INTERGOVERNMENTAL AGREEMENT REQUEST FORM

Please provide the following information to the best of your knowledge. Submit your completed request via email to the Intergovernmental Relations Branch Manager by clicking on the **Submit** button. Please attach any relevant supporting documentation to the automated email.

Date:

Organization:

Email:

Primary Contact Information

Name:

Phone:

Project Name:		MCDOT TIP Project #:			
On / From / To:					
How Many Miles?:					
Anticipated Start Dates for:	Scoping:	Design:	Constru	Construction:	
Total Estimated Costs for:	Scoping:	Design:	Constru	Construction:	
Proposed Partners:	Federal	Federally Funded:			
Proposed Cost Share	e:				
Project Description	/ Improvements / Jus	stification (Why is this IGA	A Needed?):		

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Project Type	Yes	No	Briefly Describe
Intelligent Transportation System			
Maintenance (Grade, Drain, Penetrate, Chip Seal, Seal Coat)			
New Road Construction			
Reconstruction (Realignment, Add Capacity, Turn Lanes, etc.)			
Transportation Study or Analysis			
Other (e.g. ROW Assistance, etc.)			
Project Activities	Yes	No	Briefly Describe
Annexation			
Bicycle Lanes			
Drainage Facilities			
Environmental / Archaeological Impacts			
Landscaping and Irrigation			
Operation/Maintenance Responsibility			
Pedestrian Facilities (Sidewalks, Curb, Gutter, etc.)			
ROW / TCE Acquisition			
Traffic Signals			
Utility Relocations			
Other			

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