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# 2015-2020 REGIONAL STP PROJECT APPLICATION

Local Agency Project Endorsement

Project Title: \_\_\_\_\_

The attached project application reflects established local funding priorities consistent with the adopted local plans and/or programs.

The project described is financially feasible; local match revenue is available and will be committed to the project if it receives the requested STP grant.

Costs identified in the application represent accurate planning level estimates needed to accomplish the work described herein. Any cost overruns are the responsibility of the project sponsor.

The use of federal funds for this project entails administrative and project compliance for which the project sponsor will be responsible.

This project has the full endorsement of the governing body/leadership of this agency or organization.

\_\_\_\_\_  
Name and Title of Designated Representative

\_\_\_\_\_  
Signature of Designated Representative

\_\_\_\_\_  
Date