To submit this application/request online, visit the [LRIP Website](http://wisconsindot.gov/Pages/doing-bus/local-gov/astnce-pgms/highway/lrip.aspx) for more information on how to access the Web-based LRIPWeb Application.

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**LOCAL ROADS IMPROVEMENT PROGRAM REQUEST FOR PROJECT REIMBURSEMENT**

Wisconsin Department of Transportation

DT2351 8/2018

|  |
| --- |
| **Program Type:** [ ]  CHI [ ]  TRI [ ]  MSILT [ ]  MSIGT [ ]  CHID [ ]  TRID [ ]  MSID |
| Project Number:      | County: Municipality/County:            |
| On Route:      | At Route: Toward Route:            |
| Any municipality or county with a local official update must contact the Wisconsin Department of Revenue (DOR) directly to request a modification. The DOR webpage can be found at: https://www.revenue.wi.gov/faqs/pcs/change.html#change3. |
| Head of Government:      | Clerk: Treasurer:            |
| [ ]  Yes [ ]  No Is the project complete? Project needs to be completed and contractor(s) paid in full before submitting for reimbursement. |
| Final Travel Width (Per Lane): ft. in.Final Left Shoulder: [ ]  Width ft. in. [ ]  Curb and GutterFinal Right Shoulder: [ ]  Width ft. in. [ ]  Curb and Gutter |
| [ ]  Yes [ ]  No Does the *actual* improvement differ in any way from the initially *proposed* improvement?**If yes, explain:** |
|       |
| [ ]  Yes [ ]  No[ ]  Yes [ ]  No | Does the project meet the appropriate standards? (Trans 204, Trans 205 and FDM Chapter 11-20-1)Was an Exception to Standards granted?**Note:** If project does not meet road standards, community understands an exception will be required prior to any construction. |

|  |  |
| --- | --- |
| **Eligible Improvement Costs Final Costs** |  |
|  Engineering: | $       |
|  Right-of-Way Acquisition: | $       |
|  Construction: | $       |
|  Total Eligible Costs: | $       |
|  Ineligible Improvement Costs: | **$** |
|  Total Improvement Costs: Requested LRIP Reimbursement Amount: | $      $       |
| **Note:** If this reimbursement results in project savings, refer to the LRIP Program Guidelines and Requirements for information on how to use the savings. |

Contractor Name:

Contract Type:

Award Amount:       (Original contract amount for LRIP portion of the project)

Award Date:       mm/dd/yyyy

Total Paid Amount:       (Actual total amount paid for LRIP portion of the project)

Final Payment Date:       mm/dd/yyyy

Contractor Name:

Contract Type:

Award Amount:       (Original contract amount for LRIP portion of the project)

Award Date:       mm/dd/yyyy

Total Paid Amount:       (Actual total amount paid for LRIP portion of the project)

Final Payment Date:       mm/dd/yyyy

Contractor Name:

Contract Type:

Award Amount:       (Original contract amount for LRIP portion of the project)

Award Date:       mm/dd/yyyy

Total Paid Amount:       (Actual total amount paid for LRIP portion of the project)

Final Payment Date:       mm/dd/yyyy

Attach the following documents (if required):

 [ ]  Advertisement for Bid [ ]  Board Meeting Minutes or Bid Award/Rejection Notices [ ]  Engineer’s Certification

 [ ]  Exception to Standards [ ]  Contractor Payment Documentation [ ]  Bicycle/Pedestrian Resolution

 [ ]  Other

**Comments:**

This is an optional field to enter project-related comments.

**Note:** All entries will be included as public record.

|  |
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|       |

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| **Signature** |
| The municipality certifies that the work on the above described project was performed in accordance with all federal, state and local laws, rules and standards, and the terms and conditions of the “Local Roads Improvement Program State/Municipal Project Agreement.” Work on the LRIP project is complete and reimbursement is requested. |
| **X**       |  |       |
|  (Head of Government/Designee – Signature) |  | (Date – mm/dd/yyyy) |
|         |
|  (Title)  |

**Please submit this form to your County Highway Commissioner after the project is complete and the contractor(s) paid. The Commissioner will submit the request to the Wisconsin Department of Transportation for review and reimbursement.**