



2018-2019 TA PROJECT APPLICATION

Project Title

Section 1. Applicant Information			
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Name of Lead Agency/ Organization		Name & Title of Contact Person	
Address		Email Address	
Phone Number		Certified Acceptance Agency	

Section 2. Project Description

Briefly describe proposed project (purpose, project scope, brief comparison of existing and proposed conditions, location, beginning and ending termini, and length of project (if applicable)). Please attach detailed 8.5 x 11 vicinity map, cross section, drawings, and/or photos.

Section 3. Project Information

Project Type:

- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> Sidewalks | <input type="checkbox"/> Bike path (trail) or trailhead facilities (including maintenance) | <input type="checkbox"/> Safe routes for non-drivers, including children, older adults, and individuals with disabilities to access daily needs |
| <input type="checkbox"/> Bike lane | <input type="checkbox"/> Traffic calming techniques | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Bike route | <input type="checkbox"/> Lighting, signals, or other infrastructure that improves bicycle and pedestrian safety | |

User Groups:

- | | | |
|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Pedestrians | <input type="checkbox"/> Bicyclists | <input type="checkbox"/> Transit users |
| <input type="checkbox"/> Seniors | <input type="checkbox"/> Students | <input type="checkbox"/> Individual with disabilities |

Project Connects to:

- | | | |
|---|---|---|
| <input type="checkbox"/> Schools/colleges | <input type="checkbox"/> Neighborhoods | <input type="checkbox"/> Employment centers |
| <input type="checkbox"/> Community services (i.e., senior centers, libraries) | <input type="checkbox"/> Retail services (i.e., shopping) | <input type="checkbox"/> Transit centers and/or bus stops |
| | <input type="checkbox"/> Parks | |

Project Location:

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> Urban | <input type="checkbox"/> Rural |
|--------------------------------|--------------------------------|

Project is consistent with:

- | | | |
|---|---|--|
| <input type="checkbox"/> Regional Transportation Plan | <input type="checkbox"/> City/County Comprehensive Plan. Please specify which plan. | <input type="checkbox"/> State Plans. Please specify which plan. |
|---|---|--|

Is project regionally significant? (i.e. crosses member county lines; impacts more than one county; provides for system continuity; is or will be used by a significant number of people who live or work outside the county in which the facility, service, or project is located.). If yes, please describe.

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

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Section 4. Proposed Timeline			
	Preliminary Engineering/Design	Right-of-Way	Construction
Earliest possible obligation date (mm/dd/yy)			
Estimated completion date (mm/dd/yy)			

Section 5. Project Cost						
Project Phase	Total	TA Funds Requested	Match (non-federal share; 13.5% match or higher required)	Previous TA Funding Award (not obligated yet)	Other Secured Federal Funds (not obligated yet)	Previous Obligations
Preliminary Engineering/Design						
Right-of-Way						
Construction						
Summary/Additional Information						
Total Project Cost (all phases):						
Total TA Funds Requested (all phases):						
Source of Match:				Match is <input type="checkbox"/> Secured or <input type="checkbox"/> Planned		
Source of Match:				Match is <input type="checkbox"/> Secured or <input type="checkbox"/> Planned		
Date(s) of Previous TA Funding Award:						
Fund Name(s) for Other Secured Federal Funds:						
Fund Name(s) & Date(s) for Previous Obligations:						

Section 6. Evaluation Criteria

Safety *(Maximum Points – 50)*

A. Does the project address an existing safety concern(s)? If yes, please indicate the existing safety concern(s) and describe. *(Maximum Points - 25)*

Lack of separated facilities for user groups High volumes/speeds on (or near) transportation corridor

Lack of safe bicycle and pedestrian crossing Other safety concerns (please describe):

B. Does the project include improvements to separate bicycle and pedestrians from vehicular traffic? If yes, please describe. *(Maximum Points – 25)*

Yes No

Connectivity

(Maximum Points – 40)

A. Does this project improve active transportation connections to park and ride lots, local bus routes, or traffic generators (retail, services, schools, parks, or recreational centers)? If yes, please describe. *(Maximum Points – 20)*

Yes

No

B. Does project connect gaps in the existing bicycle and pedestrian system? If yes, please describe. *(Maximum Points – 20)*

Yes

No

Compliance

(Maximum Points – 10)

A. Please describe how the proposed project meets the Regional Transportation Plan’s third goal to: “develop an integrated non-motorized transportation system.”

Section 7. Application Submittal

As the representative authorized to submit this application on behalf of the agency, I understand there is no guarantee the project will receive TA funds and that the SWRTPO Board of Directors has the sole authority to make funding decisions. Should the project be awarded TA funds, I commit that our agency is prepared to proceed with the project and will secure the required match (if necessary) and obligate funds in a timely manner. The project has the full endorsement of the governing body/leadership of the agency.

Name of Representative Authorized to Submit Application	Title
Signature	Date