|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | ***IMPORTANT:*** *Before completing this form, read the TC 20-36 Instructions available in the KYTC Forms Library as a PDF file. Follow these directions carefully. Applications submitted with missing or incomplete information will be returned for corrections.* | | | | | | | | | | | | **SECTION 1: APPLICANT INFORMATION** | | | | | | | | | | | | **PROJECT COUNTY** | **PROJECT CITY** | | | | | | | | **HIGHWAY DISTRICT** | | | **PROJECT TITLE** | | | | | | | | | | | | **SPONSOR NAME** | | | | | | | | | | | | **ADDRESS** | | | | | | | | | | | | **CITY** | | | | **ZIP** | **PHONE** | | | **POPULATION** | | | |  | | **APPLICATION CONTACT** | | | **PHONE** | | | **EMAIL** | | | | | | **UNIQUE ENTITY IDENTIFIER (UEI) #** *(all applicants must be registered in the federal* [*System for Award Management (SAM*](https://sam.gov/content/home)*) before applying for funding. Please indicate the UEI assigned upon completion of registration.)* | | | | | | | | | | | | **SAI Number** [(*KY) (State Applicant Identifier number which is provided upon submitting an Application for Federal Assistance (Form 424) with the Kentucky State Clearinghouse. To obtain this information, access* <http://kydlgweb.ky.gov/FederalGrants/16_eClearinghouse.cfm>*]\*****Use ALN (formerly CFDA) #20.205*** | | | | | | | | | | | |  | | | | | | | | | | | | **If requesting SRTS Projects**, complete the information below for all elementary and middle schools within a 2-mile radius of the project location. For non-infrastructure projects, list the affected schools.  Infrastructure  Non-Infrastructure | | | | | | | | | | | |  | | | | | | | | | | | | **SCHOOL NAME** | | **GRADE RANGE** | | | **TOTAL STUDENT POPULATION** | | **TOTAL STUDENTS LIVING WITHIN 2 MILES OF SCHOOL** | | | **CURRENT # OF STUDENTS WALKING/BIKING TO SCHOOL** | |  | |  | | |  | |  | | |  | |  | |  | | |  | |  | | |  | |  | |  | | |  | |  | | |  | |  | |  | | |  | |  | | |  | |  | |  | | |  | |  | | |  | |
| |  |  | | --- | --- | | **SECTION 2: PROJECT CATEGORY**  **INSTRUCTION:** All Transportation Alternatives projects must have a **surface transportation relationship** and fall under one or more of the following eligible activities. For the activity that most fits your project, check **ONE** of the boxes below. | | | On- or off-road facilities for pedestrian, bike, or other non-motorized forms of transportation | | | Safe routes for non-drivers | | | Conversion of abandoned rail corridors for bicycle/pedestrian trails | | | Construction of turnouts, overlooks, and viewing areas | | | Community improvement activities: | | | a. | Inventory, control, or removal of outdoor advertising | | b. | Historic preservation and rehabilitation of historic transportation facilities | | c. | Vegetation management practices in transportation rights of way to improve roadway safety, prevent against invasive species, and provide erosion control | | d. | Archaeological activities relating to impacts from implementation of a transportation project under Title 23 | | Environmental mitigation including pollution prevention and pollution abatement activities and mitigation to: | | | a. | Address storm water management, control, and water pollution prevention or abatement related to highway construction or due to highway runoff, including activities described in [Title 23 Section 133(b)(11)](http://www.law.cornell.edu/uscode/text/23/133) , [Section 328(a)](http://www.law.cornell.edu/uscode/text/23/328), and [Section 329](http://www.law.cornell.edu/uscode/text/23/329) | | b. | Reduce vehicle-caused wildlife mortality or to restore and maintain connectivity among terrestrial or aquatic habitats | | Planning, designing, or constructing boulevards | | | Safe Routes to School (SRTS) 80/20 match | | |
| |  |  |  |  | | --- | --- | --- | --- | | **SECTION 3: PROJECT DESCRIPTION** | | | | | In this section, provide infrastructure improvements to include a detailed project description, location, and right of way information. Use additional copies of these pages as needed.  **INFRASTRUCTURE IMPROVEMENTS** | | | | | **LOCATION** | | Is this a state road?  Yes  No | | | **TYPE OF IMPROVEMENT** | | | | | **BEGINNING POINT** *(specifically)* | **STREET NAME/INTERSECTION/ADDRESS** | | **MILE POINT** *(Required)* | | **ENDING POINT** *(specifically)* | **STREET NAME/INTERSECTION/ADDRESS** | | **MILE POINT** *(Required)* | | **TOTAL LENGTH** *(if applicable)* | **SIDE OF STREET/DIRECTION** *(if applicable) (Use N/S/E/W.)* | | **WIDTH** *(if applicable)* | | **Use the space below to provide additional detailed information, to include side of road, direction, and any other relevant information.** | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **SECTION 3: PROJECT DESCRIPTION** *(cont.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **TRAFFIC CONTROL MEASURES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Describe traffic control measures requested to include signs, signals, roadway markings, crosswalks, school zones, and any other relevant information. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **RIGHT OF WAY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | If the project is awarded funding, the applicant will be required to provide proof of public right of way OR as a federally funded transportation project, it must follow the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (Uniform Act). The Uniform Act only allows you to identify the properties for initial design and budgeting. You CANNOT begin acquisitions or approach property owners until the Environmental Analysis is complete and you are given an Official Order to begin right of way acquisition. This applies to all acquisitions, including donations. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | | Yes | |  |  | | No | |  | Does sufficient public right of way exist to build this project? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Yes | |  |  | | No | |  | Have you identified properties potentially affected by this project? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Yes | |  |  | | No | |  | Have you budgeted funding for both the processing and fair market value of each property? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | If the applicant is required to acquire property or easements, list the properties, property owners, and type of acquisition or easement. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **#** | | **DESCRIPTION** | | | | | | | | | | | | | | | | | | | | | **PROPERTY OWNER** | | | | | | | | | | | | | | | | | **TYPE OF ACQUISITION**  **OR EASEMENT** | | | | | | | | | | | | | | | | 1. | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | 2. | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | 3. | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | 4. | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | 5. | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | **SECTION 3: PROJECT DESCRIPTION** *(cont.)* | | | | **MAINTENANCE PLAN** | | | | Describe how the completed project will be maintained for public use. Include plans for income generated after completion. If the project sponsor has a Maintenance Policy in place, provide a copy and explain where this project will be included in that plan. If no policy exists, provide a description of how this project will be maintained. | | | | |  |  |  | | --- | --- | --- | |  | | | | **SECTION 4: PROJECT READINESS** | | | | | **PROJECT SCHEDULE** | | | | | List each phase of the proposed project and provide an approximate completion date. | | | | | **PHASE TYPE** | **PROJECT PHASE DESCRIPTION** | **APPROXIMATE COMPLETION TIME IN MONTHS** | | | Design |  |  | | | Right of Way |  |  | | | Utilities |  |  | | | Construction |  |  | | | | | | What level of engineering/design has been completed for this project? Include any barriers to technical feasibility. | | | |  | | | | List any open Office of Local Program projects, including TA, SRTS, and CMAQ, currently held by the project sponsor. | | | | **PROJECT** | **PHASE** | **ESTIMATED COMPLETION DATE** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |
| |  |  |  | | --- | --- | --- | | **SECTION 5: TOTAL PROJECT COST** *(includes match)* | | | | **IMPORTANT**: The Office of Local Programs uses the cost estimate to determine the amount of funding; therefore, the estimate for each phase of the project must be as accurate as possible. To find out more information about cost estimates, consult the [Local Public Agency (LPA) Guide](https://transportation.ky.gov/Program-Management/Pages/LPAGuide.aspx) . | | | | |  |  | | --- | --- | | **PHASE** | **COST** | | Preliminary Engineering/Design (PE & FINAL) |  | | Right of Way (ROW) |  | | Utilities |  | | Construction |  | | Construction Engineering/Inspection |  | | Contingency (10%) |  | | **TOTAL PROJECT COST**  - 100% including match | **$0.00** | | **TOTAL FEDERAL FUNDS REQUESTED** – 80% Federal Funding |  | | | | | **LOCAL PUBLIC AGENCY (LPA) MATCH** |  | | | TAP projects require a 20% match. KYTC will only accept cash or property dedicated to the project as match. | | | | **ITEM** | **AMOUNT** | | | Cash (preferred) |  | | | Property |  | | | **TOTAL MATCH PROVIDED** | **$0.00** | | | **FINANCIAL FEASIBILITY** | | | | Will the funds requested in this application fully fund the project?  Yes  No | | | | If no, provide the gap amount and how the difference will be covered. | | | | **SECTION 6: CONNECTIVITY/PROJECT IMPACT/COMMUNITY SUPPORT** | | | |  | | | | Does the LPA have a Master Bike/Pedestrian Plan?  Yes  No | | | | Is it on file with KYTC?  Yes  No  *(If no, provide copy with application.)* | | | | Is this part of a local or regional growth, sustainability, or economic development plan? If yes, please provide a copy with the application. | | Yes  No | |  | |  | | List all neighborhood retail and essential services located within a ½-mile radius of your project. | | | | **SERVICE** | **# OF ESTABLISHMENTS** | | | Community /Civic Center/Library/Social Service |  | | | Child Care |  | | | Grocery Store/Farmers Market |  | | | Park/Playground |  | | | Laundry/Dry Cleaner |  | | | Restaurants/Retail/Entertainment |  | | | Medical Office/Pharmacy |  | | | Police or Fire Station |  | | | Other *(Please specify.)*: |  | | |
| |  | | --- | | **SECTION 6: CONNECTIVITY/PROJECT IMPACT/COMMUNITY SUPPORT** *(cont.)* | | **ECONOMIC DEVELOPMENT** | | To what extent will the project facilitate economic development in the community? Your response must include statistical data to support stated impacts. | |  | | **ACCESSIBILITY/EQUITY** | | To what extent will the project improve mobility for disadvantaged populations to include the elderly, disabled, minorities, and low-income residents? Your response must include statistical data to support stated impacts. | |  | | **ENVIRONMENT** | | Describe how the project improves non-motorized connectivity. Does the project reduce VMT (Vehicle Miles Traveled), particulate matter, and/or greenhouse gas emissions? | |  | | **CULTURAL, HISTORIC, & ARCHAEOLOGICAL RESOURCES** | | Is the area or part of the area of the project eligible to be listed in the National Register of Historic Places?  Yes  No *(If yes, attach the National Register nomination form with the application.)* | | Will there be any earth disturbance associated with this project?  Yes  No *(If yes, completion of an archaeological survey prior to the beginning of the project may be required.)* | | **SAFETY** | | How does the project improve motorized safety, and does it address specific safety issues? Your response must include statistical data to support stated impacts. | |  | |

|  |
| --- |
| **SECTION 6: CONNECTIVITY/PROJECT IMPACT/COMMUNITY SUPPORT** *(cont.)* |
| **COMMUNITY SUPPORT** |
| Describe how the local community has been involved in the planning process and list key stakeholders who are participating. Include all opposition to the project and describe how it is being negotiated. List all local government entities, contacts, and civic groups that have been involved in the development of the project. |
|  |
| |  | | --- | | **SECTION 7: LOCAL PUBLIC AGENCY (LPA) ACKNOWLEDGEMENT** |   By submitting this application the applicant acknowledges, if selected for funding, the project will follow all requirements outlined in this application, the KTYC Local Public Agency Guide, Memorandum of Agreement, and all applicable federal and state laws and regulations. The applicant further acknowledges failure to follow these requirements or complete the project in the allotted time may result in cancellation of the project and repayment of federal funds.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Authorized Signature of LPA Sponsor Date |
|  |
| ***Reminder:*** *Attach all required documents as listed in the TC 20-36 Instructions.* |