

**2018 Transportation Alternatives (TA) Set-Aside Program**

 **APPLICATION**

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| --- |
| Nominating Agency: |
| Click here to enter text. |
| Project Name: |
| Click here to enter text. |

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| Nomination Packages must be received by **5:00 pm**, Central Standard Time, on **Wednesday, December 13, 2017** |

Nomination packages must consist of three (3) hard copies (including attachments) and one (1) electronic copy of all files on a CD or USB drive.

Nomination packages must be mailed or hand-delivered to:

**Corpus Christi MPO**

**ATTN: Elena Buentello, AICP**

**601 N. Staples St, #300**

**Corpus Christi, TX 78401**

The Corpus Christi MPO (MPO) must have the nomination package “in-hand” at the MPO offices by the December 13 deadline. A postmark by the established deadline does not constitute an on-time application. In addition, supplemental information, other than administrative clarifications will not be accepted after the application deadline. Nomination packages failing to include any of the requested documentation will deemed incomplete.

The information in this application is public record. Therefore, applicants should not include information regarded as confidential.

**SECTION A – NOMINATING AGENCY INFORMATION**

|  |  |  |
| --- | --- | --- |
| **1** | **Nominating Agency:** | Click here to enter text. |
| **2** | **Contact Person:** | Click here to enter text. |
| **3** | **Title:** | Click here to enter text. |
| **4** | **Department:** | Click here to enter text. |
| **5** | **Mailing Address:** | Click here to enter text. |
|  | **City:** | Click here to enter text. | **Zip Code:** | Click here to enter text. |
| **6** | **Phone:** | Click here to enter text. |
| **7** | **Email:** | Click here to enter text. |

**SECTION B – PROJECT INFORMATION**

|  |  |  |
| --- | --- | --- |
| **1** | **Project Name:** | Click here to enter text. |
| **2** | **Eligible Project Activity:** Select project’s eligibility type |
|  |[ ]  Construction and design of on road and off-road trail facilities for pedestrians, bicyclists, and other non-motorized forms of transportation |
|  |[ ]  Construction and design of infrastructure-related projects and systems to improve safe routes for non-drivers |
|  |[ ]  Conversion and use of abandoned railroad corridors for trails for pedestrians, bicyclists, or other non-motorized transportation users |
|  |[ ]  Construction and design of infrastructure-related projects to improve the ability of students to bike and walk to school |
| **3** | **Project Location:** |  |
|  | a. | From/Beginning Point, if applicable: |
|  |  | Click here to enter text. |
|  | b. | To /End Point, if applicable: |
|  |  | Click here to enter text. |
|  | c. | Project Length (feet/miles), if applicable: | Click here to enter text. |
|  | d. | Project Width (feet), if applicable: | Click here to enter text. |
|  | e. | Intersection(s), if applicable: | Click here to enter text. |
|  | f. | Detailed description of the project alignment, location(s), or boundary of project area:  |
|  |  | Click here to enter text. Limit 200 words.  |
| **4** | **Project Location:** (1) Describe existing conditions and (2) provide a clear description of the purpose of the project and (3) the scope of work. Supplemental materials such as pictures, exhibits, diagrams, etc. may be provided as necessary to explain existing conditions and proposed improvements, and included with “**Attachment (A) - Project Information Maps and Plans**.” |
|  | *Label the relevant project documents “****Attachment (A) - Project Information Maps and Plans****” for printed copies and electronic copies included in the Nomination Package. Information about the project scope should be consistent with the itemized work activities provided in “****Attachment (C)- Project Budget****.”* |
|  | Click here to enter text. Limit 500 words. |

**SECTION C – PROJECT PLANS AND LOCATION MAPS**

Include plans and aerial maps as appropriate to identify the location of the project, and other relevant site maps, design plans, photos, diagrams, etc. to display the project scope/alignment/area and/or types of facilities and improvements included in the project application. Location maps should highlight or show other existing and planned linkages to employment centers, schools, transit facilities, or other major destinations.

*Label the relevant project documents “****Attachment (A) - Project Information Maps and Plans****” for printed copies electronic copies included on the Nomination CD or USB drive.*

**SECTION D – PROJECT READINESS AND OTHER FACTORS**

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| --- | --- |
| **1** | Is the project planning/initial schematic complete? |
|  |[ ]  Yes |
|  |[ ]  No |
|  |[ ]  Not Applicable |
| **2** | The construction plans for this project are currently: (select one) |
|  |[ ]  Complete |
|  |[ ]  Underway | Click here to enter text. | % Complete |
|  |[ ]  Not Started |
|  |[ ]  Not Applicable  |
| **3** | Does this project require Right-of-Way (ROW) acquisition? |
|  |[ ]  Yes |
|  |[ ]  No |
|  |  | Start date or estimated start date (MM/YY): | Click here to enter text. |
|  |  | Date completed or estimated completion date (MM/YY): | Click here to enter text. |
| **4** | Does this project require environmental clearance? |
|  |[ ]  Yes |
|  |[ ]  No |
|  |  | Start date or estimated start date (MM/YY):  | Click here to enter text. |
|  |  | Date completed or estimated completion date (MM/YY): | Click here to enter text. |
| **5** | Describe the status of project construction plans.  |
|  | Click here to enter text. Limit 200 words. |

**SECTION E – PROJECTED TIME ESTIMATE**

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| --- | --- | --- |
| **1** | **Project Start to Finish (In months):**  | Click here to enter text. |
|  | Estimate the amount of time it will take to complete the project from start to finish by estimating the time required for activities 2-6 below. The activities can run concurrently causing the total time to be different from the total of activities. Please note the earliest availability to start spending the Transportation Alternatives Set-Aside Program funds is based upon approval of the project in the Transportation Improvement Program and the Statewide Transportation Improvement Program, anticipated to be in August/September 2018.By submitting an application, the nominating agency confirms the project timeline reported is realistic and commits that if this project is selected for funding, an agreement with TxDOT will be executed within **one (1)** year of project selection and the project will advance to construction within **three (3)** years from selection by the MPO. If awarded Federal funding, the nominating agency acknowledges they are solely responsible for any cost overruns and future maintenance and operations of the facility. |
| **2** | **Activity: Programming (in months):** | Click here to enter text. |
|  | (Executing agreements with TxDOT, hiring consultant, revisions to local budgets, etc.)An agreement will be executed within one (1) year of MPO approval of selected projects in February 2018 (select one): |
|  |[ ]  Yes (REQUIRED) |
|  |[ ]  No |
|  |  | Start date or estimated start date (MM/YY): | Click here to enter text. |
|  |  | Date completed or estimated completion date (MM/YY): | Click here to enter text. |
|  | Additional Comments: |
|  | Click here to enter text. Limit 80 words. |
|  |  |
| **3** | **Activity: Preliminary Engineering (in months):** | Click here to enter text. |
|  | (Schematic and design) |
|  | Start date or estimated start date (MM/YY): | Click here to enter text. |
|  | Date completed or estimated completion date (MM/YY): | Click here to enter text. |
|  | Additional Comments: |
|  | Click here to enter text. Limit 80 words. |
|  |  |
| **4** | **Activity: Environmental clearance and/or ROW acquisition (in months):** | Click here to enter text. |
|  | Start date or estimated start date (MM/YY): | Click here to enter text. |
|  | Date completed or estimated completion date (MM/YY): | Click here to enter text. |
|  | Additional Comments: |
|  | Click here to enter text. Limit 80 words. |
|  |  |
| **5** | **Activity: Final Design and Preparation of Construction Package (in months):** | Click here to enter text. |
|  | (Including review by TxDOT District, advertising, hiring contractor) |
|  | Start date or estimated start date (MM/YY): | Click here to enter text. |
|  | Date completed or estimated completion date (MM/YY): | Click here to enter text. |
|  | Additional Comments:  |
|  | Click here to enter text. Limit 80 words. |
|  |  |
| **6** | **Activity: Project Construction (in months):** | Click here to enter text. |
|  | (Demolition, construction, inspection, etc.) |
|  | Construction will begin within **three (3)** years of MPO approval of selected projects in February 2018 (select one): |
|  |[ ]  Yes (REQUIRED) |
|  |[ ]  No |
|  | Additional Comments: |
|  | Click here to enter text. Limit 80 words. |

**SECTION F – PROJECT EVALUATION**

Describe how the project addresses each of the following evaluation criteria.

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| **CRITERIA** | **DEFINITION** | **POINTS AVAILABLE** |
| Safety | Enhances safety of cyclists and pedestrians, particularly in an area with a documented history of conflicts between vehicular and non-vehicular modes, e.g. improving crossings, signalization, and traffic calming. | 15 |
| Click here to enter text. Limit 200 words. |

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| **CRITERIA** | **DEFINITION** | **POINTS AVAILABLE** |
| Land UseConnections | Enhances non-vehicular access to major destinations, such as employment centers, high density residential center, schools, essential services, or other key destinations. | 20 |
| Click here to enter text. Limit 200 words. |

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| **CRITERIA** | **DEFINITION** | **POINTS AVAILABLE** |
| Supported by a Local/Reg. Plan | Proposed project implements a project that is captured in a local or regional Master Plan. | 10 |
| Click here to enter text. Limit 200 words. |

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| **CRITERIA** | **DEFINITION** | **POINTS AVAILABLE** |
| Disadvantaged Areas | Project located in a disadvantaged community, such as a neighborhood with a percentage of low income households that is greater than regional average and/or a project that specifically serves a vulnerable population, such as the elderly, disabled, or transit dependent. | 15 |
| Click here to enter text. Limit 200 words. |

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| **CRITERIA** | **DEFINITION** | **POINTS AVAILABLE** |
| Multimodal Connections | Project connects to other modes of transportation, such as transit. | 25 |
| Click here to enter text. Limit 200 words. |

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| **CRITERIA** | **DEFINITION** | **POINTS AVAILABLE** |
| Design Enhancement | Project includes design elements (e.g. enhanced lighting, landscaping) and/or supporting infrastructure (e.g. street furniture, bike racks/lockers, restrooms, changing rooms) that go beyond basic accommodations to encourage non-vehicular mobility. | 15 |
| Click here to enter text. Limit 200 words. |
| **A TOTAL POINTS AVAILABLE** | **100** |

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| **BONUS CRITERIA** | **DEFINITION** | **POINTS AVAILABLE** |
| Public Support & Outreach | Documented public support for project.*If applicable, include letters of support and other evidence of public interest (not to exceed 10 items) and label as “Attachment (B) – Public Support and Outreach” for printed copies and electronic copies included in the Nomination CD or USB drive.* | 10 |
| Click here to enter text. Limit 200 words. |

|  |  |  |
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| **BONUS CRITERIA** | **DEFINITION** | **POINTS AVAILABLE** |
| Funding Leverage | Overmatch and/or documented funding contribution from partner(s) or other sources*.* | 30-39% | 5 |
| 40%+ | 10 |
| Click here to enter text. Limit 200 words. |
| **A TOTAL POINTS AVAILABLE** | **20** |

**SECTION G – PROJECT BUDGET SUMMARY**

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|[ ]  Check here if **Project Budget** has been completed **(REQUIRED)**. |
|[ ]  Label as “Attachment (C) – Project Budget” for printed copies and for electronic copies included on the Nomination CD or USB drive. |

**SECTION H – OFFICAL FUNDING RESOLUTION**

Provide supporting documentation by the nominating agency’s Governing Body to confirm the availability of the local match contribution if the funds are awarded.

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|[ ]  Check here if supporting documentation has been provided **(REQUIRED)**. |
|[ ]  Label as “Attachment (C) – Project Budget” for printed copies and for electronic copies included on the Nomination CD or USB drive. |
|[ ]  If a resolution cannot be attained by December 13, 2017, a letter of commitment signed by the Chief Administrator or Elected Official to provide the resolution by January 17, 2018 may be submitted. |

**SECTION I – PROJECT COMMITMENT**

By submitting an application, the nominating agency confirms each of the following items:

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|[ ]  The nominating agency commits that the reported project timeline is realistic, and **(REQUIRED)** |
|[ ]  The nominating agency commits that if this project is selected for funding, an agreement with TxDOT will be executed within one year of project selection, and **(REQUIRED)** |
|[ ]  The nominating agency commits that if this project is selected for funding the project will advance to construction within three years from selection, and **(REQUIRED)** |
|[ ]  The nominating agency acknowledges the Transportation Alternatives Set-Aside Program is not a grant and the funds are provided on a cost reimbursement basis. **(REQUIRED)** |

The MPO reserves the right to award partial funding based on project-specific factors.

The Application Form must be signed by a representative of the Nominating Agency that has signature authority.

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| --- | --- | --- |
|  |  | Click here to enter text. |
| Signature |  | Title |
| Click here to enter text. |  | Click here to enter a date. |
| Print Name |  | Date |

**CALL FOR PROJECTS CLOSES & NOMINATION PACKAGES MUST BE RECEIVED BY
5:00 pm, Central Standard Time, on Wednesday, December 13, 2017**

Nomination Packages must consist of three (3) hard copies (including attachments) and one (1) electronic copy of all files on a CD or USB drive.

Nomination packages must be mailed or hand-delivered to:

**Corpus Christi MPO
ATTN: Elena Buentéllo, AICP
601 N. Staples St, #300
Corpus Christi, TX 78401**

**NOMINATION PACKAGE CHECKLIST**

Check all that apply and are included in the Nomination Package. Items noted as **(REQUIRED)** must be checked and included or the application will be deemed incomplete.

|  |  |
| --- | --- |
| **1** | **Nomination Package – Electronic** |
|  | One (1) electronic file on CD or USB drive of each of the following: |
|  |[ ]  **Application Form** - Electronically signed **(REQUIRED)** |
|  |[ ]  **Attachment (A)** – Project Information Maps and Plans |
|  |  |[ ]  Project Location Map **(REQUIRED)** |
|  |  |[ ]  Project Site Plan or other project area maps |
|  |  |[ ]  Materials such as pictures, exhibits, diagrams, etc. to supplement the project description and explain existing conditions and proposed improvements |
|  |[ ]  **Attachment (B)** – Public Support and Outreach (Letters of support and other evidence of public interest, not to exceed 10 items) |
|  |[ ]  **Attachment (C)** – Project Budget **(REQUIRED)** |
|  |[ ]  **Attachment (D)** – Certification of Local Match and Funding Commitment **(REQUIRED)** |
| **2** | **Nomination Package – Hard Copy** |
|  | Three (3) printed copies of each of the following: |
|  |[ ]  **Application Form** **(REQUIRED)** |
|  |[ ]  **Attachment (A) -** Project Location Map |
|  |  |[ ]  Project Location Map **(REQUIRED)** |
|  |  |[ ]  Project Site Plan or other project area maps |
|  |  |[ ]  Materials such as pictures, exhibits, diagrams, etc. to supplement the project description and explain existing conditions and proposed improvements |
|  |[ ]  **Attachment (B) –** Public Support and Outreach (Letters of support and other evident of public interest, not to exceed 10 items) |
|  |[ ]  **Attachment (C) –** Project Budget (Include all three (3) worksheets – Budget Summary, Itemized Construction Costs, Itemized Design Costs) **(REQUIRED)** |
|  |[ ]  **Attachment (D)** – Certification of Local Match and Funding Commitment **(REQUIRED)** |