

FY2020-FY2021 REQUEST FOR CDOT / RTD SUPPORT OF DRCOG TDM SET-ASIDE PROJECT

Select the agency from which support is being requested. Be sure to complete a separate form for each agency, if requesting support from both CDOT and RTD.

Colorado Department of Transportation

Regional Transportation District

APPLICANT INFORMATION

1. PROJECT NAME:			
2. SPONSOR AGENCY:		3. SUPPORTING AGENCIES:	
4. CONTACT PERSON		TITLE:	PHONE:
5. AGENCY MAILING ADDRESS:		CITY:	STATE: ZIP:

PROJECT DESCRIPTION

6. PROJECT NAME:		
7. PROJECT LOCATION/ADDRESS:		8. PROJECT LIMITS: (mileposts, intersecting roads, rivers, etc...)
9. COUNTY:	10. MUNICIPALITY:	11. PROJECT LENGTH:
12. BRIEF DESCRIPTION OF PROJECT:		
13. PRIOR WORK / PHASES COMPLETED IN THIS LOCATION:		
14. IS THIS PROJECT IDENTIFIED IN AN EXISTING PLANNING DOCUMENT?		
15. IS THIS PROJECT ON THE STATE HIGHWAY SYSTEM?		
16. WILL THIS PROJECT IMPACT ADJACENT PROPERTIES, INCLUDING ROW OR EASEMENTS?		
17. WILL THIS PROJECT REQUIRE COORDINATION WITH ONE OR MORE RAILROADS?		