South Dakota 2017
Transportation Alternatives Program
Grant Application

Due Date: September 30, 2016

Application
for

Submitted
by

Project and Contact Information

Project Name:

Organization / Sponsor Name:

Co-Sponsor Name (If Applicable):

Contact Name and Title of Person Responsible for the Application:

Address:

City: State: South Dakota Zip Code:

Phone Number: Email Address:

Contact Name and Title of Person Responsible for the Project:

Address:

City: State: South Dakota Zip Code:

Phone Number: Email Address:

Project Type

Select the most applicable activity under which the project is eligible. Check only **one** project type.

- ☐ Bicycle / Pedestrian / Non-Motorized Facility
- ☐ Safe Routes for Non-Drivers
- ☐ Conversion and Use of Railroad Corridors for Trails
- ☐ Turnouts, Overlooks and Viewing Areas
- ☐ Community Improvement Activities
- ☐ Environmental Mitigation Activity
- ☐ Safe Routes to School Program - Infrastructure
- ☐ Safe Routes to School Program - Non-Infrastructure
- ☐ Boulevards and Roadways in former Right-of-Way

Project Location

County: Town/City:

Specific Location, Street, Road, Facility Name:

Project Limits (Closest Street, Intersection, etc:

If the project is linear in nature, provide the project length in linear feet

Project Description

In the space below, provide a concise description of your project and how the project will benefit the affected community or area. **Specifically describe the purpose of the project and the need for the project.**

Project Relevancy to TAP Criteria

A. 1. Is the project on or near a Federal, State or County Highway? ☐ No ☐ Yes Which highway?

A. 2. Is the project near another transportation system (city streets, public transit, existing trails? ☐ No ☐ Yes

If yes, explain:

A. 3. How does the project provide a safe alternative to vehicular travel within your community? What goods and services will now be linked by a safe route for pedestrian, bicycle or mobility challenged travelers? How will this project improve the quality of routes for non-motorized transportation?

B. 1. Is the project compatible with relevant state, regional and local planning? Is it part of a larger, master plan?

B. 2. Is this project within one of the state's metropolitan planning areas? ☐ Yes ☐ No ☐ Not applicable

If yes, has the project been presented to the MPO or is it part of an existing Metropolitan Planning Area/Organization (MPO) Plan? Explain in B. 1. above. ☐ Yes ☐ No

B. 3. Will this project be constructed as part of another project:

A SDDOT Project (for example, a shared use path constructed with a highway widening project) ☐ Yes ☐ No

A Local Project (for example, a pathway constructed as part of a bigger park or roadway project) ☐ Yes ☐ No

If yes, provide the project description, type of work, estimated dates of the proposed construction, etc.

☐ The project described in this application will be done at the same time as the above referenced project.

☐ The project described in this application will be done after the above referenced project.

C. 1. How feasible is this project? For example, can it only be built in conjunction with a road project? Does the project hinge on the receipt of additional funding or right-of-way?

C. 3. Explain which agency is responsible for the operation and maintenance of the completed project and the source of funds to be used.

C. 4. Describe the anticipated maintenance needs by task. Indicate frequency of maintenance and estimated annual cost.

C. 5. If awarded TAP funding, final plans will need to be submitted to the SDDOT by September 2017. The project will be constructed in Spring/Summer 2018. Would the proposed project be able to meet this time line? ☐ Yes ☐ No

D. 1. What are the environmental considerations for this project? Check all that apply.

- ☐ Impacts to wetlands
- ☐ Impacts to floodplain or floodway
- ☐ Detention pond needed
- ☐ Tree removal needed
- ☐ Impacts to stream crossing
- ☐ Impacts to endangered species
- ☐ Project near contaminated soil site
- ☐ Project near park, recreation area or historic site
- ☐ Project located on previously undisturbed ground

Impacts should be evaluated by a professional knowledgable in the specified area. Describe impacts below.

E. 1. How has the community been involved in the planning of this project? How has the community shown support for the project?

E. 2. Have public meetings been held on this project? ☐ Yes ☐ No If yes, attach meeting minutes or summary and sign in sheet.

List supporting organizations and individuals. Attach copies of letters of support.

E. 3. Is the committed or anticipated local match greater than 18.05%? ☐ Yes ☐ No If yes, what percentage?

List all sources of matching funds

Source, Type and Estimated Amount

Source, Type and Estimated Amount

Source, Type and Estimated Amount

Has all local match been secured? ☐ Yes ☐ No If no, explain.

F. 1. What level of public usage will this project receive? What will be the public and social value? If this is a Safe Routes to School project, how many children are enrolled in the school (K-8) it affects and how many are within a 2 mile radius?

G. 1. Does this project involve more than one governmental entity?

H. 1. Will this project be within a designated disadvantaged area of the state or address a designated disadvantaged or under served population?

☐ Yes ☐ No If yes, explain.

I. 1. How will the project improve the economic wellbeing of the community?

J. 1. How did safety concerns for pedestrian or bicycle travel inspire this project? How were the safety concerns identified? How will this project resolve the safety concerns for various transportation user groups?

J. 2. Explain how the starting and stopping points of your project were determined and why they are logical beginning and ending locations.

J. 3. If you are requesting funding for Safe Routes to School Non-Infrastructure components, explain the non-infrastructure elements of your project below.

K. 1. Ordinances and Design

Check which of the following statements apply to your city/county/tribe or the area in which the proposed project is located:

- ☐ We have a snow removal ordinance requiring residents to clear snow from sidewalks within 24 hours of a snow event.
- ☐ We have a snow removal ordinance requiring residents to clear snow from sidewalks within 48 hours of a snow event.
- ☐ We do not have a snow removal ordinance.
- ☐ Our city/county/tribe will be responsible for snow removal if this project is constructed.

Check which of the following statements apply to your city/county/tribe or the area in which the proposed project is located:

- ☐ We have and enforce an ordinance requiring sidewalks to be constructed as part of all new construction/ development, either by the home/business owner, developer or city/tribe.
- ☐ We have an ordinance requiring sidewalks to be constructed as part of all new construction/development, either by the home/business owner, developer or city/tribe, but allow businesses to delay construction or do not enforce the ordinance at all.
- ☐ We do not have an ordinance requiring sidewalks to be constructed as part of all new construction/development.

Check which of the following statements apply to your city/county/tribe or the area in which the proposed project is located:

- ☐ We have and enforce an ordinance requiring sidewalks to be kept in good repair, maintained and/or replaced by the home/business owner, developer or city/tribe.
- ☐ We have an ordinance requiring sidewalks to be kept in good repair, maintained and replaced, but have not enforced it in the past. If so, please explain below what steps you have taken to enforce this ordinance from this time forward.
- ☐ We do not have an ordinance requiring sidewalks to be kept in good repair, maintained and replaced by the home/business owner, developer or city/tribe.

Use the area below for any additional information on the above items.

K. 2. Explain the items on your project which you believe will need a design exception. These items may include trail areas with width narrower than 10 feet, areas where separation from roadway lanes is limited, or other areas of the proposed project which may not meet the required standards. Attach a graphic showing specific locations with dimensions. Give specifics as to why a exception may be requested. This section should be completed by the engineering/design consultant.

L. Signature

The project sponsor possesses legal authority to nominate the Transportation Alternatives project and to finance, acquire and construct the proposed infrastructure project and/or finance, lead and complete the proposed non-infrastructure project. The project sponsor certifies that it is willing and able to manage, maintain and operate the project. With this signature, the sponsor authorizes the nomination of the Transportation Alternatives project, including all understanding and assurances contained herein, and authorizes the person identified as the official representative of the sponsor to act in connection with the nomination and to provide such additional information as may be required.

I certify the information contained in this Transportation Alternatives application, including attachments, is accurate and that I have read and understand the information and agree to the assurances on this form.

Name: Title:

Typed/Electronic Signature: Date:

Project Sponsor Organization:

M. Project Costs

Accurate estimates of project costs are critical for both the proposed Transportation Alternatives project and the ability of the Transportation Alternatives Program to program funds. Cost estimates must be prepared by an engineering, landscape architecture or architectural firm selected from the DOT's approved list. Professionals preparing cost estimates should refer to the South Dakota Construction Cost Index and Average Unit Bid Prices found on the SDDOT website at http://apps.sd.gov/applications/hc65c2c/HC65BidLetting/ebscontractorinfo.aspx Any work completed prior to Federal authorization will not be eligible for reimbursement.

In addition to the summary table below, a detailed, itemized cost estimate is required to be included with all applications. Standard SDDOT bid items shall be used whenever possible. Refer to the 2015 Standard Specifications for Roads and Bridges Method of Measurement and Basis of Payment sections for guidance.

Cost Estimate Prepared By: _____ Phone Number: _____

Agency/Firm: _____

Email Address: _____

Typed/Electronic Signature: _____ Date: _____

Type of Work	Federal Share	Sponsor Share/ Local Match	Total
Design/ Engineering			
Right-of-Way Acquisition			
Utility Relocations			
Environmental Mitigation			
Construction			
Construction Engineering			
Non-Infrastructure			
	Federal Share	**Local Match**	**Total**
Total			

Transportation Alternatives Application Checklist

All the following items must be completed and included in the application document or attached in **8 1/2 x 11 digital format** in order for the application to be reviewed. **Maps, graphics and other documents submitted in formats larger than 8 1/2 x 11 format will not be accepted and will be removed from the application.**

- ☐ TAP Application and Project Costs Form.
- ☐ Detailed cost estimate and description of match. To be completed by your selected engineering/design consulting firm and must include detailed bid items. **Submit in Excel or similar format .**
- ☐ Detailed Map of the project site, showing location and termini.
- ☐ Detailed Cross-Section.
- ☐ Overall Map showing the connectivity of the project to the rest of the community paths, sidewalks and other community amenities. Map should show the proposed project and future phases or master plans.
- ☐ Applicant's commitment to a minimum 18.05% local match.
- ☐ Meeting minutes from any public meetings relevant to the project.
- ☐ Letters of support from local citizens and organizations.
- ☐ Applicant's or other commitment to maintain the completed project.
- ☐ Relevant information such as applicable portions of planning studies, master plans, photographs with captions or phasing plans.
- ☐ Scope of Services prepared by the engineering/design consultant and submitted on the consulting firm letter head.
- ☐ Scope of Work completed by the engineering/design consultant and submitted as the completed pdf form.
- ☐ Resolution from the eligible sponsor, including the meeting minutes detailing the action on the resolution.
- ☐ Letter of Acceptance by the DOT Regional Engineer or County Highway Superintendent, if the project is to be constructed in County or State Highway right-of-way.
- ☐ Completed application and supporting documents digitally submitted to SDDOT prior to 5 p.m., September 30, 2016.

Instructions for Submitting
the
Transportation Alternatives Program Application

1. Complete the application electronically in the pdf form format.

2. The form can be saved and re-opened multiple times as the document is completed. It does not need to be filled out all at once. 'Save As' and rename the file prior to the start of completing the application.

3. There are several pull downs, areas that accept only numbers, areas that require recognizable email addresses and other required formats throughout the document. Warning pop-ups will offer suggestions in how to proceed if an answer is inserted in the wrong format.

4. All narrative sections are limited to the original response space viewed in the blank application. **Narrative overflowing the designated space will not be visible in printed format and therefore will not be reviewed by the Advisory Committee. Additional pages of narrative will not be accepted and will not be reviewed by the Advisory Committee.**

5. **Handwritten signatures are not required and shall not be included.** The application must be reviewed and approved by the person so assigned in the resolution. Following the sponsor's approval, a digital or typed signature shall be inserted into the application.

6. When the application is complete, it shall be **saved** as a pdf and named with the name of the sponsor first, for example 'Mitchell TAP Application'. **Do not print as a pdf**.

7. All attachments, with the exception of the detailed cost estimate, shall be saved as pdfs (in color, if applicable) and digitally submitted. All attachment files should be named in a descriptive format, for example 'Mitchell Letters of Support'. No documents should exceed 8 1/2 x 11 in size. **The detailed cost estimate must be submitted in Excel or similar format.**

8. The total application, including the title page, application form and attachments shall not exceed 30 pages. Pages exceeding 30 will not be reviewed. This instruction sheet may be deleted from the application form prior to submittal and will not be counted. The resolution and accompanying Council or Commission minutes, Scope of Services and Scope of Work documents will not be counted towards the 30 pages.

9. The application and all attachments shall be submitted by email to TAP Coordinator, Jerry Ortbahn, at Jerry.Ortbahn@state.sd.us.

10. Transmittal email subject lines shall read 'TAP Application' followed by the sponsor's name, for example 'TAP Application Mitchell'. The email shall include a list of all files attached to the email. If more than one email is required due to system size limitations, applicant shall note in the transmittal email how many additional emails are to follow.

11. Mailed or faxed applications will not be accepted. If you encounter difficulties with the pdf form or with attaching the supporting documents to an email, contact Jerry Ortbahn at 605.773.3281 prior to September 28, 2016, for instructions.

12. Applications and supporting documents received after 5 p.m. on September 30th, 2016, will not be accepted.

13. All questions regarding the application, eligibility or other TAP items should be directed to Jerry Ortbahn at 605.773.3281 or emailed to Jerry.Ortbahn@state.sd.us.