



Transportation Investment Act (TIA) Local Project Delivery Application

Section I – Local Government Applicant Information		
Applicant	Main Contact	
Contact Title	Phone Number	
Contact Address		
Address Line 2		
City	State	Zip Code

Section II – Project			
County	City	Congressional District	GDOT District
Regional Commission		MPO Region (if applicable)	
Regional Commission ID Number/ PI Number/ and Project Name			
<input type="checkbox"/> Local Government is LAP Certified			

Please check all phases of delivery in which the Local Government desires to have responsibility (PE, ROW, UTL, CST)

- Preliminary Engineering (PE)
- Right of Way (ROW)
- Utilities (UTL)
- Construction (CST)

Section III–Attachments

Provide as attachments, the following information:

1. The Local Government’s plan for delivering the selected phase(s) of the Project. Include in this plan the following information:
 - a. Type of resources necessary (internal/external, breakdown by each phase, types, and anticipated costs)
 - b. Type of contracting mechanism
 - c. Local Government’s plan to contract and fund selected phase(s) until TIA revenues are available for reimbursement; and
 - d. If Project is on the State Route system.
2. Previous experience with Project or Program Delivery. List no more than 4 and no less than 2 projects of similar scope and cost. Provide dates of initializing PE, right of way acquisition, letting and completing construction for each. Provide the percentage breakdown of Local Government’s project management and program management costs for each project. Provide original estimated cost and final completed cost by phase.
3. Procedures currently in place or that will be in place for managing Project quality, scope, schedule, and budget.
4. Procedures in place or that will be in place for regular reporting to GDOT of Project scope, schedule, and budgets.
5. The Local Government’s expense eligibility guidelines for delivering local transportation projects; or procedures in place for contract payment validation.
6. The MPO recommendation (if within MPO).
7. The Local Government’s conflict of interest policy.

Complete the information below, add the appropriate attachments and submit to:

Kenneth Franks, State TIA Administrator
Georgia Department of Transportation
600 West Peachtree Street, NW
Atlanta, Georgia 30308

I, _____ (Name), the _____

(Title), on behalf of _____, who being duly sworn do swear that the

information given herein is true to the best of his/her knowledge and belief.

LOCAL GOVERNMENT:

_____ (Signature)

Sworn to and subscribed before me,

_____ (Title)

This ____ day of _____, 20____.
In the presence of:

_____ (Date)

NOTARY PUBLIC

SEAL:

My Commission Expires: