## **AMATS**

## FY 2023-2024 Special Resurfacing Program

**Project Application** 

Due May 5, 2021; Please email completed applications to dpulay@akronohio.gov

Eligible resurfacing projects include any classified road above a minor collector that is not a state route

Concrete roadways are not eligible unless being overlaid with asphalt

Roadways with a Pavement Condition Index (PCI) of greater than 80 are not eligible for funding

Asphalt shall not to exceed 3 inches

Resurfacing funds can only be used for construction.

Minimum local match is 20%.

Local legislation showing support of local match due by July 1,2021.

Maximum resurfacing project request is \$700,000

Maximum resurrating project request is	3 \$7 00,000				
Project Sponsor(s)			Contact Person		
			Name:		
			Title:		
			Address:		
Is this your Priority Project?	Yes	No			
(Only one priority project accepted per sponsor)			Phone:		
		Email:			
Project Name					
Location					
Termini					
Length					
*ADT (Weighted if necessary)					
*PCI (Weighted if necessary)					
*Note: Interactive maps showing the	he latest ADT's	s and PCI's	can be found on the AMATS we	bsite.	
Describe the type of work you pl	an to do. Plea	se attach a	a map and any other useful inf	ormation.	
Briefly describe any maintenance	e you have re	cently perf	ormed on the pavement and w	hen it was done	
-			· · · · · · · · · · · · · · · · · · ·		
Does the pavement need full or p	partial depth r	epair?	(Please circle)	Yes N	0
If yes, estimate the percent of par	-	-	· ·		
		<u> </u>			

(Note: If estimate above is over 25% project is considered reconstruction and not eligible for this program.)

Anticipated Project Sch	nedule				
Project Milestone			<u>Month</u>	<u>Year</u>	<u>Comments</u>
Legislation with ODO	Т				
Hire Consultant					
Environmental Cleara	nce				
R/W Plans Complete					
R/W Acquired					
Construction Plans Co	omplete				
Project Sale					
Begin Construction					
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(Please Circle)

Yes

No

**Project Total** 

Please use the space below to provide any additional information about this project.

\* identify other funding sources in Remarks column

Does your municipality have an ADA Transition Plan?