

Maintenance Partnership Project Request Form

Applicant Agency Information				
Organization				
Applicant Agency Primary Contact				
First Name				
Last Name				
Title				
Phone Number				
Email Address				
Physical Address				
	Applicant Agency Secondary Contact			
First Name				
Last Name				
Title				
Phone Number				
Email Address				
Physical Address				

Request Summary			
Project Type (select one)	Street Drainage & Sidewalks		
, ,	Public Safety, Parks, or Public Space		
	Traffic Improvements		
	Water Resources		
	Planning or Engineering Studies		
	Others		
Estimated Project Cost			
Funding Commitment by Applicant			
Funding Requested From Precinct 4 *Note that this is a not-to-exceed amount			
Other In-Kind from Precinct 4 Requested			
Other Funding Source(s) & Funding Partners			
Project Planning Timeline (prior/future)			
Project Design Timeline (prior/future)			
Proposed Project Start Date			

- Project Information Data
 1. Project Location (Ex. Sample Rd from A St. to B St.)
 * Include standalone aerial exhibit (Ex. Google maps screenshot)

2. Project Description (0 points)

3. Safety (25 points)

4.	Infrastructure Condition (20 points)

5. Demographics and Equity (25 Points)

6.	. Partner Participation, Funding, and Priority (15 points)			

7.	7. Operations and Maintenance Costs to the County (15 points)			

Signature of the Applicant/Applicants Agent:	
Name and Title:	
Date:	