**Transportation Alternatives (TA) Set-Aside**

**(2024 New Project Solicitation)**

**PROGRAM APPLICATION**

1. **Project Title**

Provide the title of the Project:

**2.0 Council of Governments**

The application should be submitted to the Council of Governments (COG) office having boundaries encompassing the majority of the project’s limits. Maps depicting the COG and Metropolitan Planning Organization (MPO) boundaries as well as the Transportation Management Areas (TMA) are provided under separate cover as an appendix to the application. For projects that span multiple COG boundaries, please list in order beginning with the COG with the greatest geographic coverage or the COG with which project coordination has been initiated.

Council of Government(s):

**3.0 Project Sponsor and Commitment Statement**

The Project Sponsor is the applicant and will be the entity that enters into agreement with the State of Connecticut Department of Transportation for program administration and funding**. The Project Sponsor MUST be a municipal governmental agency established through State Statutes**. Please indicate the formal legal names of the organization and duly authorized representative.

**IF PROGRAM FUNDS ARE AUTHORIZED**: The Project Sponsor will be responsible for commitment of funds to match federal program dollars and finance any ineligible project costs. The Project Sponsor will also be responsible for commitment to operate, maintain and insure the completed improvements. Upon project completion, the responsibility of liability and maintenance to ensure a safe, secure facility and components remains with the Project Sponsor, regardless of location within State or federal rights-of-way. Formal letters of commitment or resolutions from the appropriate fiscal entity, (i.e. Town Council, Board of Finance), will be required. Additionally, the Project Sponsor will be responsible for meeting public involvement requirements.

Legal Name of Organization:

Legal Name of Duly Authorized Representative:

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

*By signing my name on the signature line above, I am certifying that I am the duly authorized representative of the sponsoring agency and that I am aware of the application and proposed project on behalf of the organization as well as my responsibility as the Project Sponsor if PROGRAM funds are authorized. My signature further indicates that, to the best of my knowledge, the statements made on this application form and any attachments are true and complete and are made in good faith. I understand that if I knowingly make any misstatement of fact, this application is subject to disqualification and dismissal. All statements made on this application are subject to verification as a condition of funding authorization.*

**4.0 Project Contact (Representative from Project Sponsor)**

The Project Contact must be a representative of the Project Sponsor’s agency. The Project Contact will act as the project manager. The Project Contact will be the primary person to which correspondence, inquiries and project 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:

**5.0 Eligible Projects**

5.1 Construction, planning and design of on-road and off-road trail facilities for pedestrians, bicyclists, and other nonmotorized forms of transportation.

5.2 Construction, planning, and design of infrastructure-related projects and systems that will provide safe routes for non-drivers, including children, older adults, and individuals with disabilities to access daily needs.

5.3 Conversion and use of abandoned railroad corridors for trails for pedestrians, bicyclists, or other nonmotorized transportation users.

5.4 Construction of turnouts, overlooks and viewing areas.

5.5 Community improvements activities including:

* Inventory, control, or removal of outdoor advertising;
* Historic preservation and rehabilitation of historic transportation facilities;

5.6 Planning, designing, or constructing boulevards and other roadways largely in the right-of-way of former Interstate System routes or other divided highways.

Using the numbers above identify which one best fits the project:

For linear projects, Federal logical termini and serving a transportation purpose requirements must be satisfied. Projects should be vetted to determine its public support level and should be feasible to design with construction started within a three year time period.

**6.0 Project Location**

Briefly describe the project location:

Indicate the start (and end, if linear) of the project limits:

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

Primary CT Municipality:

Other Municipality (ies):

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

**CONCEPT PLAN** As appropriate and necessary for the scale and context of the project proposed, provide a map with a conceptual layout to graphically depict the location of the project and its relation to existing features, regulated areas, and adjacent facilities the project would connect to. Provide a hard copy.

**7.0 Project Description**

Briefly describe the project:

**8.0 Purpose and Need**

Briefly explain the purpose and need for the project, including anticipated significance and impacts of this project. Provide any additional information that may assist with determining the eligibility and selection of this project. This is an opportunity to discuss why the project should be selected for PROGRAM funding.

**9.0** **High-Need Areas, Community Character, and Regional Significance**

Briefly explain if and how this project is serving any elderly housing facilities, housing authority (public housing), safe routes to school, ethnic community, transit dependent or low or very low-income neighborhoods in rural or urban areas. Indicate if the project is implementing a recommendation resulting from a study conducted through the safe routes to school non-infrastructure program.

Briefly describe how this candidate project directly relates to the region and community, including anticipated benefits and fit with the character of the area served.

**10.0 Public Support**

Demonstrate the level of public support or opposition that has been voiced to date, if any, either via a public forum, written correspondence or other form of communication, including media coverage. Provide a description of the events, published articles, media coverage, or other related materials that are relevant to demonstrate public support for the project.

**11.0 Permitting**

Provide a list of anticipated permits that are required for the project. It is not required that permitting be completed for the application.

**12.0 Project Cost Estimate**

Provide the estimated cost of the project, include a detailed cost estimate and the basis for the cost estimate. Of this total cost, a maximum of eighty percent (80%) can be funded by the Federal Highway Administration through the PROGRAM and a minimum of twenty percent (20%) non-federal match must be secured by the Project Sponsor. To expedite the consultant selection process and overall project delivery, it is encouraged but not mandatory that the project Sponsor advance the design phase without federal participation. Projects submitted for consideration under this program shall have a minimum estimated project cost of five hundred thousand dollars ($500,000). A sample cost estimate may be found here: Link

**13.0 Local Match Financing**

The minimum 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 non-federal match can reasonably be secured by the project 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

**14.0 Attachments and Additional Information/Materials – Please limit comments and attached pages to those critical for Review of the Application and proper understanding of the Project Proposal.**

This section is optional and may be used to provide any additional information pertinent to the presentation of the candidate project for consideration of funding under the PROGRAM.

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. Applicants are encouraged, however, to limit responses to the space provided in the PROGRAM Application.

The information below will be utilized during the review by staff at the COG and at the Department to ensure that each reviewer has a full application package. A listing with a brief description of each item should be provided noting the number of pages for each attachment and the pertinent application section, as applicable.

Number of Pages: Application Section: Brief Description: