



2019 STBGP PROJECT APPLICATION FOR SPECIAL CALL FOR PROJECTS

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 <input type="checkbox"/> Rural Minor Collector		
Traffic volume (average daily traffic)	Source of count	Traffic count taken (date)	
<p>Is project consistent with:</p> <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; margin-top: 10px;"> <div style="border: 1px solid black; width: 25%; height: 40px;"></div> <div style="border: 1px solid black; width: 25%; height: 40px;"></div> </div>			
<p>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.</p> <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	STBGP 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 STBGP 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:						

Section 6. Selection Criteria

A. Economic Vitality

Total Points

/20

Does the project promote Economic Development? Provide access to new economic opportunities? If yes, please describe.

Yes

No

Does the project align with the regional goals for growth in the Comprehensive Economic Development Strategy? If yes, please describe.

Yes

No

B. System Preservation and Enhancement

Total Points

___/40

Would the project preserve/rehabilitate existing facilities and networks? If yes, please describe.

Yes

No

Would the project improve, rebuild, or retrofit facilities and networks, which has exceeded its useful and functional life? If yes, please describe.

Yes

No

C. Safety

Total Points

/30

Does the project reduce frequency and/or severity of roadway crashes? If yes, please describe. Explain how your project improves safety.

Yes

No

Does the project improve the design and operation of the facility? If yes, please explain how the project will improve safety?

Yes

No

Are there other safety hazards the project might eliminate or minimize (sight, distance, intersection layout, school zone, sidewalk, railroad crossings, access control, lighting, etc)?

Yes

No

D. Choice and Mobility

Total Points

/10

Does the project improve connections to park and ride lots, local bus routes, or bicycle facilities? If yes, please describe.

Yes

No

Does project connect population centers with employment and activity centers (retail/school/community center/recreation center/park/library)? If yes, please describe how project enhances indirect and direct connections

Yes

No



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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 STBGP funds and that the CWCOG Board of Directors has the sole authority to make funding decisions. Should the project be awarded STBGP funds, I commit that our agency is prepared to proceed with the project and obligate funds in a timely manner by July 31, 2019. 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