

# DIRT, GRAVEL AND LOW VOLUME ROAD MAINTENANCE GRANT APPLICATION

Project Location: County _____	Project Location: Municipality _____	<p style="text-align: center; margin: 0;"><b>District Use Only</b></p> <p>Application Type: <input type="checkbox"/> DGR <input type="checkbox"/> LVR</p> <p>Work Site ID: _____</p> <p>Date Received: _____</p>	
ESM Certified Person _____	Position _____		Certification Date _____
Official Name of Applying Agency _____			
Mailing Address _____			
Contact Person _____	Phone _____	Fax _____	E-Mail _____

Road Name / ID Number _____	Affected Stream or Tributary _____
Proposed Project Start Date _____	Proposed Project Completion Date _____
Existing Road Surface Type: <input type="checkbox"/> Unpaved <input type="checkbox"/> Paved	
Is project considered an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No	

1. The applicant is required to identify and obtain all necessary permits before starting the project.
2. Identify the proposed work elements:  Ditches Improved  Ditch Outlets Added  Off Right-of-Way Improvements  
 Road Banks Improved  Road Base Improved  Road Surface Stabilized  
 Stream Crossings Improved  Storm Water Improvements  Vegetative Management  Other \_\_\_\_\_
3. The applicant is required to obtain the DSA Specification and Certification form prior to DSA placement.
4. Complete Attachment B "Project Work Plan" including a sketch of proposed project. Attach a locational map with the project highlighted.
5. Project cost estimate: (summarize costs here and attach detailed documentation if needed)

<u>Grant Requested Funds</u>			<u>In-Kind Contributions</u>		
Materials	Equipment	Labor	Materials	Equipment	Labor
See Attachment A1			See Attachment A2		

Grant Requested..... \$ _____
In-Kind Contributions..... \$ _____
Total Project Value..... \$ _____

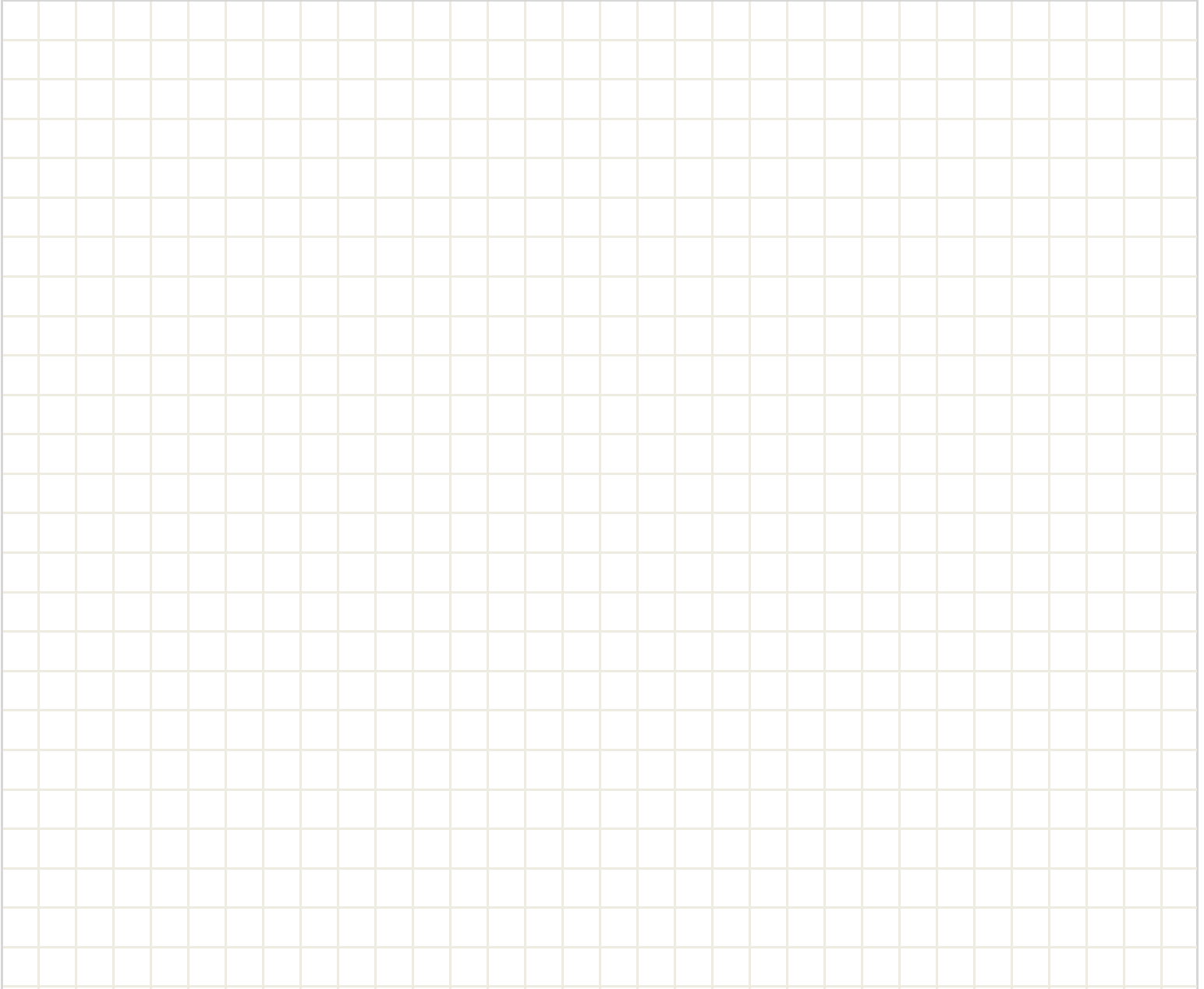
\_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date

# DIRT, GRAVEL AND LOW VOLUME ROAD MAINTENANCE PROJECT WORK PLAN

Applicant

Road Name / ID Numb

Date



**Instructions:**

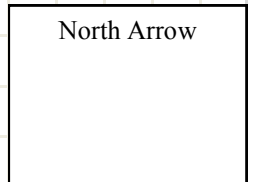
- Draw a sketch of the proposed project that includes:
  - All Proposed Work (i.e., Cross Pipes, Stream Crossings, Other ESM Practices)
  - Project Road Length in Feet or Miles
  - Nearest Intersection and/or Reference Landmarks
  - Known Utilities
  - North Arrow
- Attach a copy of a locational map with the project highlighted
- Attach additional project details as necessary



Dial 8-1-1 or 1-800-242-1776 not less than 3 business days nor more than 10 business days prior to the start of excavation.

Project Length = \_\_\_\_\_ feet / miles (circle one)

North Arrow



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				Labor			
Type	Unit Cost	Qty	Cost \$	Type	Hours	FEMA* Rate/Hr	Cost \$	Type	Rate/Hr	Hours	Cost \$
<b>Total Materials \$</b>				<b>Total Equipment \$</b>				<b>Total Labor \$</b>			

\* FEMA rates are only applicable where municipality-owned equipment is used otherwise use contracted rates.

\*Prevailing wage may apply to projects over \$25,000 when a contractor is involved.

**Total Grant Requested: \$** \_\_\_\_\_ (materials + equipment + labor)

\_\_\_\_\_ Applicant                     
 \_\_\_\_\_ County                     
 \_\_\_\_\_ Road Name / ID Number                     
 \_\_\_\_\_ Date

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.

Materials			
Type	Unit Cost	Qty	Cost \$
<b>Total Materials \$</b>			

Equipment			
Type	Hours	FEMA* Rate/Hr	Cost \$
<b>Total Equipment \$</b>			

Labor			
Type	Rate/Hr	Hours	Cost \$
<b>Total Labor \$</b>			

\* FEMA rates are only applicable where municipality-owned equipment is used otherwise use contracted rates.

\*Prevailing wage may apply to projects over \$25,000 when a contractor is involved.

**Total In-Kind Contributions: \$** \_\_\_\_\_ (materials + equipment + labor)

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
County

\_\_\_\_\_  
Road Name / ID Number

\_\_\_\_\_  
Date