



2018 HIP PROJECT APPLICATION

Project Title	
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Section 1. Applicant Information

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, proposed cross-section, and length of project (if applicable)]. Please attach detailed 8.5 x 11 vicinity map.



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Section 3. Project Information			
Project Location	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	
Federal Functional Classification	<input type="checkbox"/> Principal Arterial	<input type="checkbox"/> Urban Minor Arterial	<input type="checkbox"/> Rural Minor Arterial
	<input type="checkbox"/> Urban Major Collector	<input type="checkbox"/> Rural Major Collector	
Traffic volume (average daily traffic) <input style="width: 80px;" type="text"/>	Source of count <input style="width: 150px;" type="text"/>	Year traffic count taken <input style="width: 80px;" type="text"/>	
Is project 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.			
<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 250px; height: 50px;"></div> <div style="border: 1px solid black; width: 250px; height: 50px;"></div> </div>			
Is project regionally significant? (i.e. crosses member lines; impacts more than one agency; provides for system continuity; is or will be used by a significant number of people who live or work outside the agency in which the facility, service, or project is located). If yes, please describe.			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

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



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Section 5. Project Cost						
Project Phase	Total	HIP Funds Requested	Match (non-federal share; 13.5% match or higher required)	Previous STBGP 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 HIP 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 STBGP Funding Award:						
Fund Name(s) for Other Secured Federal Funds:						
Fund Name(s) & Date(s) for Previous Obligations:						



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Section 6. Evaluation Criteria	
Economic Vitality	<i>(Maximum Points – 12)</i>
A. Project is anticipated to increase employment opportunities? If yes, please describe. <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>(Maximum Points - 5)</i>
B. Project increases the capacity or efficiency of the freight network (trucking, rail, marine, or air cargo services)? If yes, please describe. <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>(Maximum Points - 5)</i>
C. Project is on a truck route identified in the Washington State Freight and Goods Transportation System? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>(Maximum Points – 1)</i>
D. Project is included in the Comprehensive Economic Development Strategy (CEDs)? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>(Maximum Points – 1)</i>



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System Preservation and Enhancement

(Maximum Points – 40)

A. Project preserves/rehabilitates existing facilities and networks? If yes, please describe.

(Maximum Points – 20)

- Yes No

B. Project improves, rebuilds, or retrofits facilities and networks, which have exceeded their useful and functional life? If yes, please describe. *(Maximum Points – 20)*

- Yes No



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Safety		<i>(Maximum Points – 40)</i>
A. Project will help address known safety issues considering historical accidents documented in WSDOT’s crash data, local plans, or other means? If yes, please describe and attach maps as needed for documentation		<i>(Maximum Points – 20)</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
B. Project will eliminate or minimize safety hazards (sight, distance, intersection layout, school zone, sidewalk, railroad crossings, access control, lighting, etc.)? If yes, please explain how your project will improve safety.		<i>(Maximum Points – 10)</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
C. Project improves the design and operation of the facility? If yes, please explain how your project will improve safety.		<i>(Maximum Points – 10)</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	



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Choice and Mobility	<i>(Maximum Points – 5)</i>
<p>A. Project improves connectivity between population centers and employment or activity centers (i.e. retail, school, community center, recreation center, park, library)? If yes, please describe. <i>(Maximum Points – 5)</i></p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>	

Section 7. Application Submittal	
<p>As the representative authorized to submit this application on behalf of the agency, I understand there is no guarantee the project will receive HIP funds and that the CWCOG Board of Directors has the sole authority to make funding decisions. Should the project be awarded HIP 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.</p>	
Name of Representative Authorized to Submit Application	Title
Signature	Date