



**MISSISSIPPI DEPARTMENT OF TRANSPORTATION
2008 - 2011 STATEWIDE TRANSPORTATION IMPROVEMENT PROGRAM
SAMPLE AMENDMENT FORM**

See next page for blank form

1. County:	LAUDERDALE	7. Fund Source: STP	<input checked="" type="checkbox"/>
2. Agency:	CITY OF MERIDIAN	(check all that apply) NHS	<input type="checkbox"/>
3. Route/Road Name:	MAIN STREET	EARMARK	<input type="checkbox"/>
4. Project Length (Miles):	1.2	LOCAL	<input checked="" type="checkbox"/>
5. Total Project Cost:	\$800,000	OTHER	<input type="checkbox"/>
6. Termini (From/To):	1ST STREET TO 2ND STREET		

Specify:

Project Number/Detail	Fiscal Year	Scope of Work	Phase	Federal Share	State/Local Share	Total Cost Estimate
123456/001000	2008	GR DR BR PAVE	ENV	\$0	\$17,500	\$17,500
123456/101000	2009	GR DR BR PAVE	ROW	\$0	\$36,250	\$36,250
123456/201000	2010	GR DR BR PAVE	DESIGN	\$0	\$10,000	\$10,000
123456/301000	2011	GR DR BR PAVE	CON	\$589,000	\$147,250	\$736,250
						\$0
						\$0
						\$800,000

9. Comments **The above information is not an actual project. It is to be used as a reference only.**

Instructions for completing this form.

In order to expedite the process of amending the STIP, please provide all known information above. Email the completed form to: stip@mdot.state.ms.us

- Select the county from the drop-down list.
- Agency name responsible for the project (i.e. City of Starkville)
- Road name and Federal-Aid route number on which work will be done.
- Length of the project in miles. If unknown, provide a close estimate.
- Provide the total cost of the project including any work not to be included in the STIP.
- Beginning and ending termini or intersection cross-street.
- Select **all** funding sources that apply.
- If known, provide MDOT project number/detail
- Include any additional information as needed.



**MISSISSIPPI DEPARTMENT OF TRANSPORTATION
2008 - 2011 STATEWIDE TRANSPORTATION IMPROVEMENT PROGRAM
STIP AMENDMENT FORM**

1. County:	<input type="text"/>	7. Fund Source: STP	<input type="checkbox"/>	
2. Agency:	<input type="text"/>	(check all that apply) NHS	<input type="checkbox"/>	
3. Route/Road Name:	<input type="text"/>	EARMARK	<input type="checkbox"/>	
4. Project Length (Miles):	<input type="text"/>	LOCAL	<input type="checkbox"/>	
5. Total Project Cost:	<input type="text"/>	OTHER	<input type="checkbox"/>	Specify: <input type="text"/>
6. Termini (From/To):	<input type="text"/>			

8. Project Number/Detail	Fiscal Year	Scope of Work	Phase	Federal Share	State/Local Share	Total Cost Estimate
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0

9. Comments

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stip@mdot.state.ms.us

Macros must be enabled for this document to work correctly.

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7. Select all funding sources that apply.
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9. Include any additional information as needed.