Attachment A

SECTION 9106 OF THE PENNSYLVANIA VEHICLE CODE

To Contract

DIRT, GRAVEL AND LOW VOLUME ROAD MAINTENANCE GRANT APPLICATION

						District	Use Only		
Project Location	on: County	P	Project Location: Municipality				DGR 🗆 LVR		
						Funded Site ID:			
ESM Cert	cified Person		Position	Certification Date		Date Received:			
	Offici	al Name of A	Applying Agency						
			Mailing Ad	ldress					
Co.	ntact Person	Phone	one Fax			E-Mail			
	Road Name / ID Nur	nber		Affected			Stream or Tributary		
					Existing Road	l Surface Type: 🗆 U	npaved \square Paved		
Proposed P	Project Start Date	Propo	sed Project Compl	etion Date	Is project con	sidered an emergency	y? ☐ Yes ☐ No		
1.The applicant is	required to identify an	d obtain all r	necessary permits b	efore starting	the project.				
☐ Road Ban	posed work elements: ks Improved Road cossings Improved S	Base Improv	ed Road Surfa	ce Stabilized	_	• •	nts		
3. The applicant is	s required to obtain the	DSA Specifi	ication and Certific	cation form pr	ior to DSA place	ement.			
4. Complete Attac	chment B "Project Wor	k Plan" inclu	ding a sketch of pr	roposed projec	et. Attach a loca	tional map with the p	project highlighted.		
5. Project cost est	imate: (summarize cost	s here and at	tach detailed docu	mentation if n	eeded)				
Materials	Grant Requested Equipment	<u>Funds</u> Labor	Engineering*	Materials	<u>In-Ki</u> Equipm	nd Contributions ent Labor	Engineering		
	See Attachment	A1	*For Grant Rec	uested Funds. En		e Attachment A2 not exceed \$25,000 or 20%	of the total grant amoun		
Grant Requested	i\$		requested.				me total grant anioun		
In-Kind Contribut	tions \$		_						
Total Project Valu	ue\$		_	Applicant Signature					

DIRT, GRAVEL AND LOW VOLUME ROAD MAINTENANCE PROJECT WORK PLAN

Applicant	Road Name / ID Numb	Date
structions:		
Draw a sketch of the proposed project that inclusion All Proposed Work (i.e., Cross Pipes, Stream	les:	
Crossings, Other ESM Practices)		
 Project Road Length in Feet or Miles Nearest Intersection and/or Reference Landm 		
 Nearest Intersection and/or Reference Landm Known Utilities 	IKS The state of t	North Arrow
North Arrow	® Dial 8-1-1 or 1-800-242-1776 not less than 3 business days nor more than	Notal Allow
Attach a copy of a locational map with the projection of the proje	10 business days prior to the start of excavation.	
Attach additional project details as necessary	WITCOM STATE OF THE STATE OF TH	

Attachment A1 to Contract (optional)

SECTION 9106 OF THE PENNSYLVANIA VEHICLE CODE DIRT, GRAVEL AND LOW VOLUME ROAD MAINTENANCE DETAILED ESTIMATED PROJECT EXPENDITURES GRANT REQUESTED FUNDS

Use best estimates and complete as much info as possible.

Materials*				Equipment				Laboro			
Туре	Unit Cost	Qty	Cost \$	Туре	Hours	FEMA* Rate/Hr	Cost \$	Туре	Rate/Hr	Hours	Cost \$
							Tota			ibor \$	
								^o Prevailing wage may apply to projects over \$25,000 wh contractor is involved.			25,000 when a
								Engineering ⁺			
Total Materials \$			Total Equipment \$			Total Engineering \$					
* FEMA rates are only applicab					1 1	·		+For Grant Reque \$25,000 or 20% of	ested Funds, En of the total gran	gineering co t amount req	ests cannot exceed uested.
			Total Grant R	equested: \$			(materials + equipme	nt + labor + engineer	ing)		
Applicant			County			Road Name / I	D Number			Date	

Attachment A2 to Contract (optional)

SECTION 9106 OF THE PENNSYLVANIA VEHICLE CODE

DIRT, GRAVEL AND LOW VOLUME ROAD MAINTENANCE DETAILED ESTIMATED PROJECT EXPENDITURES IN-KIND FUNDS

Use best estimates and complete as much info as possible.

		Equipment				Labor ^o					
Туре	Unit Cost	Qty	Cost \$	Туре	Hours	FEMA* Rate/Hr	Cost \$	Туре	Rate/Hr	Hours	Cost \$
						Total Labor				abor \$	
								°Prevailing wage may apply to projects over \$25,000 when a contractor is involved.			
							Engineering				
Total Materials \$			Total Equipment \$				Total E	nginee	ring \$		
* FEMA rates are only applical	ole where mu	nicipality-own	ed equipment is used oth	erwise use contracted rates.							
		To	otal In-Kind Co	ntributions: \$			(materials + equi	pment + labor + engine	eering)		
Applicant			County			Road Name / I	D Number			Date	