



**ARTERIAL LIFE CYCLE PROGRAM
FY 2010 RARF CLOSEOUT
Project Eligibility Form**

INSTRUCTIONS

Please complete the form below and submit it to MAG by April 1, 2010. Completed forms should be sent to Christina Hopes by email at chopes@mag.maricopa.gov or by mail to 302 N. 1st Avenue, Suite #300, Phoenix, AZ 85003.

SECTION A: CONTACT INFORMATION

Lead Agency _____
 Contact Name _____
 Title _____
 Telephone _____ E-mail Address _____

SECTION B: ALCP PROJECT DETAILS

Project Name _____
 RTPID _____ TIP # (List All) _____
 Project Completion Date _____ Final Invoice Date _____

Please use the FY 2010 Arterial Life Cycle Program published on March 10, 2010 to complete the fields listed below. To download a copy of the FY 2010 ALCP, please visit the MAG website at <http://www.mag.maricopa.gov/detail.cms?item=9012>.

Remaining Regional Budget \$ _____

Work Phase	Fiscal Year for Work	Fiscal Year for Reimbursement	Programmed Reimbursement (in millions)
Design			
ROW			
Construction			
Total			\$

Additional Project Information (Optional):