

## REQUEST FOR TRANSPORTATION ALTERNATIVES PROGRAM (TAP) FUNDS

### General Information

RPA or MPO: \_\_\_\_\_

Eligible Sponsor/Applicant Agency: \_\_\_\_\_

Contact Person (Name & Title): \_\_\_\_\_

Email: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Street Address and/or Box No.

City

State

Zip

Daytime Phone

If more than one agency or organization is involved in this project, please state the name, contact person, mailing address, and telephone number of the second agency. *(Attach an additional page if more than two agencies are involved.)*

Applicant Agency: \_\_\_\_\_ e-mail: \_\_\_\_\_

Contact Person (Name & Title): \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Street Address and/or Box No.

City

State

Zip

Daytime Phone

### Project Information

Project Title: \_\_\_\_\_

Project Description (including length if applicable) required: \_\_\_\_\_

If this project includes land acquisition, how many acres? \_\_\_\_\_

### Project Category **Check all boxes that apply to indicate the categories that best describe your project.**

#### 1 Trails and Bicycles

- Facilities for pedestrians and bicycles including safe routes for non-drivers
- Conversion and use of abandoned railway corridors

#### 2 Scenic and Historic

- Construction of turnouts, overlooks and viewing areas
- Inventory, control, or removal of outdoor advertising
- Historic preservation and rehabilitation of historic transportation facilities
- Archeological activities relating to impacts from another eligible activity

#### 3 Safe Routes to School (SRTS)

- Infrastructure (Sidewalks / trails / signals / signs addressing K-8 need)
- Noninfrastructure (Public Awareness, education, training, etc...)

#### 4 Environmental

- Vegetation management practices in transportation rights-of-way
- Highway related stormwater management
- Reduction of vehicle-caused wildlife mortality or restoration of habitat connectivity

**Estimated Project Costs**

Land Cost \$ \_\_\_\_\_

Preliminary Design / Engineering \$ \_\_\_\_\_

Utility Relocation \$ \_\_\_\_\_

Construction Engineering \$ \_\_\_\_\_

Construction Cost \$ \_\_\_\_\_

In-Kind Cost \$ \_\_\_\_\_

Indirect Cost (if applicable) \$ \_\_\_\_\_

Noninfrastructure Cost (SRTS only) \$ \_\_\_\_\_

Other (please specify) \_\_\_\_\_ \$ \_\_\_\_\_

**Total Cost** \$ \_\_\_\_\_

TAP Fund Request \$ \_\_\_\_\_

Applicant Match (20% Minimum) \$ \_\_\_\_\_

	Applicant Match Source (20% Minimum)	Amount	Assured or Anticipated (Date Anticipated)
1.			
2.			
3.			

Are any state funds involved in this project?  Yes  No

If yes, please explain the source and conditions \_\_\_\_\_

Are any other federal funds involved in this project?  Yes  No

If yes, please explain the source and conditions (Please note here if you have previously acquired TAP funds for this project from the state discretionary TAP fund or another MPO or RPA).

Is this project located within a designated scenic or historic byway corridor?  Yes  No

If so, has the project been endorsed by the appropriate byway board?  Yes  No

Will this project be open to the public?  Yes  No

Do you intend to charge a fee to users?  Yes  No

If yes, how much? \$ \_\_\_\_\_

What will it be used for? \_\_\_\_\_

**Estimated Project Development Schedule**

Design	Start Date	_____	Completion Date	_____
Land Acquisition	Start Date	_____	Completion Date	_____
Construction	Start Date	_____	Completion Date	_____
Noninfrastructure	Start Date	_____	Completion Date	_____

Has any part of this project been started?       Yes       No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Documentation and Narrative Information**

The following documents and narratives must be attached to this application. In the upper right-hand corner of each document or narrative write the corresponding letter shown below.

- A. A NARRATIVE assessing existing conditions, outlining the concept of the proposed project, and providing adequate project justification. Transportation Alternatives must have a direct relationship to the intermodal transportation system, either as it exists or as it is planned. Assess your project in regard to the transportation system relative to its functional relationship, proximity, or impact to an existing or planned transportation facility. If a regional project, assess the value of this project from a regional perspective and how it will be a functional addition to the transportation system and the region as a whole if no additional development funds are received. If a statewide or multi-regional project, assess the value of this project from a statewide or multi-regional perspective.
- B. If applicable, a DETAILED MAP identifying the location of the project.
- C. If applicable, a SKETCH-PLAN of the project, including cross-section for bicycle or pedestrian facilities.
- D. An ITEMIZED BREAKDOWN of the total project costs. This documentation does not need to be a detailed, line-item type of estimate. However, it must accomplish two objectives: first, it must show the method by which the cost estimate was prepared; and second, it must enable a reviewer to determine if the cost estimate is reasonable. The manner in which these objectives are achieved may vary widely depending on the type, scope and complexity of the project. Absent a fully itemized list of costs, some general guidelines for possible methods of estimating each type of project cost are provided on Attachment A.
- E. A TIME SCHEDULE for the total project development. Funding for projects which fail to make satisfactory progress may be rescheduled or removed from the program by the Iowa Department of Transportation.
- F. An OFFICIAL ENDORSEMENT of the project from the authority to be responsible for its maintenance and operation. The authority must provide written assurance that it will adequately maintain the completed project for its intended public use for a minimum of 20 years following project completion (10 years for SRTS projects).
- G. If applicable, a LETTER of SUPPORT of the project from the scenic or historic byway board. The board's letter should also address the project's relationship to the byway's intrinsic qualities, how the project will have a statewide or multi-regional impact, and whether the project is included in the byway's current corridor management plan.
- H. A NARRATIVE discussing the public input process that was followed and the extent to which adjacent property owners and others have been informed of the proposed project and an assessment of their acceptance.

The award of TAP funds; any subsequent funding or letting of contracts for design, construction, reconstruction, improvement, or maintenance; or the furnishing of materials shall not involve direct or indirect interest, prohibited by Iowa Code Sections 314.2, 362.5, or 331.342, of any state, county, or city official, elective or appointive. Any award of funding or any letting of a contract in violation of the foregoing provisions shall invalidate the award of funding and authorize a complete recovery of any funds previously disbursed.

**Certification**

To the best of my knowledge and belief, all information included in this application is true and accurate, including the commitment of all physical and financial resources. This application has been duly authorized by the participating local authority. I understand the attached OFFICIAL ENDORSEMENT(S) binds the participating authority to assume responsibility for adequate maintenance of any new or improved facilities.

I understand that, although this information is sufficient to secure a commitment of funds, an executed contract between the applicant and the Iowa Department of Transportation is required prior to the authorization of funds.

Representing the \_\_\_\_\_

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Signature Date

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Typed Name and Title Date

## MINORITY IMPACT STATEMENT

(Iowa DOT Form 105101)

Pursuant to 2008 Iowa Acts, HF 2393, Iowa Code Section 8.11, all grant applications submitted to the state of Iowa that are due beginning January 1, 2009 shall include a Minority Impact Statement. This is the state's mechanism for requiring grant applicants to consider the potential impact of the grant project's proposed programs or policies on minority groups.

**Please choose the statement(s) that pertains to this grant application. Complete all the information requested for the chosen statement(s). Submit additional pages as necessary.**

- The proposed grant project programs or policies could have a disproportionate or unique **positive** impact on minority persons.

Describe the positive impact expected from this project.

Indicate which group is impacted:

- Women     Persons with a disability     Blacks     Latinos     Asians  
 Pacific Islanders     American Indians     Alaskan Native Americans     Other

- The proposed grant project programs or policies could have a disproportionate or unique **negative** impact on minority persons.

Describe the negative impact expected from this project.

Present the rationale for the existence of the proposed program or policy.

Provide evidence of consultation with representatives of the minority groups impacted.

Indicate which group is impacted:

- Women     Persons with a disability     Blacks     Latinos     Asians  
 Pacific Islanders     American Indians     Alaskan Native Americans     Other

The proposed grant project programs or policies are **not expected to have** a disproportionate or unique impact on minority persons.

Present the rationale for determining no impact.

I hereby certify that the information on this form is complete and accurate, to the best of my knowledge:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

### **Definitions**

"Minority Persons," as defined in Iowa Code Section 8.11, means individuals who are women, persons with a disability, Blacks, Latinos, Asians or Pacific Islanders, American Indians, and Alaskan Native Americans.

"Disability," as defined in Iowa Code Section 15.102, subsection 7, paragraph "b," subparagraph (1):

b. As used in this subsection:

- (1) "*Disability*" means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of physical or mental impairment that substantially limits one or more of the major life activities of the individual, or being regarded as an individual with a physical or mental impairment that substantially limits one or more of the major life activities of the individual.

"*Disability*" does not include any of the following:

- (a) Homosexuality or bisexuality.
- (b) Transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments or other sexual behavior disorders.
- (c) Compulsive gambling, kleptomania, or pyromania.
- (d) Psychoactive substance abuse disorders resulting from current illegal use of drugs.

"State Agency," as defined in Iowa Code Section 8.11, means a department, board, bureau, commission, or other agency or authority of the state of Iowa.

## ATTACHMENT A

Itemized breakdown of total project costs guidelines.

Construction Costs – these may be based on historical averages for entire projects of similar size and scope.

Examples include:

- Typical cost / mile of trail (i.e. \$200,000 per mile for moderate terrain and limited number of structures)
- Typical cost / square foot of bridge deck
- Typical cost / square foot of new or renovated building space
- Typical cost / lineal foot of sidewalk

Design / Inspection Costs – these may be estimated based on the following typical percentages of construction costs:

- 8-10% for preliminary up through final design and letting activities
- 12-15% for construction inspection activities

Right-of-way Acquisition Costs – these may be estimated based on the following:

- Impact and description of impact
- Typical cost / square foot for permanent right-of-way
- Typical cost / square foot for temporary easements

Utility and Railroad Costs – these may be estimated based on the following:

- Impact and description of impact
- Typical cost / linear foot of relocated or reconstructed facility (track, pipe, electrical lines, etc.)
- Typical cost / installation (RR switches, utility poles, transformers, control boxes, etc.)

Indirect Costs -- if indirect costs are involved, e.g., wages

- Estimated hours
- Estimated hourly rate, salary
- Estimated fringe, direct
- Other direct cost estimate
- Other indirect cost estimate