Appendix A Project Number: Project Location ZIP+	0169-114- -4: 23669-1	354 650	UPC: Locality D	115366 UNS # N/A		CFDA#	N/A		City of Hampton ddress (incl ZIP+4): D Lincoln Street, VA 236	
Work E LUID					Project Na	irrative				
Description: Fox Hill Re										
From: Lake Philip										
To: Lemaster Locality Project Manager C		Angela Ric	o. Phone:	757-209-12	45	email: aı	ngela.rico@	hampton.g	OV	
Department Project Coord				illiams, Pho					@vdot.virginia.gov	
Project Estimates										
		Preliminary Engineering		Right of Way	y and Utilities	Cons	struction Tot		al Estimated Cost	
Estimated Locality Project Expenses		\$3,000		· ·	0	\$3			\$399,000	
	Estimated VDOT Project Expenses		\$0		60	\$0 \$396,000		\$0		
Estimated Total Project Costs \$3,000 \$0 \$396,000 \$399,000										<u> </u>
				Project	Cost and R	Reimburse	ement			
Phase	Phase Estimated Project Cost		Funds type (Choose from drop down box)		Local % Participation for Funds Type		Local Share Amount		Maximum Reimbursement (Estimated Cost - Local Share)	Estimated Reimbursement to Locality (Max. Reimbursement Est. VDOT Expenses)
Preliminary Engineering		\$3,000		State Funds		0%		0	\$3,000	_
								i0 i0	\$0 \$0	-
								10	\$0	
Total PE \$3,000						\$0		\$3,000	\$3,000	
Construction	\$396	5,000	State	Funds	0%		\$0		\$396,000	1
								0	\$0	
								i0 i0	\$0 \$0	-
								60	\$0	-
Total CN \$39		96,000					\$0		\$396,000	\$396,000
Total Estimated Cost \$399,00		9,000					\$0		\$399,000	\$399,000
	т.	tal Massina	n Daimahaan		DOT to Loo	ality /l aa	a Lacal Cha			T #200.00
Total Maximum Reimbursement by VDOT to Locality (Less Local Share) \$399 Estimated Total Reimbursement by VDOT to Locality (Less Local Share and VDOT Expenses) \$399										
	II				Project Fin	nancing			 	
CTB Formula State Funds										Aggregate Allocations
\$399,000										\$399,000
			D		i+ 0iii	- F				
 This Project shall be adn 	ninistered in ac	cordance with	_	ram and Pro ally Administer			, Requireme	ents		
This Project shall be adn This is a limited funds pro This Project shall meet a This Project must be adv The LOCALITY will continuous.	ninistered in ac oject. The LOC Il applicable Al vertised within nue to operate	ccordance with CALITY shall b DA requirement six months of and maintain	vDOT's Urbase responsible nts. award funding the facility as	an Manual. for any addition g or be subject constructed. S	onal funding in to deallocatio Should the des	excess of S n. sign feature	s of the Projec		y the LOCALITY subsequer rsically or monetarily, as req	
Authorized Locality Official and Date Authorized VDOT Official and										Official and Date

Typed or printed name of person signing

Typed or printed name of person signing