

**Project Funding Application**  
US 183 Corridor Enhancement Project

*Please type or print to complete the following application.*

Today's Date: \_\_\_\_\_

*Please indicate the type of application you are submitting:*

- Single Applicant  
 Joint Applicant (*two or more businesses*)

**Applicant Contact Information**

Applicant's Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Contact Name, Title and Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Applicant's Relation to the Property/Business: (*please check all that apply*)

- Property Owner     Business Owner     Other (*please explain*)

*If you are submitting a joint application, please complete the following:*

**Co-Applicant "A" Contact Information**

Co-Applicant's Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Contact Name, Title and Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Applicant's Relation to the Property/Business: (*please check all that apply*)

- Property Owner     Business Owner     Other (*please explain*)

**Co-Applicant "B" Contact Information** (*if applicable*)

Co-Applicant's Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Contact Name, Title and Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Applicant's Relation to the Property/Business: (*please check all that apply*)

- Property Owner     Business Owner     Other (*please explain*)

**Project Specifics**

Please review the following list of eligible activities and check all that apply. (*You may wish to refer to the Application Guide and Attachment A for assistance with this section.*)

- Driveway Closure, Consolidation or Alignment

- Addition to or Renovation of Sidewalk or other Pedestrian Links to Businesses
- Removal of Visibility Barriers
- Sign replacement or relocation (Pole to Monument sign)
- Addition or modification of Landscaping along the US 183 Corridor
- Addition of Pedestrian Amenities
- Addition to or Modification of Lighting Elements
- Redesign of Parking Lot for Joint Access
- Joint Application with other neighboring business (adjacent or facing business)
- High Accident Location (as defined in Attachment A)
- High Priority Location (as defined in Attachment A)

**Project Description**

Please describe the nature of work to be performed. Attach a site location map showing the location of the business and area affected by the project. If a joint application is being submitted, please describe improvements to each business site separately. Attach a separate sheet if necessary.

**Project Summary**

Please describe how this project serves to implement the strategies of economic development, safety, mobility and aesthetics.

How will the proposed improvements benefit the US 183 corridor, your business and the community?

How will the project provide positive economic benefits to your business and/or the US 183 Corridor?

Has a preliminary cost estimate been completed?     Yes     No     In Progress

If yes, please attach the following:

- a) A list of any contractors from whom estimates have been received
- b) Detailed cost estimate for the project

Estimated Linear Length of Project: \_\_\_\_\_

Estimated Start Date (use today's date): \_\_\_\_\_

Estimated Completion Date: \_\_\_\_\_

**Project Costs**

Total Estimated Cost of Project	\$
Amount of Eligible Costs	\$
Amount of Ineligible Costs	\$

Other Funding Sources <i>(please list and total)</i>	\$
	\$
	\$
Total for Other Funding Sources	\$
Total Amount of Applicant's Participation	\$
<b>Total Amount of 4B Funding Requested (based on eligible costs)**</b>	<b>\$</b>

*\*\*Note: Funds approved for this project by the 4B Corporation will be on a reimbursement basis unless specifically authorized by the Corporation. Compensation will be administered within 21 days following receipt of invoices up to the fixed amount (percentage of total eligible costs) specified in the agreement between the property owner and the 4B Corporation.*

Signature of Applicant	Date
Signature of Co-Applicant A (if applicable)	Date
Signature of Co-Applicant B (if applicable)	Date

**ATTACHMENT A**

**HIGH PRIORITY AREAS**

**PRIORITY ACCESS/MOBILITY AREAS**

Priority Access/Mobility Areas are those sections of the US 183 Corridor identified in the US 183 Safety Study and the US 183 Corridor Enhancement Plan as having clusters of driveways where joint access or interconnecting access would address priority issues of mobility and access.

100 Block of North Bell Blvd.  
 300 Block of North Bell Blvd.  
 600-700 Blocks of North Bell Blvd.

1000 Block of North Bell Blvd.  
 100 – 300 Blocks of South Bell Blvd.  
 500 Block of South Bell Blvd.

**PRIORITY INCIDENT AREAS**

Priority Incident Areas are those sections or locations within the US 183 Corridor identified in the US 183 Safety Study and the US 183 Corridor Enhancement Plan as having a 3-year traffic accident history where safety treatments, including driveway consolidations or alignments would address the priority issues of safety.

<u>Street Address</u>	<u>Location Description</u>
1200 N. Bell Blvd.	Near Walton Way on North Side of Intersection
1900 N. Bell Blvd.	South of New Hope Intersection
1100. N. Bell Blvd.	North of 1431 Intersection
900 S. Bell Blvd.	North of Cypress Creek Road Intersection
1000 N. Bell Blvd.	North of FM 1431 Intersection
600 – 700 N. Bell Blvd.	South of Discovery Blvd, Near City Hall
2500 S. Bell Blvd.	At or Near South Lakeline Intersection

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