

Iowa Transportation Alternatives Set-Aside Program Application

Please review the program guidance before completing this application.

https://iowadot.gov/systems_planning/Grant-Programs/Transportation-Alternatives

PART A – PROJECT SPONSOR INFORMATION					
Project Sponsor:					
Contact Name:		Contact Title:			
Email Address:					
Street Address:					
City:		Zip Code:		Phone Number:	
Unique Entity Identifier (UEI):					
(To verify existing UEI or to register, go to System for Award Management at https://SAM.gov . The entity name associated with the UEI must match the entity listed on this application as the project sponsor.)					
Metropolitan Planning Organization (MPO) or Regional Planning Affiliation (RPA):					
(To identify your local MPO or RPA, go to https://iowadot.gov/systems_planning/Grant-Programs/Transportation-Alternatives)					

PART B – PROJECT INFORMATION	
Project Title.	
<p>Project Description. The project description entered in the space below should include summary details of only the project scope that is the subject of the funding request. Do not provide details of completed or future phases of a larger project. For a construction project, the description should include the facility name, brief description of the work to be completed, length of the project to be completed, the project end points or termini, and any existing connecting trails or facilities.</p>	
<p>Is this application intended to be considered for funding as a Safe Routes to School (SRTS) project? If yes, Part E of this application form must be completed. If a SRTS construction project, the project must be located within 2 miles of a school serving students K-12.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Is this application located immediately adjacent to a state-designated Iowa Byway? If yes, the project should be identified in the byway's adopted Corridor Management Plan and the application shall include an endorsement of the project by the local byway organization.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Upon completion, will the project be open to the public?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do you intend to charge a fee to users? If yes, how much will the fee be and how will the revenue be used?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART C – PROJECT COSTS, FUNDING GAP, AND MATCHING FUNDS

Project Costs: Complete the table below by identifying the estimated project costs. Costs should reflect estimated costs in the execution year when funds are programmed and the project is ready to proceed. COLUMN 1 is the total project cost to the project sponsor and will include all costs whether TA Set-Aside reimbursement is intended or the costs will be paid entirely with local or other funds. Most project sponsors do not intend to request reimbursement toward all project costs. The amount listed in COLUMN 1 for each type of cost should also be placed in either COLUMN 2 or COLUMN 3. The costs listed in COLUMN 2 are those that are not intended to be claimed for TA Set-Aside reimbursement. Costs listed in COLUMN 3 are costs the project sponsor does intend to claim for reimbursement. No row should have costs in all three columns and the total of COLUMN 2 plus the total of COLUMN 3 should equal the total of COLUMN 1.

	COLUMN 1 Total Estimated Project Cost to Project Sponsor	COLUMN 2 No TA Set-Aside Reimbursement Planned	COLUMN 3 Intend to Claim TA Set-Aside Reimbursement
Right-of-way Acquisition:	\$	\$	\$
Preliminary Design/Engineering:	\$	\$	\$
Construction:	\$	\$	\$
Construction Engineering:	\$	\$	\$
Other (please identify) :	\$	\$	\$
Other (please identify) :	\$	\$	\$
Total:	\$	\$	\$

LINE A: Total to be Claimed for Reimbursement (*Total COLUMN 3*) \$

LINE B: Transportation Alternatives Set-Aside Funding Request (*Maximum 80% of Total COLUMN 3*) \$

LINE C: Required Local Match (*Difference LINE A – LINE B; Minimum 20% of Total COLUMN 3*) \$

LINE D: Total Cost to Project Sponsor* (*LINE C + Total COLUMN 2*) \$

** Project Sponsor is also responsible for all cost overruns*

Funding Gap: After completing the **Matching Funds** section below, return to this section to show your calculation of the existing funding gap that exists on your project. This calculation will be verified and then used to score your project on how well it has leveraged other funding sources and its readiness for development.

LINE E: Total **SECURED** matching funds (*Sum of all match sources listed as secured below*) \$

LINE F: Existing funding gap (*Difference LINE D – LINE E*) \$

Matching Funds: Please list each funding source separately (including your own local funds secured for the project) and provide all of the following information:

- **Amount:** List the funding amount secured or anticipated from each funding source.
- **Source:** Identify the funding source.
- **Funds are secured or anticipated:** A grant amount that has been confirmed by a funder in writing is a *secured* funding source. In identifying the applicant's own contribution, the amount must be identified as a line item in an internal budget document or some other documentation must be able to be provided for the funding to be considered *secured* versus *anticipated*. Identifying funds under the presumption that a board or council will commit a certain amount through a future action would be considered an *anticipated* funding source. If you intend to apply for or have not yet received written confirmation of an award, these are considered *anticipated*. **Only funding sources marked as secured should be included when calculating the total matching funds identified in LINE E above.** All funding sources listed as *secured* will be required to provide

proof that the award has been made or funds have otherwise been secured for your project. If you check *secured* and do not provide documentation, adjustments will be made to accurately reflect only *secured* and documented funding sources in scoring your application.

- **Funding type:** Identify if funds are from a federal, state, local, or private source.
- **Intended use of these funds:** In many cases, the intended use will be the same as this application; however, if the funds are for a particular item (e.g. benches, trailhead only, etc.) then indicate the funder's intent.
- **Conditions on the use of funds:** If the funder has any conditions on the funding, please list these. A common condition may be a date funds need to be spent by or a date the project must be completed by.

Amount:		Source:	
Funds are: Secured <input type="checkbox"/>	Anticipated: <input type="checkbox"/>	Funds are: Federal: <input type="checkbox"/>	State: <input type="checkbox"/> Local: <input type="checkbox"/> Private: <input type="checkbox"/>
Intended use of these funds:			
Conditions on the use of funds:			

Amount:		Source:	
Funds are: Secured <input type="checkbox"/>	Anticipated: <input type="checkbox"/>	Funds are: Federal: <input type="checkbox"/>	State: <input type="checkbox"/> Local: <input type="checkbox"/> Private: <input type="checkbox"/>
Intended use of these funds:			
Conditions on the use of funds:			

Amount:		Source:	
Funds are: Secured <input type="checkbox"/>	Anticipated: <input type="checkbox"/>	Funds are: Federal: <input type="checkbox"/>	State: <input type="checkbox"/> Local: <input type="checkbox"/> Private: <input type="checkbox"/>
Intended use of these funds:			
Conditions on the use of funds:			

Amount:		Source:	
Funds are: Secured <input type="checkbox"/>	Anticipated: <input type="checkbox"/>	Funds are: Federal: <input type="checkbox"/>	State: <input type="checkbox"/> Local: <input type="checkbox"/> Private: <input type="checkbox"/>
Intended use of these funds:			
Conditions on the use of funds:			

Amount:		Source:	
Funds are: Secured <input type="checkbox"/>	Anticipated: <input type="checkbox"/>	Funds are: Federal: <input type="checkbox"/>	State: <input type="checkbox"/> Local: <input type="checkbox"/> Private: <input type="checkbox"/>
Intended use of these funds:			
Conditions on the use of funds:			

Amount:		Source:	
Funds are: Secured <input type="checkbox"/>	Anticipated: <input type="checkbox"/>	Funds are: Federal: <input type="checkbox"/>	State: <input type="checkbox"/> Local: <input type="checkbox"/> Private: <input type="checkbox"/>
Intended use of these funds:			
Conditions on the use of funds:			

Amount:		Source:	
Funds are: Secured <input type="checkbox"/>	Anticipated: <input type="checkbox"/>	Funds are: Federal: <input type="checkbox"/>	State: <input type="checkbox"/> Local: <input type="checkbox"/> Private: <input type="checkbox"/>
Intended use of these funds:			
Conditions on the use of funds:			

Amount:		Source:	
Funds are: Secured <input type="checkbox"/>	Anticipated: <input type="checkbox"/>	Funds are: Federal: <input type="checkbox"/>	State: <input type="checkbox"/> Local: <input type="checkbox"/> Private: <input type="checkbox"/>
Intended use of these funds:			
Conditions on the use of funds:			

Amount:		Source:	
Funds are: Secured <input type="checkbox"/> Anticipated: <input type="checkbox"/>		Funds are: Federal: <input type="checkbox"/> State: <input type="checkbox"/> Local: <input type="checkbox"/> Private: <input type="checkbox"/>	
Intended use of these funds:			
Conditions on the use of funds:			

Amount:		Source:	
Funds are: Secured <input type="checkbox"/> Anticipated: <input type="checkbox"/>		Funds are: Federal: <input type="checkbox"/> State: <input type="checkbox"/> Local: <input type="checkbox"/> Private: <input type="checkbox"/>	
Intended use of these funds:			
Conditions on the use of funds:			

PART D – PROJECT DEVELOPMENT MILESTONES

Please provide a timeline of your project milestones below. For a construction project (or as applicable), estimated dates should be identified for major milestones such as: submittal of a concept statement, anticipated NEPA clearance, initiation of preliminary design, acquisition of right-of-way, completion of final design, planned project letting date, start of construction, estimated construction completion date, completion of a final construction audit, and when final closure of the project is expected. Add any additional milestones as appropriate for your project. Projects will be required to be let within two years of funds being available (programmed in the TIP/STIP) to the project. Upon award and execution of a project funding agreement, projects that fail to make satisfactory progress may be terminated by Iowa DOT.

DATE	PROJECT MILESTONE

PART E – SAFE ROUTES TO SCHOOL PROJECT INFORMATION (ONLY IF APPLICABLE)

This section is only required to be completed if requesting funding for a Safe Routes to School project.

Survey data collected. A Safe Routes to School project is required to have completed the necessary planning and preparation activities including collecting data about the school(s) and student population. Please see <http://saferoutesdata.org> for forms, tips, and instructions. Please **DO NOT** provide your survey forms with this application.

School Name(s):
 Grades of students at school(s):
 Number of students at school(s):
 Number of K-12 students at school(s):
 Distance eligibility for riding a bus (radius) in miles:
 Number of K-12 students who currently walk to school:
 Number of K-12 students who currently bicycle to school:
 Number of K-12 students currently driven to school:
 Number of K-12 students currently bused to school:
 Number of K-12 students eligible for busing:
 Number of K-12 students who attend this school and live within 2 miles:

Evaluating the Success of the Project. Please discuss your plans for evaluating the success of the project. The SRTS program goal is to enable and encourage more students to walk and bicycle to school. How will you measure your success? What method will you use to determine whether more students are walking or bicycling to school? What are your specific user goals for this project? Your plans for measurement should minimally include using the student survey forms provided at <http://saferoutesdata.org> to gather before and after figures for the number of K-12 students who are: walking to school, bicycle to school, driven to school, and bused to school. Please provide a narrative response in the space provided below. **BE AS CONCISE AS POSSIBLE.**

PART F – NARRATIVE QUESTIONS

Please provide a narrative response to each question in the space provided for each question below.

BE AS CONCISE AS POSSIBLE

- 1. Detailed Description of the Project.** Please provide a clear description of the concept of the proposed project, including such information as existing site conditions, trail length, number/acreage of parcels to be acquired, general construction activities planned, etc. For a non-construction project, provide a summary of the planned activities to be part of the project with a description of each. Remember to provide summary details of only the project scope that is the subject of the funding request. Do not provide details of completed or future phases of a project.
- 2. Impact of the Project.** If this is an application to a regional program, what is the project's value to the region and how will it be a functional addition to the transportation system and region as a whole if no additional development funds are received? If this is a statewide or multi-regional project, assess the value of this project from a statewide or multi-regional perspective. How does the proposed project meet the intent of the program? Upon completion, will the proposed project contribute to the quality of life, utility of the transportation system, or tourism appeal? What degree of planning has been implemented to complete the project?
- 3. Alignment with Local, Regional, or Statewide Planning Documents.** What is the relationship of the proposed project to a local, regional, or statewide plan? For example, how does the proposed project align with the Iowa Bicycle and Pedestrian Long-Range Plan and any applicable adopted regional, county, or municipal trail plan? It is preferred that links to documents publicly available online and specific page references be provided.

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|---|
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| <p>4. Federal-aid Highway Project Development Process, Understanding and Capacity. What previous experience does existing project sponsor staff have with the federal-aid highway project development process? Has past performance resulted in successful projects that delivered the projects in a timely and compliant manner? Does existing staff have the capacity to administer the proposed project? Has the project sponsor demonstrated an understanding of the program rules? What strategies will be implemented to deliver the proposed project successfully?</p> |
| <p>5. Contribution Toward Safety for All Transportation Modes. How would the proposed project address the safety of all users such as those who walk, bike, drive, ride transit, or travel by other modes? To what degree will the proposed project address any existing safety needs or concerns?</p> |
| <p>6. Enhancement of Statewide Tourism Benefits. How will the proposed project enhance tourism in Iowa by attracting visitors from out-of-state? What are the economic benefits of the proposed project to the state?</p> |
| <p>7. Need for the Proposed Project. Why is the project needed in the area and what population will it serve? How will the proposed project satisfy that need? Provide adequate project justification based on existing or estimated future use of the facility. In addition to general need, please focus on how the project impacts high need areas such as low-income, transit-dependent, rural, or other areas? How will the proposed project improve the overall mobility of these areas and how has this population been engaged in the planning for the proposed project?</p> |
| <p>8. Improve Accessibility. What efforts have been made to go beyond compliance with the Americans with Disabilities Act (ADA) of 1990 to ensure the proposed project will be accessible and usable by individuals with disabilities?</p> |
| <p>9. Long-Term Maintenance Plan. What arrangements have been made to continue operation and maintenance of the proposed project after the project is complete? For example, has a maintenance fund or an endowment been established?</p> |
| <p>10. Project Readiness. Is the project ready for development? Please describe efforts taken to prepare for developing the project. How has the project sponsor prepared for the proposed project by resolving any potential obstacles? Will the project proceed without delay upon award of funding?</p> |

11. Public Input Process. Please discuss 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. Also include discussion of any partnerships among local organizations and stakeholders that this project may help to facilitate or how these entities or individuals have contributed to the development of the project concept or have committed financial or other support to the project.

PART G – CHECKLIST AND CERTIFICATION

Before certifying the accuracy of this application, please review Section 5 of the program guidance to verify you have complied with all requirements for your application to be considered complete. The below is a list of minimum requirements to be submitted as part of a complete application for all TA Set-Aside programs; however, **applicants applying to a Regional TA Set-Aside program are encouraged to contact their local MPO or RPA for any additional requirements.**

- ☐ A. An **APPLICATION FORM** (in Word format) with all parts completed:
- ☐ B. A **DETAILED MAP** identifying the location of the project
- ☐ C. A **SKETCH PLAN** of the project, including cross section (construction projects only)
- ☐ D. **DIGITAL PHOTOGRAPHS** (limit to five)
- ☐ E. An **ITEMIZED BREAKDOWN** of the total project costs
- ☐ F. An **OFFICIAL ENDORSEMENT** of the project from the project sponsor
- ☐ G. A **LETTER OF SUPPORT** from the local byway organization board (if applicable)
- ☐ H. A **LETTER OF CONSENT TO SUBMIT** the application from the Iowa DOT District Engineer (if applicable)
- ☐ J. **FUNDING SOURCE DOCUMENTATION** for each funding source identified as secured by the applicant
- ☐ K. This **CERTIFICATION** (in PDF format) signed by an official authorized by the project sponsor
- ☐ L. A completed **MINORITY IMPACT STATEMENT** (in PDF format) as required by Iowa Code section 8.11

The undersigned is an official authorized to represent the applying organization. The person signing this document must have the authority to contractually bind the organization.

Certification

I certify that all proposed activities will be carried out; that all grant money received will be utilized solely for the purposes for which it is intended; that records documenting the planning process and implementation will be maintained and submitted when requested, and the Iowa DOT is hereby granted access to inspect project sites and/or records.

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 applying organization. I understand that the attached official endorsement(s) binds the participating authority to assume responsibility for adequate maintenance of any new or improved facilities.

The award of Transportation Alternatives Set-Aside program 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 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.

If funding assistance is approved for the project described in this application, I understand that an executed agreement between the applicant and the Iowa DOT is required before the project can be started, costs incurred, or such funding assistance authorized for use in implementing the project.

Printed Name _____ **Title** _____

Signature _____ **Date** _____

Minority Impact Statement

Pursuant to 2008 Iowa Acts, HF 2393, Iowa Code 8.11, all grant applications submitted to the State of Iowa that are due beginning Jan. 1, 2009, shall include a Minority Impact Statement. This is the state's mechanism for requiring grant applications 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 groups are 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 groups are 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 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 15.102, subsection 12, 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 8.11, means a department, board, bureau, commission, or other agency or authority of the State of Iowa.