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| ***IMPORTANT:*** *Before completing this form, read the TC 20-36 Instructions available in the KYTC Forms Library as a PDF file. Follow these directions carefully. Applications submitted with missing or incomplete information will be returned for corrections.* |
| **SECTION 1: APPLICANT INFORMATION** |
| **PROJECT COUNTY**      | **PROJECT CITY**      | **HIGHWAY DISTRICT**      |
| **PROJECT TITLE**      | **CONGRESSIONAL DISTRICT**      |
| **SPONSOR NAME**      | **STATE HOUSE DISTRICT**      |
| **ADDRESS**      | **STATE SENATE DISTRICT**      |
| **CITY**      | **ZIP**      | **PHONE**      | **POPULATION**      |  |
| **INSTRUCTION**: The person in responsible charge will be the contact for the life of the project and should be able to answer any questions regarding this project. All correspondence and other documents from the Kentucky Transportation Cabinet (KYTC) will be sent to this person. Applicants will be responsible for notifying the Office of Local Programs if the point of contact for the project changes. |
| **PERSON IN RESPONSIBLE CHARGE**      | **PHONE**      | **EMAIL**      |
| **CAGE#** *(from SAM website)*      |
| **SAI Number** [(*KY) (State Applicant Identifier number which is provided upon submitting an Application for Federal Assistance (Form 424) with the Kentucky State Clearinghouse. To obtain this information, access* [*http://dlg.ky.gov/clearinghouse/*](http://dlg.ky.gov/clearinghouse/)*. ]\*****Use CFDA #20.205*** |
|       |
| If requesting SRTS Projects, complete the information below for all elementary and middle schools within a 2-mile radius of the project location. For non-infrastructure projects, list the affected schools.[ ]  Infrastructure [ ]  Non-Infrastructure |
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| **SCHOOL NAME** | **GRADE RANGE** | **TOTAL STUDENT POPULATION** | **TOTAL STUDENTS LIVING WITHIN 2 MILES OF SCHOOL** | **CURRENT # OF STUDENTS WALKING/BIKING TO SCHOOL** |
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| **SECTION 2: PROJECT CATEGORY****INSTRUCTION:** All Transportation Alternatives projects must have a **surface transportation relationship** and fall under one or more of the following eligible activities. For the activity that most fits your project, check **ONE** of the boxes below. |
| [ ]  On- or off-road facilities for pedestrian, bike, or other non-motorized forms of transportation |
| [ ]  Safe routes for non-drivers |
| [ ]  Conversion of abandoned rail corridors for bicycle/pedestrian trails |
| [ ]  Construction of turnouts, overlooks, and viewing areas |
| [ ]  Community improvement activities: |
| a. | Inventory, control, or removal of outdoor advertising |
| b. | Historic preservation and rehabilitation of historic transportation facilities |
| c.  | Vegetation management practices in transportation rights of way to improve roadway safety, prevent against invasive species, and provide erosion control |
| d. | Archaeological activities relating to impacts from implementation of a transportation project under Title 23 |
| [ ]  Environmental mitigation including pollution prevention and pollution abatement activities and mitigation to: |
| a. | Address storm water management, control, and water pollution prevention or abatement related to highway construction or due to highway runoff, including activities described in [Title 23 Section 133(b)(11)](http://www.law.cornell.edu/uscode/text/23/133) , [Section 328(a)](http://www.law.cornell.edu/uscode/text/23/328), and [Section 329](http://www.law.cornell.edu/uscode/text/23/329)  |
| b. | Reduce vehicle-caused wildlife mortality or to restore and maintain connectivity among terrestrial or aquatic habitats |
| [ ]  Planning, designing, or constructing boulevards |
| [ ]  Safe Routes to School (SRTS) 80/20 match |

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| **SECTION 3: PROJECT DESCRIPTION** |
| In this section, provide infrastructure improvements to include a detailed project description, location, and right of way information. Use additional copies of these pages as needed.**INFRASTRUCTURE IMPROVEMENTS** |
| **LOCATION**      | Is this a state road? [ ]  Yes [ ]  No |
| **TYPE OF IMPROVEMENT**      |
| **BEGINNING POINT** *(Be specific.)* | **STREET NAME/INTERSECTION/ADDRESS**      | **MILE POINT**      |
| **ENDING POINT** *(Be specific.)* | **STREET NAME/INTERSECTION/ADDRESS**      | **MILE POINT**      |
| **TOTAL LENGTH** *(if applicable)* | **SIDE OF STREET/DIRECTION** *(if applicable) (Use N/S/E/W.)*      | **WIDTH** *(if applicable)*      |
| **Use the space below to provide additional detailed information, to include side of road, direction, and any other relevant information. (See Instructions file for specific examples.)** |

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| **SECTION 3: PROJECT DESCRIPTION** *(cont.)* |
| **TRAFFIC CONTROL MEASURES**  |
| Describe traffic control measures requested to include signs, signals, roadway markings, crosswalks, school zones, and any other relevant information. |
|       |
| **RIGHT OF WAY** |
| If the project is awarded funding, the applicant will be required to provide proof of public right of way OR as a federally funded transportation project, it must follow the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (Uniform Act). The Uniform Act only allows you to identify the properties for initial design and budgeting. You CANNOT begin acquisitions or approach property owners until the Environmental Analysis is complete and you are given an Official Order to begin right of way acquisition. This applies to all acquisitions, including donations. |
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| [ ]  | Yes |  | [ ]  | No |  | Does sufficient public right of way exist to build this project? |
| [ ]  | Yes |  | [ ]  | No |  | Have you identified properties potentially affected by this project? |
| [ ]  | Yes |  | [ ]  | No |  | Have you budgeted funding for both the processing and fair market value of each property? |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| If the applicant is required to acquire property or easements, list the properties, property owners, and type of acquisition or easement. |
| **#** | **DESCRIPTION** | **PROPERTY OWNER** | **TYPE OF ACQUISITION** **OR EASEMENT** |
| 1. |       |       |       |
| 2. |       |       |       |
| 3. |       |       |       |
| 4. |       |       |       |
| 5. |       |       |       |

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| **SECTION 3: PROJECT DESCRIPTION** *(cont.)* |
| **MAINTENANCE PLAN** |
| Describe how the completed project will be maintained for public use. Include plans for income generated after completion. |
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| **SECTION 4: PROJECT READINESS** |
| **PROJECT SCHEDULE** |
| List each phase of the proposed project and provide an approximate completion date. |
| **PHASE TYPE** | **PROJECT PHASE DESCRIPTION** | **APPROXIMATE COMPLETION TIME IN MONTHS** |
| Design |       |       |
| Right of Way |       |       |
| Utilities |       |       |
| Construction |       |       |

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| What level of engineering/design has been completed for this project? Include any barriers to technical feasibility. |
|       |
| List any open Office of Local Program projects, including TE, SRTS, CMAQ, TCSP, and Scenic Byways, currently held by the project sponsor.  |
| **PROJECT** | **PHASE** | **ESTIMATED COMPLETION DATE** |
|       |       |       |
|       |       |       |
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| **SECTION 5: TOTAL PROJECT COST** *(includes match)* |
| **IMPORTANT**: The Office of Local Programs uses the cost estimate to determine the amount of funding; therefore, the estimate for each phase of the project must be as accurate as possible. To find out more information about cost estimates, consult the [Local Public Agency (LPA) Guide](http://transportation.ky.gov/Local-Programs/Documents/LPA%20Guide.pdf) . |
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| **PHASE** | **COST** |
| Preliminary Engineering/Design |       |
| Right of Way (ROW) |       |
| Utilities |       |
| Construction  |       |
| Construction Engineering/Inspection |       |
| Contingency (10%) |       |
| **TOTAL PROJECT COST** | **$0.00** |
| **TOTAL FEDERAL FUNDS REQUESTED** |  |

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| **LOCAL PUBLIC AGENCY (LPA) MATCH** |
| TAP projects require a 20% match. KYTC will accept forms of match to include cash, property dedicated to the project, professional services, employee labor, agency-owned materials, and equipment. Match for selected projects must be properly documented and authorized by FHWA as project funding is set up. Please note that once match for a project has been approved you will not be able to change the type of match. Match other than cash or property will require FHWA approval via a Public Interest Finding (PIF). Work completed prior to authorization of federal funds may not be used as match. |
| **ITEM** | **AMOUNT** |
| Cash (preferred) |       |
| Property |       |
| Professional Services |       |
| Labor and/or Equipment |       |
| Other (Specify below.)\* |       |
| \*      |  |
| **TOTAL MATCH PROVIDED** | **$0.00** |
| **FINANCIAL FEASIBILITY** |
| Will the funds requested in this application fully fund the project? [ ]  Yes [ ]  No |
| If no, provide the gap amount and how the difference will be covered.       |
| **SECTION 6: CONNECTIVITY/PROJECT IMPACT/COMMUNITY SUPPORT**  |
| List all neighborhood retail and essential services located within a ½-mile radius of your project. |
| **SERVICE** | **# OF ESTABLISHMENTS** |
| Community /Civic Center/Library/Social Service |       |
| Child Care |       |
| Grocery Store/Farmers Market |       |
| Park/Playground |       |
| Laundry/Dry Cleaner |       |
| Restaurants/Retail/Entertainment |       |
| Medical Office/Pharmacy |       |
| Police or Fire Station |       |
| Is this project part of a local or regional growth or sustainability plan? [ ]  Yes [ ]  No |

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| **SECTION 6: CONNECTIVITY/PROJECT IMPACT/COMMUNITY SUPPORT** *(cont.)* |
| **ECONOMIC DEVELOPMENT** |
| To what extent will the project facilitate economic development in the community? Your response must include statistical data to support stated impacts. |
|       |
| **ACCESSIBILITY/EQUITY** |
| To what extent will the project improve mobility for disadvantaged populations to include the elderly, disabled, minorities, and low-income residents? Your response must include statistical data to support stated impacts. |
|       |
| **ENVIRONMENT** |
| Describe how the project improves non-motorized connectivity. Does the project reduce VMT (Vehicle Miles Traveled), particulate matter, and/or greenhouse gas emissions? |
|       |
| **CULTURAL, HISTORIC, & ARCHAEOLOGICAL RESOURCES** |
| Is the area or part of the area of the project eligible to be listed in the National Register of Historic Places?[ ]  Yes [ ]  No *(If yes, attach the National Register nomination form with the application.)* |
| Will there be any earth disturbance associated with this project? [ ]  Yes [ ]  No *(If yes, completion of an archaeological survey prior to the beginning of the project may be required.)* |
| **HEALTH** |
| How does the project contribute to the improvement of public health? Your response must include statistical data to support stated impacts. *(Examples may include increasing physical activity, reducing air pollution, and other applicable improvements.)* |
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| **SECTION 6: CONNECTIVITY/PROJECT IMPACT/COMMUNITY SUPPORT** *(cont.)* |
| **SAFETY** |
| How does the project improve motorized safety, and does it address specific safety issues? Include any safety statistics to support. Also show how the project design maximizes non-motorized safety. Examples include the inclusion of bulb outs, improved signage and signals, and other applicable improvements. Your response must include statistical data to support stated impacts. |
|       |
| List all local government entities, contacts, and civic groups that have been involved in the development of the project. |
|       |
| **COMMUNITY SUPPORT** |
| Describe how the local community has been involved in the planning process and list key stakeholders who are participating. Include all opposition to the project and describe how it is being negotiated. |
|       |
| ***Reminder:*** *Attach all required documents as listed in the TC 20-36 Instructions.**DO NOT attach any additional documents.*  |
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