

Received: _____

**FMATS MPO Project Submittal Form
TRANSPORTATION ALTERNATIVES PROGRAM**

Project Name	
Project Location	
Project Limits (If Applicable)	From: To: Length:
Project Sponsor (See TAP Instruction for Eligible Sponsors list)	
Co-sponsor(s) (If Applicable)	
Sponsor Information	Name: Email: Title: Phone: Agency/ Organization: Department:

Project Detailed Description and Purpose:

MPO staff will check the eligibility and the Evaluation Committee will score the projects based on the Selection Criteria as presented in Section VI.

Explain how the Sponsor and Project are eligible under TAP guidelines.

State the source of the non-federal share, 9.03% of the total project cost including ICAP, which will be delivered by August 15, 2016.

State the Commitment to Maintenance of the project upon completion, if applicable.

Explain how the project will be developed under 23 USC.

Explain how the match and maintenance agreements will be in place by August 15, 2016. These agreements will be with the Northern Region ADOT&PF and the Fairbanks Area Planner is the point of contact.

Explain how this funding will play a role in bringing your project to completion.

Is the Proposed Project / Program in an Existing Plan (Check all that apply)

Non-Motorized Transportation Plan Metropolitan Transportation Plan

Other: _____

Explain:

Transportation System Connectivity & Mobility

Please indicate if the project addresses existing gaps to Essential Services (ex. Hospital, transit service, bicycle or pedestrian facilities, work, school and other transportation facilities). Please describe how people might use the project as a transportation alternative to get to work, school or to make personal trips.

Please indicate if the project extends a facility, plans for or creates an ADA-compliant facility. Please indicate how the project improves mobility for disadvantaged populations, such as elderly, disabled, minority, and low income populations.

Project Phases Already Completed (Select All That Apply):

- | | |
|--|--|
| <input type="checkbox"/> Design | <input type="checkbox"/> Feasibility Study |
| <input type="checkbox"/> Partial Construction | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> NEPA Document (If applicable) | |

Right of Way:

Right of Way Required: Yes No

Right of Way has been Acquired: Yes No If yes, what % has been acquired? _____

Safety

Please indicate safety benefits the project will achieve. Is there any pedestrian or bicycle crash data at the project location?

Project Support

Please describe to what extent does the project have support from local government and community/public (such as a resolution of support, inclusion in an adopted plan, feasibility study, or request from a community group)?

Project Deliverables

Please identify the project deliverables.

Additional Notes

Please provide any additional details that relate to the rating criteria that were not addressed in the questions above.

Summary of Requested Funding

Are Matching Funds Available? *(A local match of 9.03% is required for all projects).*

- YES, funds are already locally programmed YES, funds will be locally programmed
 NO Not Sure

What is the source of the match funds? _____

TOTAL PROJECT COST	\$	
FEDERAL FISCAL YEAR (October – September)	AMOUNT REQUESTED (up to 90.97% of Total Project Cost)	LOCAL MATCH (at least 9.03% of Total Project Cost)
	\$	\$
	\$	\$
	\$	\$
TOTAL	\$	\$

Attachments

Please include ALL relevant attachments with this application, including the following:

- Budget Worksheet (see Attachment A) Other: _____
 Map of Project (if applicable) Other: _____
 NEPA Approval Letter (if applicable) Other: _____

Signature

By checking this box your agency / organization is agreeing to the following stipulations should your project / program be selected for TAP or other Federal Transportation Funding:

- The Sponsor is committed to execute a match and maintenance agreement with ADOT&PF by August 15, 2016.
- Funds for cost overruns are the responsibility of the local agency / organization.
- Any facility constructed with federal transportation funds must be maintained by the local government and must be open to the public for at least twenty-five (25) years.
- Provide quarterly progress reports that include a request for payment.

Signature of Sponsor _____

Signature of Co-Sponsor _____

Please submit this application along with Attachments and any additional supporting materials to:

Mail: FMATS TAP Process
 800 Cushman Street
 Fairbanks, AK 99701

E-mail: donna.gardino@fmats.us
 or
 Fax: (907) 459-6786

**ATTACHMENT A: BUDGET WORKSHEET
 TRANSPORTATION ALTERNATIVES PROGRAM**

Phase	Federal Fiscal Year	Brief Description of Phase/Task/Activity	Requested Funding Amount	Local Match (at least 9.03%)	Other Funding Amount	Describe Source of Other Funding (if applicable)	Total Funding Amount
Planning/ Professional Services							
Design							
ROW							
Construction							
Equipment							
Subtotal							
*ICAP 4.65%							
		Totals					

*ICAP: Indirect Cost Allocation Plan is the amount charged by the ADOT&PF on a federal aid project to cover the cost of administering the federal aid highway program 4.65%

Estimate provided by: _____