MPO Revisions April 2019

# District One

**Priority Project Information Packet**

***Please fill out this application completely. Please ensure all attachments are LEGIBLE Applications containing insufficient information will not be reviewed by the FDOT.***

**Name of Applying Agency:** Click here to enter text.

**Project Name:** Click here to enter text.

## Project Category:

Congestion Management ☐ TRIP ☐ CIGP ☐

su Bike-Ped

Transportation Alternative ☐ Transit/Modal ☐ SCOP ☐ SCRAP☐ For more information on State Grant Programs (CIGP, SCOP, SCRAP, TRIP) [please click here](http://www.fdot.gov/programmanagement/LP/Default.shtm).

**Is applicant LAP certified?** Yes ☐ No ☐

**Is project on State Highway System?** Yes ☐ No ☐

*If the project is off the state system and the applicant is LAP certified the project will be programmed as a LAP project.*

## Is the roadway on the Federal Aid Eligible System? Yes ☐ No ☐

If yes, provide Federal Aid roadway number: Click here to enter text. If no, give local jurisdiction: Click here to enter text. <http://www.fdot.gov/statistics/fedaid/>

## Detailed Project Limits/Location:

Describe begin and end points of project, EX., from ABC Rd. to XYZ Ave. Limits **run south to north or west to east.** Include jurisdiction (city/county), project length, attach a labeled project, map.

Click here to enter text.

## Discuss how this project is consistent with the MPO/TPO Long Range Transportation Plan?

Page Number (attach page from LRTP): Click here to enter text.

## Discuss the project in the local jurisdiction’s Capital Improvement Plan?

(Attach page from CIP): Click here to enter text.

## Project Description

**Phase(s) requested:**

Planning Study ☐ PD&E ☐ PE ☐ ROW ☐ CST ☐ CEI ☐

## Project cost estimates by phase (Please include detailed cost estimate and documentation in back-up information):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Phase (PD&E, ROW, PE,  CST) | Estimated Total Cost | Funds Requested | Matching Local Funds | Local Fund Source | Type of Match (Cash, in-kind) |
| **[Phase]** | **[Number]** | **[Number]** | **[Number]** | **[Fund Source]** | **[Match Type]** |
| **[Phase]** | **[Number]** | **[Number]** | **[Number]** | **[Fund Source]** | **[Match Type]** |
| **[Phase]** | **[Number]** | **[Number]** | **[Number]** | **[Fund Source]** | **[Match Type]** |
| **[Phase]** | **[Number]** | **[Number]** | **[Number]** | **[Fund Source]** | **[Match Type]** |

**Total Project Cost: $ [Number]**

**Project Details:** Clearly describe the existing conditions and the proposed project and desired improvements in detail. Please provide studies, documentation, etc., completed to-date to support or justify the proposed improvements. Include labeled photos and maps. (Add additional pages if needed):

Click here to enter text.

## Constructability Review

For items 2-9 provide labeled and dated photos (add additional pages if needed)

1. Discuss other projects (ex. drainage, utility, etc.) programmed (local, state or federal) within the limits of this project? Click here to enter text.
2. Does the applicant have an adopted ADA transition plan? Yes ☐ No ☐

Identify areas within the project limits that will require ADA retrofit. (Include GIS coordinates for stops and labeled photos and/or map.)

Click here to enter text.

1. Is there a rail crossing along the project? Yes ☐ No ☐

What is the Rail MP?

Enter MP

1. Are there any transit stops/shelters/amenities within the project limits? Yes ☐ No ☐

How many? Click here to enter text.

Stop ID number: Click here to enter text.

1. Is the project within 10-miles of an airport? Yes ☐ No ☐
2. Coordinate with local transit and discuss improvements needed or requested for bus stops?

(add additional pages if needed):

Click here to enter text.

1. Are turn lanes being added? Yes ☐ No ☐

If yes, provide traffic counts, length, and location of involved turn lanes.

Click here to enter text.

1. Drainage structures:
   * Number of culverts or pipes currently in place: Click here to enter text.
   * Discuss lengths and locations of each culvert along the roadway: Click here to enter text.
   * Discuss the disposition of each culvert and inlet. Which culverts are “to remain” and which are to be replaced, upgraded, or extended? Click here to enter text.
   * Discuss drainage ditches to be filled in?

(Discuss limits and quantify fill in cubic yards) Click here to enter text.

* + Describe the proposed conveyances system (add additional pages if needed.)

Click here to enter text.

* + Are there any existing permitted stormwater management facilities/ponds within the project limits? Yes ☐ No ☐
  + If yes, provide the location and permit number (add additional pages if needed)

Click here to enter text.

* + Discuss proposed stormwater management permits needed for the improvements. Click here to enter text.
  + List specific utilities within project limits and describe any potential conflicts (add additional pages if needed): Click here to enter text.
  + Discuss Bridges within project limits? Click here to enter text.
  + Can bridges accommodate proposed improvements? Yes ☐ No ☐ If no, what bridge improvements are proposed? (Offset and dimensions of the improvements, add additional pages if needed):

Click here to enter text.

1. Has Right-of-way (ROW), easements, or ROW activity already been performed/acquired for the proposed improvements? If yes, please provide documentation

Yes ☐ No ☐

If ROW or Easements are needed detail expected area of need (acreage needed, ownership status):

Click here to enter text.

1. Discuss required permits (ERP, Drainage, Driveway, Right of Way, etc.): Click here to enter text.

If none are needed, state the qualified exemption: Click here to enter text.

1. Are there any wetlands within the project limits? Yes ☐ No ☐

If yes, list the type of wetlands, estimated acreage and if mitigation will be required. Please note whether the project is within the geographic service area of any approved mitigation banks. Provide any additional information:

Click here to enter text.

1. Are there any federal or state listed/protected species within the project limits? Yes ☐ No ☐

If yes, list the species and what, if any mitigation or coordination will be necessary: Click here to enter text.

If yes, discuss critical habitat within the project limits: Click here to enter text.

1. Discuss whether any prior reviews or surveys have been completed for historical and archaeological resources (include year, project, results)

Click here to enter text.

1. Are any Recreational, historical properties or resources covered under section 4(f) property within the project limits? Yes ☐ No ☐

(Provide details) Click here to enter text.

1. Discuss whether any prior reviews or surveys have been completed for sites/facilities which may have potential contamination involvement with the proposed improvements. This should include a discussion of locations which may directly impact the project location, or be which may be exacerbated by the construction of the proposed improvements. Click here to enter text.
2. Are lighting improvements requested as part of this project? Yes ☐ No ☐

Please provide a lighting justification report for the proposed lighting. Click here to enter text.

1. Is a mid-block crossing proposed as part of the project? Yes ☐ No ☐

If yes, please provide the justification for mid-block crossing. Click here to enter text.

# Required Attachments

1. Detailed Project Scope with Project Location Map with sufficient level of detail (Please include typical section of proposed improvements)
2. Project Photos – dated and labeled (this is important!)
3. Detailed Cost Estimates including Pay Items
4. LRTP and Local CIP page
5. Survey/As-builts/ROW documentation/Utility/Drainage information
6. Detailed breakdown of ROW costs included in estimate (if ROW is needed/included in request or estimate)

# Applicant Contact Information

**Agency Name:**

**Mailing Address:** Click here to enter text.

**Contact Name and Title:** Click here to enter text.

**Email:** Click here to enter text. **Phone:** Click here to enter text.

# Signature: Date:

*Your signature indicates that the information included with this application is accurate.*

# Maintaining Agency:

**Contact Name and Title:** Click here to enter text.

**Email:** Click here to enter text. **Phone:** Click here to enter text.

# Signature: Date:

*Your signature serves as a commitment from your agency to maintain the facility requested.*

## MPO/TPO:

**Contact Name and Title:** Click here to enter text.

**Email:** Click here to enter text. **Phone:** Click here to enter text.

**Signature: Date:** *Your signature confirms the request project is consistent with all MPO/TPO plans and documents, is eligible, and indicates MPO/TPO support for the project.*