

2020 Rural Community Support Program (RCSP) Application



1. PROJECT TITLE			
2. APPLICANT			
Community			
Contact Person			
Phone Number		Email	
3. PROJECT PARTNER / CO-APPLICANT (Leave blank if not applicable)			
Partner Agency			
Contact Person			
Phone Number		Email	
4. PROJECT OVERVIEW			
Provide a brief description of the proposal. State the problem and need, how the proposal addresses the need, and the anticipated benefits to the community. (~150 words)			
5. PROJECT TYPE (Mark all that apply)			
a. Construction, reconstruction, preservation, resurfacing, restoration, or operational improvements of highways, bridges, and tunnels			<input type="checkbox"/>
b. Intersection operational improvements			<input type="checkbox"/>
c. Electric and alternative fuels vehicle infrastructure			<input type="checkbox"/>
d. Active transportation projects such as bicycle and pedestrian facilities, including sidewalks, bicycle lanes, trails, and street crossing improvements			<input type="checkbox"/>
e. Modification of sidewalks to comply with Americans with Disabilities Act			
f. Projects that promote health and make the regional trail system more convenient to use such as trailhead improvements, seating, restrooms, wayfinding signage, bicycle racks, and kiosks			<input type="checkbox"/>
g. Safe Routes to School Program			<input type="checkbox"/>
h. Environmental mitigation			<input type="checkbox"/>
i. Roadway/street safety projects, hazard eliminations, railway/highway grade crossings			<input type="checkbox"/>
j. Other _____			

2020 Rural Community Support Program (RCSP) Application



6. SUMMARY DETAILS (complete the section that best matches your project type)			
CONSTRUCTION PROJECT			
Project Location			
Limits			
Project Length			
STUDIES OR PROGRAMS			
Location			
Duration			
7. REGIONAL FUNDING PRIORITIES			
What Regional Funding Priority does this proposal support?			
<input type="checkbox"/>	Active Transportation – Projects that support active transportation such as walking and bicycling.		
<input type="checkbox"/>	Maintenance – Projects that support a pavement “Best First” approach; Projects that keep bridges and the transportation system in a state of good repair.		
<input type="checkbox"/>	Multimodal and System Efficiency – Multimodal Projects that support meeting adopted vehicle level of service standards and TDM goals and decrease annual per capita vehicle miles.		
<input type="checkbox"/>	Planning – Projects that develop project lists, support regional coordination, or provide data to inform planning.		
<input type="checkbox"/>	Resiliency – Projects that protect the transportation system from natural and technological hazards and system disruptions.		
<input type="checkbox"/>	Safety – Projects that reduce fatalities and serious injuries and reduce non-motorist fatalities and serious injuries on all public roads to zero by 2030; and projects that reduce transit-related fatalities, serious injuries, and safety incidents.		
8. FUNDS FOR PROJECT COMPLETION			
8a. Does this project rely on other sources of funding or other grant programs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8b. If yes to question 10a, will the funds requested in this proposal allow the applicant to successfully complete the project? <input type="checkbox"/> Yes <input type="checkbox"/> Other phases will require additional funding			
9. YEAR OF IMPLEMENTATION (Select the preferred year for project implementation)			
<input type="checkbox"/> 2025		<input type="checkbox"/> 2026	
			<input type="checkbox"/> 2027
10. PROJECT PHASING AND COSTS			
Select the applicable project phases and enter applicable costs.			Cost
CONSTRUCTION	Preliminary Engineering/Design	<input type="checkbox"/>	\$
	Right-of-Way		\$
	Construction		\$
STUDIES, PROGRAMS, OR OTHER	Planning, Study, or Program/Services		\$
	Other		\$
Total proposed cost (Sum of all phases identified above)			\$
11. GRANT FUNDING REQUEST AND MATCHING REVENUES (match is not required for RCSP awards)			
Local funding or other sources (if applicable)			\$
Grant Request			\$
Total Project Revenue			\$

2020 Rural Community Support Program (RCSP) Application



12. MATCHING FUND DETAILS – OPTIONAL (match is not required for RCSP awards)		
12a. MATCH SOURCE—List the source, status, and amount of all matching funds.		
Source of Funds	Current Status (secure or unsecure)	Amount
		\$
		\$
12b. MATCH TIMING LIMITATIONS—Do any matching funds pose limitations on the timing of the proposed project? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide comments below.		
Comments on matching fund limitations, if applicable.		
13. CONSTRUCTION AND RIGHT-OF-WAY PROJECT READINESS		
13a. DESIGN COMPLETENESS (enter completed or target completion dates)		
Preliminary Engineering		
13b. RIGHT-OF-WAY COMPLETENESS. Use the space below to provide additional details, if necessary.		
<input type="checkbox"/> Right-of-Way is not required		
Right-of-Way acquisition (enter completed or target completion dates)		
Use the space below to provide any relevant right-of-way information.		

2020 Rural Community Support Program (RCSP) Application



14. PROJECT DESCRIPTION DETAILS

14a. PROJECT NEED—Describe the problem, project need, and current conditions or deficiencies to be addressed. How does the project support the Region’s Priorities checked on Question 7? (~300 words).

2020 Rural Community Support Program (RCSP) Application



14b. SCOPE OF WORK— Succinctly describe the overall scope of the project: **1) For construction projects**— include all the types of transportation facilities and infrastructure the project will address and the proposed phase deliverables and the anticipated deliverables when fully completed; **2) For plans or studies**, clearly state the study objectives and how they will be achieved; **3) For programs and services**, describe the activities and desired outcomes (~500 words).

15. OPTIONAL ATTACHMENTS

Note: The total number of attachments to support proposal should not exceed five pages.

Please identify any supplemental attachments that are included in your application.

- Vicinity Map
- Photographs
- Illustrations, cross-sections, or schematics
- Letter of Support
- Other _____

2020 Rural Community Support Program (RCSP) Application



16. PROJECT VERIFICATION AND ENDORSEMENT

This project proposal reflects established local funding priorities consistent with the Regional Transportation Plan. Costs represent accurate planning level estimates needed to accomplish the work described herein. The applicant acknowledges that the use of Rural Community Support Program grant funds for this project entails administrative requirements that are established through an interlocal agreement with Thurston County, and for which this agency or organization will be responsible. This project has the full endorsement of the governing body/leadership of this community.

LEAD AGENCY AUTHORIZATION

Name of Lead Agency Representative Authorized to Submit the Application	Title
I verify and endorse this proposal as stated in the preceding statement.	Date: _____

CO-SPONSOR AUTHORIZATION (IF APPLICABLE)

Name of Co-Sponsor Representative Authorized to Submit the Application	Title
I verify and endorse this proposal as stated in the preceding statement.	Date: _____