



Transportation Alternatives (TA) Program 2020 TA PROJECT APPLICATION FORM

| APPLICANT INFORMATION | | | |
|---|--------------------|------------------------|----------------|
| 1. ELIGIBLE APPLICANT – select only one | | | |
| Municipality | County | State Agency | Federal Agency |
| USD | School | Tribal Gov. | Other _____ |
| 2. AGENCY NAME | | 3. CO-SPONSOR (if any) | |
| 4. AGENCY MAILING ADDRESS | | CITY | ZIP |
| 5. PRIMARY CONTACT | TITLE/ORGANIZATION | EMAIL | PHONE |
| SECONDARY CONTACT | TITLE/ORGANIZATION | EMAIL | PHONE |

| PROJECT DESCRIPTION | | |
|---|---|---|
| 6. PROJECT NAME | | |
| 7. LOCATION/ADDRESS | 8. PROJECT LIMITS (mileposts, intersecting roadways, rivers, railroads, other boundaries) | |
| 9. COUNTY | 10. MUNICIPALITY | 11. PROJECT LENGTH/SIZE (if applicable) |
| 12. 3-4 SENTENCE DESCRIPTION OF PROJECT PURPOSE AND SCOPE | | |



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| ELIGIBILITY | |
|--|--|
| 13. PROJECT CATEGORY – select only one | |
| PEDESTRIAN & BICYCLE / NON-MOTORIZED TRANSPORTATION <input type="checkbox"/> Pedestrian/Bicycle/Non-motorized transportation facilities <input type="checkbox"/> Infrastructure related projects to provide safe routes for non-drivers <input type="checkbox"/> Conversion of abandoned railway corridors to trails | HISTORIC / ARCHAEOLOGICAL TRANSPORTATION ACTIVITIES <input type="checkbox"/> Historic preservation and rehabilitation of historic transportation facilities <input type="checkbox"/> Archaeological activities relating to impacts from another eligible activity |
| SAFE ROUTES TO SCHOOL <input type="checkbox"/> Phase 1 – Non-infrastructure <input type="checkbox"/> Phase 2 – Infrastructure | SCENIC AND ENVIRONMENTAL <input type="checkbox"/> Construction of turn-outs, overlooks, and viewing areas <input type="checkbox"/> Streetscaping or corridor landscaping, and vegetation management practices in transportation rights-of-way <input type="checkbox"/> Highway-related stormwater management, water pollution prevention or abatement related to highway construction or highway runoff <input type="checkbox"/> Reduction of vehicle-cause wildlife mortality or restoration of habitat connectivity <input type="checkbox"/> Inventory, control, or removal of outdoor advertising |

| PROJECT COST ESTIMATES | | | |
|---|--------------------------------|-------------------|-----------|
| 14. TOTAL TAP FUNDS REQUESTED: \$ | | | |
| | Participating | Non-participating | Total |
| 15. Preliminary Engineering (design) | \$ (SRTS Phase 1 <u>only</u>) | \$ | \$ |
| 16. Utilities | | \$ | \$ |
| 17. ROW | | \$ | \$ |
| 18. Construction Engineering (Inspection) | \$ | \$ | \$ |
| 19. Construction Total | \$ | \$ | \$ |
| Select anticipated work types | \$ | \$ | \$ |
| a. | \$ | \$ | \$ |
| b. | \$ | \$ | \$ |
| c. | \$ | \$ | \$ |
| d. | \$ | \$ | \$ |
| e. | \$ | \$ | \$ |
| 20. PROJECT TOTALS | \$ | \$ | \$ |



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| PROJECT QUALIFICATIONS | | YES / NO | | | | | | | | | | | | | | | | | | |
|------------------------|--|--------------------|---------------|--------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1. | Will your project require acquisition of Right-of-Way or any easements? | | | | | | | | | | | | | | | | | | | |
| | a. If YES, do you have a Letter of Support from the property owner(s)? | | | | | | | | | | | | | | | | | | | |
| 2. | Are any state funds involved with this project? If YES, please explain the source, amount, and conditions: | | | | | | | | | | | | | | | | | | | |
| 3. | Are other federal funds involved with this project? If YES, please explain the source, amount, and conditions: | | | | | | | | | | | | | | | | | | | |
| 4. | Is this project within the boundaries of an MPO? | | | | | | | | | | | | | | | | | | | |
| | a. If YES, is the project listed in the TIP or MTP? | | | | | | | | | | | | | | | | | | | |
| 5. | Is this project located in an area of historical significance or within a designated scenic or historic byway corridor? If YES, please provide details: | | | | | | | | | | | | | | | | | | | |
| 6. | Has any part of this project been started already? If YES, please provide details: | | | | | | | | | | | | | | | | | | | |
| 7. | Can this project be completed in phases? If YES, please provide basic details below: | | | | | | | | | | | | | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="width: 15%; padding: 5px;">Phase</th> <th style="width: 55%; padding: 5px;">Scope of Work</th> <th style="width: 30%; padding: 5px;">TA Funds Requested</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> </tbody> </table> | Phase | Scope of Work | TA Funds Requested | | | | | | | | | | | | | | | | |
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| 8. | If this project can be completed in phases, is each phase addressed separately within the NARRATIVE, PRELIMINARY DESIGN, AND COST ESTIMATES sections of the application packet? | | | | | | | | | | | | | | | | | | | |



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| REQUIRED DOCUMENTS | | |
|--|---------------------------------------|--|
| <p>21. REQUIRED ATTACHMENTS – please attach the following items to this application with the corresponding letter (A thru I) in the upper right-hand corner of each item.</p> | | |
| A | NARRATIVE | Prepare 1 to 2 pages of text that describe existing conditions, needs, project scope, and benefits related to the proposed project. |
| B | DETAILED MAPS & PHOTOS | Provide maps and photos that identify the project location, boundaries, and existing conditions. |
| C | SKETCH-PLAN/PRELIMINARY DESIGN | Provide documents that illustrate the completed project, include cross-sections and preliminary plans for proposed facility types. |
| D | COST ESTIMATES | Prepare a detailed itemization of the estimated total project costs and the associated work phase(s). |
| E | PROJECT TIMELINE | Prepare a project timeline for the total duration of the project or program. Please anticipate awards being announced in December 2018 and beginning the design process once awards are announced. |
| F | RESOLUTION OF SUPPORT | Provide an official endorsement of the project from the authority to be responsible for providing the matching funds, maintenance and operation. The authority must provide written assurance that it will adequately maintain the completed project for its intended public use. |
| G | LETTERS OF SUPPORT | Provide Letters of Support for the project from the public, community organizations and businesses, or property owners regarding right-of-way. If applicable, a Letter of Support will also be required from any historical society, scenic or historic byway board, or MPO that addresses the project's impact. |
| H | SAFE ROUTES TO SCHOOL PLAN | All SRTS Phase 2 applicants must submit a Safe Routes to School Plan that supports the proposed project. |
| I | PLANNING DOCUMENT | If available, provide the section from any eligible planning document that supports the proposed project. |



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CERTIFICATION

To the best of my knowledge and belief, all information included in this application is true and accurate, including the commitment of all physical and financial resources. This application has been duly authorized by the participating local authority. I understand the attached **RESOLUTION OF SUPPORT** binds the participating authority to assume responsibility for adequate maintenance of any new or improved facilities.

I understand that all construction must comply with AASHTO design standards and any signage and markings must be compliant with the current issue of the MUTCD.

I also understand that, although this information is sufficient to secure a commitment of funds, an executed agreement between the applicant and the Kansas Department of Transportation (KDOT) is required prior to the authorization of funds.

Signature:

Date:

Name (printed):

Title:

Representing:

APPLICATION SUBMISSION (e-mail submissions will not be accepted)

Please submit **1 hard copy and 1 digital copy** (in PDF format on a USB flash drive) of the completed application with all required documents. All application packets **must be received or postmarked by Monday, September 10, 2018** and mailed to:

Attn: Matt Messina
Kansas Department of Transportation
Eisenhower State Office Building
700 SW Harrison St, 2nd Floor
Topeka, KS 66603