

**ORDER OF BOARD OF SUPERVISORS _____ COUNTY,
SETTING FORTH PROPOSED STATE AID PROJECTS FOR
PERIOD _____, ____ THROUGH _____, ____**

Pursuant to the provisions of Senate Bill No. 1 of the Extraordinary Session of 1949 and as subsequently amended, herein after referred to as said Act, We, the undersigned members of the Board of Supervisors of _____ County, hereby order that the proposed project(s) listed herein constitute the State Aid Program for _____ County for the period _____, ____ through _____, ____.

In support of this order, the Board certifies and agrees that:

1. The State Aid System in said County has been designated by the Board and approved by the State Aid Engineer, as required by said Act.
2. The Board has employed a Registered Professional Engineer as County Engineer, who will employ such other competent technical assistant(s), as required, to properly supervise and inspect the work in compliance with the Rules and Regulations of the State Aid Engineer, all as required in said Act.
3. This program, which has been prepared by the County Engineer and approved by this Board, is herewith submitted to the State Aid Engineer for approval.
4. The Board will comply with all applicable Laws, Rules and Regulations in the acquisition of rights-of-way and will maintain the acquired rights-of-way for said project(s) to keep the same free of encroachments such as buildings, fences or any other obstructions. The Board designates _____ as its right-of-way acquisition agent for the project(s) herein. The agent's address and phone number is _____.
5. Counties receiving \$500,000 or more in Federal funds from all projects constructed or being constructed in a Federal Fiscal Year (October 1 - September 30), must have a single audit conducted in accordance with OMB circular A-133.
6. The Board herein affirms its acceptance of the Office of State Aid Road Construction's policy for the accommodation of utilities as stated in S.O.P. No. SA II-2-8 and agrees to coordinate utility facility installation and/or adjustment in a timely manner so as not to impede project development.
7. The Board will maintain the project(s), after completion, in a regular and satisfactory manner subject to the approval of the State Aid Engineer, all as required in said Act.
8. The State Aid Engineer is authorized to effect such transfer of funds as are necessary to pay engineering costs on the project(s), as authorized by Mississippi Code 1972, Section 65-9-15, and in accordance with the Rules and Regulations promulgated by the State Aid Engineer, dated July 1, 2005.
9. The State Aid Engineer is authorized to effect such transfer of funds as are necessary to pay testing expenses incurred PRIOR to the award of Contract on any project(s) included in this program. In the event the Board cancels or withdraws any project(s) included in this program, the Board hereby agrees to reimburse its State Aid Fund for testing charges incurred.

PROJECT PRIORITY NO. _____

- 1. Project No. _____
- 2. Name of Road: _____
- 3. Design Classification: (check one) Rural ____ Urban ____ (check one) Collector ____ Local ____
Federal Route Number _____
- 4. Termini of Project: _____

- 5. Length of Project: _____ Miles
- 6. Character of Work (Show Alternates if Applicable) _____

- 7. Design Data:
 - a. Traffic Count: How Determined _____
Current ADT _____ VPD; Design Year ADT _____ VPD; % Trucks _____
Traffic Count Required: Yes ____ No ____ (Attach Supplemental Sheet)
 - b. Terrain Level _____ Rolling _____ Design Speed _____ MPH
 - c. ROW: Existing _____ Ft.; Proposed _____ Ft.
 - d. Proposed Roadway Crown Width _____ Ft.
 - e. Surface Type & Width: Existing _____ Ft.
Proposed _____ Ft.

- 8. Bridges:
 - a. Str. No. _____ Suff. Rtg. _____ Capacity _____
Remain in Place: Yes ____ No ____ Existing/Proposed Width _____ Ft.
 - b. Str. No. _____ Suff. Rtg. _____ Capacity _____
Remain in Place: Yes ____ No ____ Existing/Proposed Width _____ Ft.
 - c. Str. No. _____ Suff. Rtg. _____ Capacity _____
Remain in Place: Yes ____ No ____ Existing/Proposed Width _____ Ft.
 - d. Str. No. _____ Suff. Rtg. _____ Capacity _____
Remain in Place: Yes ____ No ____ Existing/Proposed Width _____ Ft.
 - e. Str. No. _____ Suff. Rtg. _____ Capacity _____
Remain in Place: Yes ____ No ____ Existing/Proposed Width _____ Ft.

- 9. Estimated Construction Cost of Project (Including Contingencies) \$ _____
 - a. STP Funds Requested (%) \$ _____
 - b. BR Funds Requested (%) \$ _____
 - c. SA Funds Requested (%) \$ _____
 - d. LSBP Funds (%) \$ _____
 - e. _____ Funds \$ _____

- Engineering Cost (%) (Constr. Cost Less Contingencies) \$ _____
 - a. State Aid Funds Requested \$ _____
 - b. County Funds Contributed \$ _____
 - c. LSBP Funds Contributed \$ _____
 - d. _____ Funds Contributed \$ _____
- Total Estimated Cost of Project \$ _____

Construction will be by: Contract _____ County Forces _____

Use Supplemental Sheet and/or maps if needed to provide complete data.

FOR STATE AID USE ONLY:

| | | |
|--------------------------|-----------------------|------|
| Preliminary Review _____ | _____ | Date |
| Recommend Approval _____ | Dist. Engr. _____ | Date |
| Approved _____ | State Aid Engr. _____ | Date |
| Letter To Bd. _____ | Dist. Engr. _____ | Date |
| Funds Record _____ | Auditor _____ | Date |
| Programmed _____ | _____ | Date |

_____ Program for _____ County

BOARD OF SUPERVISORS

_____ County

_____, Supervisor, District I

_____, Supervisor, District II

_____, Supervisor, District III

_____, Supervisor, District IV

_____, Supervisor, District V

Prepared by: _____, County Engineer

STATE OF MISSISSIPPI
COUNTY OF _____

This is to certify that the foregoing is a true and correct copy of an order passed by the Board of Supervisors of _____ County, Mississippi, entered into the minutes of the said Board of Supervisors, Minute Book No. _____, Page No. _____, same having been adopted at a meeting of said Board of Supervisors on the _____ day of _____, _____.

Clerk of Board of Supervisors of _____ County, Mississippi

**OFFICE OF STATE AID ROAD CONSTRUCTION
MISSISSIPPI DEPARTMENT OF TRANSPORTATION
JACKSON, MISSISSIPPI**

DATA TO BE SUBMITTED WITH ALL PROJECT PROGRAMS

Project Number _____ County _____ Date _____

Road Connections at each End of Project

_____ End, Surf. Type _____ Surf. Width _____ Rdwy. Width _____
(South or West)
_____ End, Surf. Type _____ Surf. Width _____ Rdwy. Width _____
(North or East)

Railroad Grade Crossing Data

Is there an existing Railroad Grade Crossing? Yes _____ No _____

Name of Railroad _____

Existing Protection _____

Proposed Protection _____

Existing and/or Proposed Facilities Effecting Route:

SCHOOLS: YES _____ NO _____ ON ROUTE _____ OFF ROUTE _____
INDUSTRY: YES _____ NO _____ ON ROUTE _____ OFF ROUTE _____

TYPE OF INDUSTRY: _____

OTHER DESIGN CONSIDERATIONS: _____

UTILITY COMPANIES TO BE AFFECTED BY PROJECT:

| NAME | STREET OR P.O. BOX ADDRESS | CITY |
|------|----------------------------|------|
| | | |
| | | |
| | | |
| | | |
| | | |

Signed _____
County Engineer