A blue and green logo

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Surface Transportation Block Grant (STBG) Urban Attributable (Y230) Funds

Application

SEPTEMBER 2025

**Send the electronic copy**

**of the completed application by:   
5:00 p.m. on October 10, 2025**

**to:**

Wykoda Wang, Director of Transportation Administration

Chatham County-Savannah Metropolitan Planning Commission

110 E. State Street

Savannah, GA 31401

**Contact info:**

912-651-1466

[wangw@thempc.org](mailto:wangw@thempc.org)

Coastal Region Metropolitan Planning Organization

Surface Transportation Block Grant (STBG) Program

CHECkList for Applicants

|  |  |
| --- | --- |
| □ | Have you answered all applicable questions in the application? |
| □ | Has the appropriate person signed the application? |
| □ | Have you filled out the detailed budget table on the last page of this application? |
| □ | Please indicate the sources of funding you are requesting for this project. |
|  | □ Y230 □ Y301 □ Y601 |
| □ | Have you attached a letter from your governing board or official able to commit to the local match? |
| □ | Have you attached a project location map? |
| □ | Have you attached information demonstrating the basis of your project’s cost estimate? |
| □ | Have you attached other information that is applicable to the answers in your application? |

Surface Transportation

Block Grant Program (STBG)

Urban Attributable (Y230) Funds

## September 2025 Call for Projects

The Coastal Region Metropolitan Planning Organization (CORE MPO) is conducting a competitive project selection process to award expected FY 2026 - 2030 Surface Transportation Block Grant (STBG) Program Urban Attributable (Y230) funds, provided through the act entitled Infrastructure Investment and Jobs Act (IIJA, Pub. L. 117-58).

* **Expected Available Funds (subject to change):**
  + **FY 2026 = $19,000,000 (federal portion)**
  + **FY 2027 = $4,000,000 (federal portion)**
  + **FY 2028 = $4,000,000 (federal portion)**
  + **FY 2029 = $4,000,000 (federal portion)**
  + **FY 2030 = $4,000,000 (federal portion)**
* **Maximum Award for a project = available funds for that year (federal portion)**
* **Minimum Award for a Project = $200,000 (federal portion)**
* **At least 20% of the eligible costs of the proposed project must be locally funded.**(Previously incurred costs cannot be counted as part of the 20% match for the newly awarded federal funds.)

An applicant may request a minimum of ***at least $200,000 of*** ***federal funds.***  The federal funding request in this application can represent no more than 80% of the total cost of the applicant’s proposal. For example, if an applicant requests $1,000,000, and provides no more than the required 20% local match, he/she would be submitting a proposal totaling $1,250,000.

* **Federal Requirements**

Applicants should keep in mind that using the STBG funds involves adherence to federal requirements, as applicable, such as the National Environmental Policy Act (NEPA), prevailing wage rates (Davis-Bacon), Buy America, competitive bidding, and other contracting requirements, regardless of whether the projects are located within the right-of-way of a Federal-aid highway.

* **Projects funded through this selection process must be located within the CORE MPO’s Metropolitan Planning Area (MPA) boundary.**

The CORE MPO - administered STBG Urban Attributable funds can only be spent within the MPO’s Metropolitan Planning Area which includes all of Chatham County and portions of Effingham County and Bryan County (see map on the next page).

**CORE MPO Metropolitan Planning Area as approved by the Governor of Georgia in 2024**

A map of a coastal region

AI-generated content may be incorrect.

* **Projects, if awarded funds in FY 2026 and FY 2027, will be programmed in the CORE MPO’s FY 2024 – 2027 Transportation Improvement Program. Awarded projects in FY 2027 will be carried over to the FY 2027 – 2030 TIP as well. FY 2028 – 2030 funds will build the prioritized waiting list for projects to be included in the FY 2027 – 2030 TIP (revisit the prioritization during TIP development).**

Once the project is programmed in the TIP and the awarded federal funding is authorized in the program year, the funds must be obligated within two years, otherwise the funds will be rescinded for use by other selected priority projects.

**Please see CORE MPO Surface Transportation Block Grant Program Manual for additional information.**

# Applicant and Project Information

Eligible Entities

Please indicate which type of eligible entity is the primary project sponsor: (Select one.)

|  |  |
| --- | --- |
| □ | Local government |
| □ | Regional transportation authority |
| □ | Transit agency |
| □ | Other local or regional governmental entity with responsibility for oversight of transportation improvements that the State of Georgia determines to be eligible. |

Eligible Projects

Please indicate **all** applicable categories your proposal falls under. **Please see CORE MPO Surface Transportation Block Grant Program Manual for information on project eligibility.**

|  |  |
| --- | --- |
| □ | Highway Improvements |
| □ | Bridge Improvements |
| □ | Transit Improvements |
| □ | Operational/Safety Improvements |
| □ | Bicycle / Pedestrian /Non-Motorized Improvements |
| □ | Planning Studies |
| □ | Other |

|  |  |  |
| --- | --- | --- |
| Applicant Information | | |
| Agency Name (i.e. agency that will manage implementation) | | Date |
| Street Address | City, State | Zip Code |
| Contact Person’s Name | Title | |
| Contact Person’s Phone Number | Contact Person’s Email Address | |
| Project Manager’s Name (if awarded) | Title | |

|  |  |  |  |
| --- | --- | --- | --- |
| Project Overview | | | |
| Project Name | | | |
| Project Location Description (please also attach a location map) | | | |
| County (or counties) in which project is located | | City (or cities), if any, in which project is located | |
| Proposal Description Summary | | | |
| Total Estimated Project Cost\*  $ | Federal Y230 Funds Requested  $ | | Local Match Available  $ |
| ***\*Please also be sure to fill out the Budget Detail Table at the end of this application.*** | | | |

**Who is providing the local match?**

|  |  |
| --- | --- |
| Name of Agency or Organization | Source (e.g. particular CIP fund) |
|  |  |
|  |  |
|  |  |

***Please attach a letter signed by either your governing board or an official who can commit to the stated local match.***

**Has your agency managed and completed other federal-aid transportation projects before**? (Choose one)

|  |  |
| --- | --- |
| □ | 0 completed federal-aid projects |
| □ | 1 completed federal-aid project |
| □ | 2 completed federal-aid projects |
| □ | 3 or more completed federal-aid projects |

Please list as many as three federal-aid projects completed by your agency, ***preferably for projects that are similar to your proposal***:

|  |  |  |
| --- | --- | --- |
| P.I. No. | Project Name | Sponsor’s Project Manager |
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**What agency will maintain the project after completion?**

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**If a maintenance agreement is necessary, has it been executed?** (Chose one) Y / N / NA

If yes, please attach the agreement.

**If the completed project will generate the need for operational funds, please describe the estimated annual cost and the status and source of funding for operations.**

|  |
| --- |
|  |

**Will your project require purchase(s) or easement(s) for right-of-way** (Choose one) Y / N / Maybe

Additional information:

|  |
| --- |
|  |

**If other agencies or organizations are partnering with you on this application or on implementation of your proposal, please list and describe the nature and the status of any agreements** (e.g. ROW donations or easements):

|  |  |
| --- | --- |
| Organization #1 | |
|  | |
| Contact Name | Contact Phone |
|  |  |
| Contact Email: | |
| Status of Agreement | |
|  | |

|  |  |
| --- | --- |
| Organization #2 | |
|  | |
| Contact Name | Contact Phone |
|  |  |
| Contact Email: | |
| Status of Agreement | |
|  | |

|  |  |
| --- | --- |
| Organization #3 | |
|  | |
| Contact Name | Contact Phone |
|  |  |
| Contact Email: | |
| Status of Agreement | |
|  | |

**If funding were available today, how much time do you estimate would be needed for any phases of your project that would be funded by this request:**

|  |  |
| --- | --- |
| Phase(s) to be Y230-funded | No. of Months |
|  |  |
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**Please list any necessary preliminary work that already *has been completed*, and provide dates (e.g. GDOT concept approval, FHWA environmental approval or categorical exclusion, etc.):**

|  |  |
| --- | --- |
| Steps Completed | Date |
|  |  |
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**Please describe status of any non-Y230 funded work that *still needs to be completed before* *the project or phase that would be funded by this request can begin* (e.g. if Y230 funds + Local Match will fund only the construction phase, what is the status and schedule for the incomplete preliminary engineering and ROW phases?).**

|  |  |
| --- | --- |
| Status of Steps to be carried out before Y230-funded work begins | Estimated completion date |
|  |  |
|  |  |
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**In 500 words or less, please describe what public benefits and efficiencies would be provided to our area by your proposed project. (**For example, how does your project match the project ranking criteria such as freight connection, truck traffic, bridge rating, transit ridership, non-motorized connection, etc.? (**Please reference the CORE MPO Surface Transportation Block Grant Program Manual for project ranking criteria.)**

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**Project Sponsor Signature**

SPONSOR

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

Signature (on hard copy) Date

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

Print Name Title

Please remember:

* To fill out the Detailed Budget Table, to the extent applicable, on the following page.
* To attach a letter from your governing board or other official who can commit the agency to the stated local match.
* To attach a Project Location Map.
* To attach information showing the Basis of your Cost Estimate.
* To attach LAP certification record or agreement regarding LAP.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Budget Detail for Proposal | | | | | | | | | | |
| **Project Name:** | | | | | | | | | | |
| **Activity** | **Desired Fiscal Year for TIP Programming** (GDOT Fiscal Year) \* | **Total Estimate** | **Requested CORE MPO Y230 Federal Funds** (Maximum allowed is 80% of your total eligible costs.) | **Local Match** (Minimum required is 20% of your total eligible costs.) | **Local Match Breakdown (by source)** | | | | | |
|  |  |  |  |  | Amount A | Source A | Amount B | Source B | Amount C | Source C |
| PE |  |  |  |  |  |  |  |  |  |  |
| ROW |  |  |  |  |  |  |  |  |  |  |
| Utilities |  |  |  |  |  |  |  |  |  |  |
| Construction |  |  |  |  |  |  |  |  |  |  |
| Other activity  Specify: |  |  |  |  |  |  |  |  |  |  |
| Other activity  Specify: |  |  |  |  |  |  |  |  |  |  |
| Other activity  Specify: |  |  |  |  |  |  |  |  |  |  |
| **Total Amounts** |  |  |  |  |  |  |  |  |  |  |
| Please use this area to explain whether other grants or sources (not already shown above) are dedicated either to the proposed phase or to future phases, of your project. | | | | | | | | | | |

\*The GDOT fiscal year begins on July 1 and ends on June 30. For example, FY 2027 starts on July 1, 2026 and ends on June 30, 2027.