



ECONOMICALLY DISADVANTAGED COUNTIES PROGRAM INFORMATION SHEET

COUNTY Hidalgo County

APPLICANT Hidalgo County

District Contact Information

NAME: Maricela Salinas

TELEPHONE: 956.702.6352

* If the project is an "OFF-SYSTEM" project, is the project in the Unified Transportation Program (UTP) and have a local funding agreement in place, or in a District Bank Balance Program? (Circle as appropriate) YES or NO

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

- # 1 Economic Development Sales Tax? (Circle as appropriate) YES or NO
2 Population (2010 Census)?

PROJECT INFORMATION

Table with 2 columns: Field (UTP PRIORITY STATUS, CSJ, ESTIMATED LETTING DATE) and Value (DEV, 1064-01-027, January-22)

On-System? (Circle as appropriate) YES or NO

LOCATION AND LIMITS - Give highway number with limits to and from.

FM 676, from SH 107 to Taylor Road

PROJECT SCOPE- Give type of work.

Widen to 4 lane with left turn lane

ADJUSTMENT RATIONAL- Give reason why the adjustment is needed.

Hidalgo County is marked with high unemployment and poverty rates. Addressing the infrastructure demands places a heavy burden on the County's budget so we request a reduction in the required match for this project.

ANTICIPATED PROJECT COST BREAKDOWN OF ELIGIBLE COMPONENTS

TOTAL ADJUSTMENT- 83

Table with 5 columns: 1. Project Component, 2. Est. Total Cost (\$), 3. Local Participation (%), 4. Est. Required Local Match (\$), 5. Local Participation After Adjustment (\$). Rows include Right of Way, Eligible Utilities, and TOTAL.

Approved by: _____ Date: _____



AFFIDAVIT

The State of Texas,
County of _____

Before me, _____, a notary public in and for the State of
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