Region 10
Regional Planning Affiliation (RPA 10)
Application for Surface Transportation Block Grant (STBG) Funds

FY 2027-2030

General Information

Applicant Agency: _____

Contact (Name and Title): _____

Complete Mailing Address: _____
Street Address and/or PO Box No.

_____
City State Zip Daytime Phone No.

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.)

Agency: _____

Contact (Name and Title): _____

Complete Mailing Address: _____
Street Address and/or PO Box No.

_____
City State Zip Daytime Phone No.

Project Title: _____

Proposed Federal Fiscal Year for Funding (October 1-September 30 fiscal year):

☐ FY 2027 ☐ FY2028
☐ FY 2029 ☐ FY 2030

Project Description: (including length if applicable):
If your response exceeds the character limit, attach additional information on a separate sheet

Project Category

Check all boxes that apply to your project.

STBG Projects

- ☐ New road construction
- ☐ New bridge construction
- ☐ Expansion of transit facilities
- ☐ Road replacement or reconstruction
- ☐ Bridge replacement or reconstruction
- ☐ Purchase of transit capital

Project Cost

Indicate projected project cost:

Item	Cost	Explanation
Land/site acquisition costs	$_____	_____
Construction/material costs	$_____	_____
Engineering/consulting costs	$_____	_____
Capital acquisition (explain)	$_____	_____
Other (explain)	$_____	_____
Total Cost	$ 0	_____

Indicate proposed cost share (the total of local and federal share shall equal the project cost shown above):

	Local Share	Federal Share Requested	Total
Project Cost	$_____	$_____	$ 0
% of Project Cost	0%	0%	

Narrative Information

1. Write a brief narrative of the project. Describe the current conditions and an outline of the proposed project concept. In addition, describe the existing demand for the project (i.e. description of users, current service conditions, and anticipated service counts). Include a description of the anticipated time schedule for planning, design, and proposed completion of the project.

If your response exceeds the character limit, attach additional information on a separate sheet

2. Describe below why the sponsoring agency is applying for funding. Include a description of how this project will allow the sponsor to meet the stated need (i.e. transportation safety improvements, improved economic development opportunities, reductions in energy consumption, development of alternative transportation modes, improved mobility of the general public and/or persons with disabilities, enhanced distribution of regional products, or improved inter-regional cooperation).

If your response exceeds the character limit, attach additional information on a separate sheet

3. Has any part of this project been started? ☐ No ☐ Yes, explain below

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 that this endorsement binds the participating local government(s) 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 (Iowa DOT) is required prior to the authorization of funds. I also understand that any expenses incurred prior to said contract will not be eligible for reimbursement. In addition, if the project contract with the Iowa DOT is not singed within three years of the original programming, I understand that funding may be withdrawn.

Representing the _____

_____

Signature Date

_____

Typed Name and Title Date