**REGION 6 RESOURCE PARTNERS**

**TRANSPORTATION FUNDING APPLICATION**

**FOR SURFACE TRANSPORTATION PROGRAM FUNDS**

Deadline 4:00 pm, March 14, 2024, at the Region 6 Resource Partners, 903 E Main Street, Marshalltown, IA 50158, phone 641-752-0717, mwymore@region6resources.org , **electronic submittals are preferred.**

**This is the application for Surface Transportation Program funds – use the TAP application form for those projects.**

## APPLICANT DETAILS

1. PROJECT TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. PROJECT DESCRIPTION:
3. APPLICANT (*MUST BE CITY OR COUNTY, TRIBAL GOVERNMENT, COUNTY CONSERVATION BOARD, SCHOOL DISTRICT, NATURAL RESOURCE AGENCY, PUBLIC TRANSIT, OR IDOT*)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. APPLICANT CONTACT PERSON

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## FUND REQUEST YEAR

|  |  |
| --- | --- |
|  | 2025 |
|  | 2026 |
|  | 2027 |
|  | 2028 |

## PROJECT BUDGET

ENGINEERING $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONSTRUCTION $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL COST $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REGION 6 REQUEST $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cannot exceed 80%)

LOCAL $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Local Source | Amount | Date That Will be Secured |
|  |  |  |
|  |  |  |
|  |  |  |

# CERTIFICATION

This application has been duly authorized by the participating local authority. I understand that this endorsement binds the local government to assume responsibility for adequate maintenance of any new or improved facilities. All information included in this application is true and accurate, to the best of my knowledge and belief.

Representing the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Typed name & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## ROAD PROJECTS

1. PROJECT START LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. PROJECT END LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. PROJECT LENGTH (MILES): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. ROAD FEDERAL FUNCTIONAL CLASSIFICATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. LOCAL ANNUAL AVERAGE DAILY TRAFFIC (AADT) ON ROAD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. AGE OF PAVEMENT SURFACE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROJECT NEED**

1. DESCRIBE CONDITION OF ROAD, SAFETY PROBLEMS WITH CURRENT ROAD, AND LOCAL ROAD IMPORTANCE. (300 words or less)

## PUBLIC TRANSIT PROJECTS

1. IDOT Fleet ID Number: \_\_\_\_\_\_\_\_\_\_\_\_
2. Current Vehicle Miles : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Estimated Miles When Vehicle Replaced: \_\_\_\_\_\_\_\_\_\_
4. Expansion or Replacement Vehicle: \_\_\_\_\_\_\_\_

**PROJECT NEED**

1. LOCAL NEED FOR PROJECT, INCLUDE ANY SAFETY PROBLEMS, OR ISSUES THREATENED WITHOUT PROJECT FUNDING (300 words or less)
2. DESCRIBE WHY THE VEHICLE HAS NOT BEEN FUNDED THROUGH THE PUBLIC TRANSIT MANAGEMENT SYSTEM PROCESS AND THOSE DEDICATED FUNDS (300 words or less)