



MCKEAN COUNTY ACT 13: AT-RISK BRIDGE PROGRAM PROJECT APPLICATION

APPLICATION INFORMATION

Organization Name:	
Federal Employer ID No:	
Address:	
City/State/Zip Code:	
Contact Name/Title:	
Phone Number:	
Email Address:	

Project Type: (Select only one that best describes your project.)

Rehabilitation Replacement

Bridge or Road Name & Route Number:	
Feature Intersected:	
PennDOT Bridge Key #:	

Brief Project Description:

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Amount Requested:	\$
Municipal Share:	\$
Total Project Cost:	\$

By signing this application, I certify that I am authorized to submit this application on behalf of the applicant and that the information I have provided in the application is accurate to the best of my knowledge, information and belief.

Signature	Title	Date

PROJECT INFORMATION

Clearly and concisely describe the proposed project activities by listing the methods used to complete project tasks.
(Please attach additional pages if necessary.)

BUDGET INFORMATION

FUNDING SOURCES

MCBP Funding Request	\$
Cash Match (list funding sources)	\$
Non-Cash Match (list funding sources)	\$
Project Total	\$

Project Work Activities	MCBP Share	Local Share	Total
Project Totals	\$	\$	\$

If municipal funds are pending, please describe how and when these funds will be secured. *Note: Please attach any letters of funding commitment or support.