

**STATE OF OHIO CAPITAL IMPROVEMENT
GRANT APPLICATIONS - ROUND 28
SUBMISSION CHECKLIST**

This checklist must be submitted with the other items necessary for project eligibility and review. Upon District receipt of the full package, this checklist will be date stamped and a copy will be forwarded to the applying jurisdiction. Once the checklist has been stamped, the District will accept no additional information regarding the project.

NAME OF PROJECT: _____

APPLICANT: _____

The following items **MUST** be submitted by the deadline for each submission in order for the District Two Integrating Committee and Support Staff to consider your application complete and eligible for funding.

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|--|--|
| _____ OPWC Application for Financial Assistance
(State of Ohio Form - Signed by CEO) | _____ Additional Support Information Form
(District Two Form) |
| _____ Detailed Cost Estimate
(Signed/Sealed by P.E.) | _____ Useful Life Certification
(Signed/Sealed by P.E.) |
| _____ Status of Funds Certification / Loan Repayment Letter (On Letterhead, Signed by CFO) | |
| _____ Traffic/User Certification (Signed/Sealed by P.E.) | _____ Project Vicinity Map |
| _____ Project Pictures (Printed or Mounted on 8 1/2" x 11" paper) | _____ CD ROM in PDF Format |

The following items must be submitted by 4:00 P.M. Monday, November 15, 2013:

- | | |
|--|--|
| _____ Enabling Legislation
(Signed by Appropriate Official) | _____ Capital Improvement Report (CIR)
(Summary Form & 5 Year Plan) |
|--|--|

The following items **MUST** be submitted with the application in order for the District Two Support Staff to consider the maximum points available for your application (specify type of submission).

- | | |
|---------------------------------|---|
| - Infrastructure Condition Data | - Infrastructure Safety Data |
| - Infrastructure Health Data | - Jurisdiction User Fee/Assessment Data |
| - Economic Growth Data | - Alleviate Traffic Hazards/LOS Data |
| - Ban/Moratorium Data | - Users Certification Data |

I have personally reviewed the application and approve this checklist: _____

Signature

Printed Name & Title