

REQUEST FOR PROGRAMMING

C Program Administration

COUNTY: _____

PROGRAMMING TYPE (CHECK ONE)

NEW LOCAL PROJECT (OFF STATE SYSTEM)

NEW STATE PROJECT

REVISION TO CURRENT PROJECT ID: _____

CHANGE IN PROJECT BUDGET: _____

"C" FUNDS TO BE PROGRAMMED

(CHECK ALL THAT APPLY. IF MULTIPLE, STATE INTENT BELOW.)

NORMAL APPORTIONMENT

H.4230 APPORTIONMENT

PROVISO 117.135 APPORTIONMENT

PROJECT INFORMATION SECTION

DESCRIPTION OF WORK (INCLUDE ROAD NAME, ROUTE NUMBER, AND ANY PROGRAMMING INFORMATION):

ESTIMATED TOTAL CTC BUDGET: _____

COMPLETE IF APPLICABLE TO PROJECT (STATE PROJECTS ONLY)

BEGINNING MILE POINT: _____ ENDING MILE POINT: _____

TOTAL MILEAGE: _____ MILE(S)

LOCATION MAP MUST BE ATTACHED

PROJECT DEVELOPED AND MANAGED BY SCDOT

OTHERWISE, PROVIDE THE FOLLOWING INFORMATION ON WHO WILL MANAGE THE PROJECT

NAME OF GOVERNMENT ENTITY: _____

CONTACT PERSON: _____ CONTACT PHONE: _____

CONTACT EMAIL: _____

TITLE OF CONTACT PERSON: _____

MAILING ADDRESS: _____

CITY / TOWN: _____ SOUTH CAROLINA ZIP CODE: _____

AUTHORIZED BY: _____

CHAIRMAN, COUNTY TRANSPORTATION COMMITTEE

DATE

EMAIL FORM TO: GearheartIC@scdot.org

OR RETURN TO: S.C. DEPARTMENT OF TRANSPORTATION
955 PARK STREET, COLUMBIA, S.C. 29202
ATTENTION: C PROGRAM ADMINISTRATOR