EASTGATE

Transportation Enhancement Program

2040 Long Range Transportation Plan Development

Project Sponsor(s)	Contact Person
Sponsor:	Name:
	Title:
Local or ODOT Let:	Address:
Functional Classification:	Phone:
	Email:

Project Name	
Location	
Termini	
Length	
Purpose and Need	
Type of Work/Description of Improvement	

Please provide a map and any other useful information for the proposed project

Anticipated Funding Requirements					
Project Phase	**FY**	**Funding Source**	**Estimated Cost**	**Percent**	**Remarks**
Construction (including construction inspection)		Local			(20%) min. local share
		STP			(80%) max. fed. share
		Other*			
		Other*			
		Construction Total			
		Project Total			

* identify other funding sources in Remarks column