



2023-2024 Transportation Alternatives Program
Project Application

Project Title:	
Agency / Organization:	
Contact Person: (person responsible for grant and contract matters)	
Phone Number & Email:	

Project Location:

Please describe the project location. Attach a vicinity map, and cross sections as needed, which encompasses your project area.

Project Information:

<p>Type of Project: <i>(Check all that apply)</i></p>	<input type="checkbox"/>	Construction, planning, and design of on-road and off-road trail facilities for pedestrians, bicyclists, and other nonmotorized forms of transportation, including sidewalks, bicycle infrastructure, pedestrian and bicycle signals, traffic calming techniques, lighting and other safety-related infrastructure, and transportation projects to achieve compliance with the Americans with Disabilities Act of 1990.	
	<input type="checkbox"/>	Construction, planning, and design of infrastructure-related projects and systems that will provide safe routes for non-drivers, including children, older adults, and individuals with disabilities to access daily needs.	
	<input type="checkbox"/>	Conversion and use of abandoned railroad corridors for trails for pedestrians, bicyclists, or other nonmotorized transportation users.	
	<input type="checkbox"/>	Construction of turnouts, overlooks, and viewing areas.	
	<input type="checkbox"/>	Community Improvement Activities:	
	<input type="checkbox"/>	<input type="checkbox"/>	Inventory, control, or removal of outdoor advertising
	<input type="checkbox"/>	<input type="checkbox"/>	Historic preservation and rehabilitation of historic transportation facilities
	<input type="checkbox"/>	<input type="checkbox"/>	Vegetation management practices in transportation rights-of-way to improve roadway safety, prevent against invasive species, and provide erosion control
	<input type="checkbox"/>	<input type="checkbox"/>	Archaeological activities relating to impacts from implementation of a transportation project eligible under Title 23
	<input type="checkbox"/>	Any environmental mitigation activity, including pollution prevention and pollution abatement activities and mitigation to:	
	<input type="checkbox"/>	<input type="checkbox"/>	Address stormwater management, control, and water pollution prevention or abatement related to highway construction or due to highway runoff
	<input type="checkbox"/>	<input type="checkbox"/>	Reduce vehicle-caused wildlife mortality or to restore and maintain connectivity among terrestrial or aquatic habitats
		The recreational trails program	
	<input type="checkbox"/>	The safe routes to school program eligible projects and	
	<input type="checkbox"/>	<input type="checkbox"/>	Infrastructure-related projects
	<input type="checkbox"/>	<input type="checkbox"/>	Non-infrastructure
	<input type="checkbox"/>	<input type="checkbox"/>	SRTS coordinator
<input type="checkbox"/>	Planning, designing, or constructing boulevards and other roadways largely in the right-of-way of former Interstate System routes or other divided highways.		

Project Description:

Please describe your project in detail. Attach additional sheets if necessary.

Regional Transportation Planning Element:

Please include a detailed explanation of how the proposed project aligns with the goals of the NEW RTPO Regional Transportation Plan 2042 (RTP 2042). Use the following Evaluation & Ranking Criteria Questionnaire as a guide. Attach additional sheets if necessary.

Evaluation & Ranking Criteria Questionnaire:

Project Title:	
<i>This section to be used by the Technical Advisory Committee for project ranking. Use the blank space under each item for evaluator's comments.</i>	<u>Points</u>
1) Overall strength of project within its specific eligibility category(s)	0 – 5
<i>How does the proposal meet the intent of the appropriate eligibility category (or categories), and of the overall Transportation Alternatives Program.</i>	
<i>Comments:</i>	
2) Regional significance	0 – 5
<i>How and why does the project benefit the community, neighboring communities, and the region in general; does the proposal identify the potential for the project to strengthen the local or regional economy; and does it identify the anticipated beneficiaries of the project.</i>	
<i>Comments:</i>	
3) Demonstrated community support	0 – 5
<i>Does the proposal demonstrate broad community support? This is best evidenced by letters of support from other agencies, organizations, community groups, etc. If available, it should provide additional information about project development history and public involvement.</i>	
<i>Comments:</i>	
4) Explain why the project is needed.	0 - 5
<i>Does the proposal explain why the project is needed? What problems will occur or opportunities will be lost if this project is not implemented. Describe what problem(s) this project addresses.</i>	
<i>Comments:</i>	
5) Please include a vicinity map which encompasses your project area, and cross sections, as described in the instructions.	0 – 5
<i>Does the map clearly define the location and scope of the project?</i>	
<i>Comments:</i>	

Project Financial Summary:

Local Funding*:	\$	<i>* matching funds <u>not</u> required</i>
Phase of Project Being Requested? (PE, RW, CN, All Phases)		
Total Grant Funding Requested:	\$	
Total Project Cost:	\$	
Is project already included in an adopted TIP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other Agency Coordination:

Does project require property rights outside of your ownership on other agency jurisdiction or private property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, please describe. Note: Provide concurrence letters from affected agencies (i.e. WSDOT, County, etc) or private property owners.		

Proposed Timeline

Estimated obligation date (mm/dd/yyyy)		
PE_____	RW_____	CN_____

Ready-to-Proceed Assurance:

Signature by the responsible official is required in order to certify understanding of the requirement that the project must proceed within one year of award, for the applicable phase selected, and that funds will be rescinded by NEW RTPO if not obligated in the required time frame:	
_____	_____
Signature of Responsible Official	Date

Title	