**DOT PLANNING STUDY - Application**

**Date of Submittal:**

1. **Study Title**

Provide the title of the Study:

**2. Study Sponsor**

The Study Sponsor is the applicant and will be the entity that enters into agreement with the Council of Governments for program administration and funding**.** Please indicate the formal legal names of the organization and duly authorized representative.

Study Sponsor:

**3. Study Contact (Representative from Study Sponsor)**

The Study Contact must be a representative of the Study’s Sponsor agency. The Study Contact will act as the project manager and will be the primary person to which correspondence, inquiries and study coordination will be directed regarding the application and subsequent project if funds are awarded.

First Name:  CT Municipality:

Last Name:  Division/Office:

Title:  Street:

Telephone No:  Zip Code:

Facsimile No:

Email Address:

**4. Study Location**

**(**Clearly Define Study Location and Limits**)**

Identify the municipality (ies) having boundaries encompassing the study location.

Primary CT Municipality:

Other Municipality (ies):

**LOCATION MAP:** Depict the location of the study on a base map such as a town road map, GIS map, aerial photo, or another base map suitable to clearly depict the study’s overall location. Provide a hard copy.

**5. Study Description**

Briefly describe - Additional pages can be attached.

**6. Purpose and Need**

Briefly explain the purpose and need for the study including anticipated significance and impact. Provide any additional information and data that may assist with determining the eligibility of and ranking of this study. This is an opportunity to discuss why this study should be selected for funding*.*

**7. Community Character and Regional Significance**

Briefly describe the relationship and fit of this study to other studies planned or underway as well as how this study is consistent with the municipal Plan of Conservation and Development in the area served and the Metropolitan Transportation Plan. Be sure to include other pending or approved studies/grants that would affect the outcome.

**8. Study Cost Estimation**

Provide the estimated cost of the study, include a detailed cost estimate and the basis for the cost estimate. Depending upon the funding source appropriated for the study, the municipality or COG may need to contribute between ten percent (10%) and twenty percent (20%) of the total study cost. The municipality may choose to contribute more than 10% of the local match to the cost of the study. (Studies funded with LOTCIP will not require a local match). If the study is chosen at the end of the Study Selection process and federal funds will be applied, the municipality may be asked to provide documentation showing the local match will be secured.

Total Study cost:

Municipal/COG cost ():

Additional funding contributed by the Municipality/COG:

**Local Match Financing**

The minimum ten percent (10%) or twenty percent (20%) match typically must come from non-federal sources as there are restrictions on the application of federal monies to the match share of PROGRAM funds. Indicate whether the local match can reasonably be secured by the study sponsor for the project if PROGRAM funds are authorized. LOTCIP funds may not be used as a local match.

Are you providing the match with non-federal sources? [ ]  Yes [ ]  No

Can the local match be reasonably secured? [ ]  Yes [ ]  No

Is the applicant able to provide the commitment for the local match for this study? [ ]  Yes [ ]  No

**9. Attachments and Additional Information/Materials**

**Please limit comments and attached pages to those critical for Review of the Application and proper understanding of the Study Proposal.**

Please indicate any additional materials being submitted with the application package or provided to the COG for consideration. If additional pages were used to answer questions on this application, please indicate the section and number of pages.

Number of Pages: Application Section: Brief Description:

Legal Name of Duly Authorized Representative:

Signature of Duly Authorized Representative Date (MM/DD/YYYY)