



**Pasco County Metropolitan Planning Organization
Proposed Transportation Improvement Project
Information Form**

Date: _____

Government Entity: _____

Department: _____

Contact Name: _____

Project Name: _____

Project Type: _____

Proposed Facility Name: _____

Project Description: _____

Physical Project Limits: _____

Purpose and Need: _____

Estimated Project Cost: _____ Local Funding Committed: _____

Has a route study been completed for the project? _____

If yes, please attach a copy of the study with the project application or submit via email to MPO staff.

Has a PD&E study been completed for the project? _____

If yes, please attach a copy of the study with the project application or submit via email to MPO staff.

Has right-of-way been acquired for the project? _____

If so, what percentage of the required right-of-way has been acquired? _____

Please explain how this project will enhance transportation safety and security: _____

Please explain how this project will enhance transportation mobility and connectivity: _____

Please explain how this project will enhance freight movement and economic development: _____

Additional Project Information: _____
