

1. Project Component	2. Est. Total Cost (\$)	3. Local Participation (%)	4. Est. Required Local Match (\$)
Construction Cost	\$400,000.00	10%	\$40,000.00
E & C 16%	\$64,000.00	10%	\$6,400.00
Preliminary Design (15%)	\$60,000.00	10%	\$6,000.00
E % C Indirect Cost (3.84%)	\$15,360.00	N/A	N/A
TOTAL:	\$ 539,360.00	n/a	\$52,400.00

Affidavit

The State of Texas,

County of _____

Before me, _____, a notary public in and for the State of Texas, on this day personally appeared _____, who being by me duly sworn, upon oath says:

I, _____, representing the city/county of _____, having been duly elected on _____ and having served continuously since that time, certify in my official capacity that, to the best of my knowledge, the information contained in this application is true and correct.

Signature

Date

Subscribed and sworn to before me, by the said _____, this _____ day of _____, _____, to certify which witness my hand and seal of office.

My commission expires _____, _____.

Official Signature

Printed or stamped name of Notary
