**APD**

XX County Advance Planning Document #XX-XX, Name of Project

**Results of Review 1:**

We have completed our review of your County APD for XXX. The items below need to be addressed prior to State completion of the County APD disposition. The Findings identified below should be corrected in the APD and re-submitted within 10 days from date submitted to the County. Please respond to the findings in the APD in colored text. If the County does not concur with the finding, they may respond on this document.

*Instructions for “County Response” column: Indicate the page number where the County has updated the APD. If the County does not agree with the State’s recommendation, please use this column to respond.*

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| --- | --- | --- | --- |
| **APD Section** | **State Finding** | **Recommendation** | **County Response** |
| **Section I: Introduction Overview/Nature of Request** |  |  |  |
|  |  |  |
| **Section II:****Business Need/Statement of Problem/Reason for Request** |  |  |  |
| **Section III: Impact on Operations/Programs** |  |  |  |
|  |  |  |
| **Section IV: Benefiting Programs** |  |  |  |
| **Section V: Cost and Cost Allocation** |  |  |  |
| **Section VI: Method of Procurement** |  |  |  |
|  |  |  |
| **Section VII: Cost Benefit Analysis** |  |  |  |
|  |  |  |
| **Section VIII: County Contact** |  |  |  |
| **ATTACHMENTS** |  |  |  |
| **FOR STATE USE ONLY:** |
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**Results of Review 2:**

We have completed our review of your County APD for XXX. The items below need to be addressed prior to State completion of the County APD disposition. The Findings identified below should be corrected in the APD and re-submitted within 10 days from date submitted to the County. Please respond to the findings in the APD in colored text. If the County does not concur with the finding, they may respond on this document.

*Instructions for “County Response” column: Indicate the page number where the County has updated the APD. If the County does not agree with the State’s recommendation, please use this column to respond.*

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| **APD Section** | **State Finding** | **Recommendation** | **County Response** |
| **Section I: Introduction Overview/Nature of Request** | 2. |  |  |
| **Section II:****Business Need/Statement of Problem/Reason for Request** |  |  |  |
| **Section III: Impact on Operations/Programs** |  |  |  |
| **Section IV: Benefiting Programs** | 5. |  |  |
| **Section V: Cost and Cost Allocation** |  |  |  |
| **Section VI: Method of Procurement** |  |  |  |
| **Section VII: Cost Benefit Analysis** |  |  |  |
| **Section VIII: County Contact** |  |  |  |
| **ATTACHMENTS** |  |  |  |
| **FOR STATE USE ONLY:** |
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