



Transportation Investment Act (TIA) Local Project Delivery Application

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

Section II – Project Information			
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–Method of Delivery

The Local Government’s plan for delivering the selected phase(s) of the Project. Include in this plan the types of resources needed, both inhouse and consultants, and your procedures for managing project quality, scope, schedule, and budget:

Please list the Local Government’s previous experience with Project Delivery. List two projects of similar scope and cost.

Project Name:

Project Description:

Construction Let Date:

Construction Completion Date:

Initial Cost Estimate:

Final Completed Cost:

Project Name:

Project Description:

Construction Let Date:

Construction Completion Date:

Initial Cost Estimate:

Final Completed Cost:

Is the Project on the State Route System or does it tie to a State Route?

Procedures in place or that will be in place for regular reporting to GDOT of Project scope, schedule, and budgets.

The Local Government's procedures in place for contract payment validation.

The Local Government's conflict of interest policy.

Complete the information below and submit to:

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

I hereby certify that I am a principle and duly authorized representative of

_____, Georgia, whose address is _____,
_____, GA _____.

LOCAL GOVERNMENT:

_____ (Signature)

_____ (Title)

_____ (Date)