

# Thurston Regional Planning Council 2024 Call for Projects Transportation Alternatives (TA) Application



<b>1. PROJECT TITLE</b>			
If the project is programmed in the State Transportation Improvement Program, use the same title.			
<b>2. LEAD AGENCY</b> Provide information about the lead applicant who is requesting grant funds.			
Lead Agency			
Contact Person			
Phone Number		Email	
<b>3. PROJECT PARTNERS / CO-APPLICANTS</b> For multi-agency joint proposals. Leave blank if not applicable.			
Name of partner organizations		Name of primary contacts	
<b>4. PROJECT OVERVIEW</b>			
Provide a brief description of the proposal. (~150 words)			
<b>5. TA PROJECT TYPE</b> (Mark all that apply)			
There are no location restrictions for the use of TA Set-Aside funds; not all projects are required to be located along federal aid highways. For SRTS non-infrastructure projects, traffic education and enforcement activities must take place within approximately two miles of a primary, middle, or high school (Kindergarten through 12th grade). More information: <a href="https://www.fhwa.dot.gov/environment/transportation_alternatives/guidance/ta_guidance_2022.pdf">https://www.fhwa.dot.gov/environment/transportation_alternatives/guidance/ta_guidance_2022.pdf</a>			
a. Construction, reconstruction, rehabilitation, resurfacing, restoration preservation, or operational improvements of highways			<input type="checkbox"/>
b. Bridge and tunnel replacement; and inspection and evaluation of bridges			<input type="checkbox"/>
c. Capital costs for transit projects (vehicles and facilities)			<input type="checkbox"/>
d. Carpool projects and electric and alternative fuels vehicle infrastructure			<input type="checkbox"/>
e. Bicycle and pedestrian facilities, including shared use paths			<input type="checkbox"/>
f. Modification of sidewalks to comply with Americans with Disabilities Act			<input type="checkbox"/>
g. Highway and transit safety projects, hazard eliminations, railway/highway grade crossings			<input type="checkbox"/>
h. Capital and operating costs for traffic management systems			<input type="checkbox"/>
i. Planning and studies			<input type="checkbox"/>
j. Environmental mitigation			<input type="checkbox"/>
k. Intelligent Transportation Systems (ITS)			<input type="checkbox"/>
l. Other _____			<input type="checkbox"/>

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<b>6. SUMMARY DETAILS</b> (complete the section that best matches your project type)				
Census area is the project located in (mark all that apply). Online Map: <a href="https://arcg.is/WKTmm">https://arcg.is/WKTmm</a> .				
<input type="checkbox"/> Urban Large		<input type="checkbox"/> Urban Small		<input type="checkbox"/> Rural
Location Description				
Project Limits				
Project Length				
Project Duration (plans, studies, or program)				
<b>7. TRPC FUNDING PRIORITIES</b>				
What Regional Funding Priorities does this project advance? (Check all that apply)				
<input type="checkbox"/>	<b>Active Transportation</b> – Projects that support trips made by walking, bicycling, and micromobility.			
<input type="checkbox"/>	<b>Efficiency</b> – Projects that support meeting adopted vehicle level of service standards; projects that support Transportation Demand Management goals and decrease per capita VMT.			
<input type="checkbox"/>	<b>Maintenance and Preservation</b> – Projects that support a pavement “Best First” approach; projects that support transit asset management targets; projects that keep bridges in a state of good repair; and projects the keep all other transportation system assets in a state of good repair.			
<input type="checkbox"/>	<b>Planning</b> – Projects that develop project lists, support regional coordination, or provide data to inform transportation planning.			
<input type="checkbox"/>	<b>Resiliency</b> – Projects that protect the transportation system from natural and technical hazards and disruptions.			
<input type="checkbox"/>	<b>Safety</b> – Projects that reduce fatalities and serious injuries on all public roads, on bicycle and pedestrian facilities, and on transit related facilities.			
<b>8. PROPOSAL PRIORITY</b> If submitting more than one proposal for STBG funds, rank the priority of this proposal compared to others. Use 1 for highest priority, 2 for second, etc.				_____
<b>9. CONTINGENCY ONLY</b> Check if this proposal is being submitted directly to TRPC’s contingency list. The contingency list is used to select projects if additional funding becomes available.				<input type="checkbox"/>
<b>10. YEAR OF OBLIGATION</b> (Select the preferred year for phase/project obligation)				
<b>Year</b>	<b>Study/Program</b>	<b>PE</b>	<b>ROW</b>	<b>CN</b>
Before 2028	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2028	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2029	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2030	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use the space below to provide any relevant information on obligation timing and preferences.				
TRPC staff will coordinate phase/project obligation timing with successful applicants prior to issuing award letters.				

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11. FUNDS FOR PROJECT COMPLETION				
12a. Has this project previously received federal funding through TRPC or other grant programs? <input type="checkbox"/> Yes <input type="checkbox"/> No				
12b. If yes, please indicate which phases were completed with previous grant awards. <input type="checkbox"/> Planning/Study <input type="checkbox"/> Preliminary Engineering/Design <input type="checkbox"/> Right-of-Way				
12c. Will the requested grant funds allow the applicant to successfully complete the project? <input type="checkbox"/> Yes <input type="checkbox"/> No				
12d. Do you want this proposal added to the contingency list if it is not awarded funding? The contingency list is used to identify projects if additional funding becomes available. <input type="checkbox"/> Yes <input type="checkbox"/> No				
12. PROJECT PHASING AND COSTS				
Enter the amount of funding required for each phase applicable to your proposal.				
Cost Breakdown by Phases		Federal Request	State and Local	Total Amount
CONSTRUCTION	PE/Design	\$	\$	\$
	Right-of-Way	\$	\$	\$
	Construction	\$	\$	\$
PLANNING OR VEHICLES	Planning/Programs	\$	\$	\$
	Vehicles	\$	\$	\$
<b>Total proposed cost</b> (Sum of all phases identified above)				<b>\$</b>
<b>13. MATCHING FUND DETAILS</b> <i>For existing proposals previously funded with federal grants, applicants must provide a minimum 13.5% non-federal match. The federal share cannot exceed 86.5% of total project cost. See the example on the right.</i>				<i>Match Example:</i> Non-federal: \$13,500 Federal Funds: \$86,500 Project Cost: \$100,000 Total
13a. <input type="checkbox"/> Project will use Washington State Toll Credits for the non-federal match requirement. <a href="https://wsdot.wa.gov/sites/default/files/2023-02/LP-WSDOT-Toll-Credits-Policy.pdf">https://wsdot.wa.gov/sites/default/files/2023-02/LP-WSDOT-Toll-Credits-Policy.pdf</a>				
13b. MATCH SOURCE—List the source, status, and amount of all matching funds.				
Source of Funds		Current Status (secure or unsecure)	Amount	
			\$	
			\$	
			\$	
13c. MATCH TIMING LIMITATIONS—Do any matching funds pose limitations on the timing of project obligation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide comments below.				

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<b>14. CONSTRUCTION AND RIGHT-OF-WAY PROJECT READINESS</b>	
14a. DESIGN COMPLETENESS (enter completed or target completion dates)	
Preliminary Engineering	
NEPA Approval	
14b. RIGHT-OF-WAY COMPLETENESS (enter completed or target completion dates). Use the space below to provide additional details, if necessary.	
<input type="checkbox"/> Right-of-Way is not required	
Right-of-Way acquisition	
Relocation Plan	
Approved Right-of-Way Plan	
Right-of-Way Cost Estimate or True Cost Estimate	
Use the space below to provide any relevant right-of-way information (~150 words).	
<b>15. PROJECT DESCRIPTION DETAILS</b>	
15a. PROJECT NEED—Describe the project need and current conditions or deficiencies to be addressed. How does the project support the Region’s Priorities checked on Question 8? (~300 words).	

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15b. SCOPE OF WORK— Succinctly describe the overall scope of the project: **1) 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, services, and vehicle acquisition**, describe the project deliverables (~500 words).

## 16. 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 \_\_\_\_\_

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17. CERTIFICATION ACCEPTANCE (CA)	
The applicant must have good standing with the WSDOT Certification Acceptance program specified in Chapter 13 of the WSDOT Local Agency Guidelines Manual: <a href="https://www.wsdot.wa.gov/Publications/Manuals/M36-63.htm">https://www.wsdot.wa.gov/Publications/Manuals/M36-63.htm</a>	
<input type="checkbox"/> The applicant is a CA agency <input type="checkbox"/> The applicant is partnering with a CA agency	
CA Agency	
Representative	
Title	
<input type="checkbox"/> I acknowledge this proposal will be administered by a CA agency.	Date: _____

18. PROJECT VERIFICATION AND ENDORSEMENT	
This project proposal reflects established local funding priorities consistent with the Thurston Regional Transportation Plan. Costs represent accurate planning level estimates needed to accomplish the work described herein. The project described is financially feasible, and local match revenue will be secure at the time the project obligates. If selected, <b>the project must obligate by the date specified on the award letter.</b> Failure to do so could result in a loss of funding for the project. The applicant understands that the use of federal funds for this project entails administrative and project compliance requirements over which TRPC has no control, and for which the applicant agency or organization will be responsible. This project has the full endorsement of the governing body/leadership of this agency or organization.	
LEAD AGENCY AUTHORIZATION	
Name of Lead Agency Representative Authorized to Submit the Application	Title
<input type="checkbox"/> I verify and endorse this proposal as stated in the preceding statement.	Date: _____
MULTI-AGENCY PROPOSAL PARTNER AUTHORIZATION (multiple, if applicable)	
Name of Partner Representative Authorized to Submit the Application	Title
<input type="checkbox"/> I verify and endorse this proposal as stated in the preceding statement.	Date: _____
Name of Partner Representative Authorized to Submit the Application	Title
<input type="checkbox"/> I verify and endorse this proposal as stated in the preceding statement.	Date: _____
Name of Partner Representative Authorized to Submit the Application	Title
<input type="checkbox"/> I verify and endorse this proposal as stated in the preceding statement.	Date: _____

**Applicants must submit a Project Evaluation and Scoring Form with each proposal.**