



# Local Public Agency (LPA) Application and Financial History

## Mayor/Commission Chairman/Administrator/Responsible Charge

Last:	First:	Middle Initial:	Title
Name of LPA:			Tax I.D. Number
Address:			
City:	State:	ZIP:	Phone/Email:

## LPA Information

Name of City/County/Other:	In Operation Since:
Legal Form Under which Business Operates: Incorporated City or Town <input type="checkbox"/> County <input type="checkbox"/> Other <input type="checkbox"/>	
Date of Incorporation or State Charter:	
Name of LPA Principal in Responsible Charge other than above:	Title:
Address:	City: State: ZIP: Phone/Email:
Has the LPA had a previous direct business relationship with ALDOT?:	What year?
What was the nature of that business relationship? Explain:	

## Financial Information

Has a copy of a current audit, the most recent audit, or an audit summary been provided with this application? If not, explain:
Has the LPA ever defaulted on payment to an employee, contractor/consultant, business partner, or government agency? If so, explain:
Has the LPA Responsible Charge read and is he or she familiar with all provisions of the LPA Manual Chapters on Reimbursement (13.0) and Project Closeout (14.0)? Initials:
Has the LPA Responsible Charge read and does he or she understand the provisions of 49 CFR 18.42(e), Retention and Access Requirements for Records? [See LPA Manual 13.9] Initials:
Does the LPA agree to comply in full with Project Audit and Final Cost Settlement provisions in LPA Manual 14.6 and 14.7? Initials:

## Consultants/Contractors/Agencies with whom the LPA has done business

Corporate or Agency Name:	Corporate or Agency Name:	Corporate or Agency Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Year:	Year:	Year:
Type of Work:	Type of Work:	Type of Work:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used by the Alabama Department of Transportation to determine credit worthiness of the LPA. I hereby authorize the corporate institutions, agencies, and business partners listed in this application to release necessary information to the Alabama Department of Transportation in order to verify the information contained herein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date