



CONNECTICUT DEPARTMENT OF TRANSPORTATION

LOCAL BRIDGE PROGRAM



PRELIMINARY APPLICATION

Preliminary application is hereby made by the Town/City/Borough of _____
for possible inclusion in the Local Bridge Program for Fiscal Year **2021** for the following structure:

Bridge Location: _____

Bridge Number: _____ Structure Length: _____ feet Curb-to-Curb Width: _____ feet

Sufficiency Rating: _____ % Priority Rating: _____ %

Evaluation & Rating Performed by: _____ State Forces _____ Others

If Others, Name of Professional Engineer: _____

Connecticut Professional Engineers License Number: _____

Engineering Firm: _____

Engineer's Address: _____

Engineer's E-mail Address: _____

Description of Existing Condition of Structure: *(attach description)*

Description of Project Scope: _____ *(note Bridge Repair Code as per Figure 5-1 of the current Local Bridge Program Manual; attach narrative/preliminary plans & specifications).*

Name of Municipal Official to Contact: _____

Title: _____ Telephone: _____ Ext: _____ Fax: _____

Mailing Address: _____

E-mail: _____

Anticipated Schedule:

(MM/DD/YYYY)

Public Meeting Conducted: _____

Design Completion: _____

Property Acquisition Completion: _____

Utilities Coordination Completion: _____

Construction Advertising: _____

Supplemental Application Submission: _____
(Not applicable for Federal Local Bridge Program Projects)

Start of Construction: _____

Completion of Construction: _____

Local Bridge Program – FY 2021 Preliminary Application

Page 2

Bridge Number _____, Town/City/Borough of _____

Preliminary Cost Figures:

Preliminary Engineering Fees (Include Breakdown of Fees)	\$ _____
Rights-of-Way Cost (If applicable)	\$ _____
Municipally Owned Utility Relocation Cost	\$ _____
Estimated Construction Costs (Include Detailed Estimate)	\$ _____
Construction Engineering (Inspection, Materials Testing)	\$ _____
Contingencies (<i>10% of Construction Costs Only</i>)	\$ _____
Total Estimated Project Cost	\$ _____

Financial Aid Data:

NOTE: funding limited to Eligible Bridges as published at www.ct.gov/dot/localbridge or those found to be eligible in accordance with Section 2.3 – Priority Lists of the current Local Bridge Program Manual.

Federal Reimbursement:

Total Estimated Project Cost multiplied by 80%:

Federal Aid Request \$ _____

State Local Bridge Project Grant: (*Cannot be combined with Federal reimbursement*)

Total Estimated Project Cost multiplied by 50%:

Project Grant Request: \$ _____

Other Source of State or Federal funding received/applied for: \$ _____, State/Federal _____

Funding program: _____

I hereby certify that the above is accurate and true, to the best of my knowledge and belief. I also certify that this form has not been modified in any way from that distributed by the Department of Transportation for FY **2021**.

Signature: _____ Date: _____

Name: _____ Title: _____
(Must be signed by Chief Elected Official, Town Manager, or other Officer Duly Authorized)

Submit application by email to Francisco.Fadul@ct.gov