



Coastal Region Metropolitan Planning Organization

Surface Transportation Block Grant (STBG) Urban Attributable (Z230) Funds

APPLICATION

JANUARY 2017

Send the electronic copy of the completed application by:

February 3, 2017, 5:00 p.m.

to:

Wykoda Wang, Transportation Administrator Chatham County-Savannah Metropolitan Planning Commission 110 E. State Street Savannah, GA 31401

Contact info:

912-651-1466 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?
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?



Coastal Region Metropolitan Planning Organization (CORE MPO)

Surface Transportation Block Grant Program (STBG) Urban Attributable (Z230) Funds

2017 CALL FOR PROJECTS

The Coastal Region Metropolitan Planning Organization (CORE MPO) is conducting a competitive project selection process to award Surface Transportation Block Grant (STBG) Program Urban Attributable (Z230) funds, provided through the act entitled Fixing America's Surface Transportation Act (also known as FAST Act).

- Expected Available Funds = \$13 million (federal portion)
- Maximum Award = N/A
- Minimum Award = \$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 for *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, the portion of Effingham County and Bryan County located within the Savannah Urbanized Area, as well as Richmond Hill.

• Projects, if awarded funds, will be programmed in the CORE MPO's FY 2018 – 2021 Transportation Improvement Program (July 1, 2017 – June 30, 2021).

Once the project is programmed in the TIP and the awarded federal funding is authorized in a certain federal fiscal 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

Pleas	e 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.
Eligil	ole Projects
	e indicate all applicable categories your proposal falls under. Please see CORE MPO Surface portation Block Grant Program Manual for information on project eligibility. Highway Improvements
	portation Block Grant Program Manual for information on project eligibility.
Γrans	portation Block Grant Program Manual for information on project eligibility. Highway Improvements
	Portation Block Grant Program Manual for information on project eligibility. Highway Improvements Bridge Improvements
	Highway Improvements Bridge Improvements Transit Improvements
	Portation Block Grant Program Manual for information on project eligibility. Highway Improvements Bridge Improvements Transit Improvements Operational/Safety Improvements



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 Emai	l Address			
Project Manager's Name (if awarded)		Title				
Due to at Owner days						
Project Overview						
Project Name						
Project Location Description (please also	o attach a locat	ion map)				
Ţ		• ,				
County (or counties) in which project is	located	City (or cities), if any,	in which project	is located		
Proposal Description Summary						
	Γ					
Total Estimated Project Cost*	Federal Z230	Funds Requested	Local Match A	Available		
\$	\$		\$			
*Please also be sure to fill out the Budge	et Detail Table	at the end of this application	ation.			



Who is providing the local match?

Name o	of Age	ncy or Organization	Source (e.g. particular	Source (e.g. particular CIP fund)			
Please	attach	a letter signed by either your gov	verning board or an officia ocal match.	al who can com	mit to the stated		
Has you (Choose	_	ency managed and completed oth	ner federal-aid transporta	ıtion projects b	pefore?		
		0 completed federal-aid projects	3				
		1 completed federal-aid project					
		2 completed federal-aid projects	3				
		3 or more completed federal-aid	projects				
		many as three federal-aid projects your proposal:	completed by your agency.	, preferably for	projects that		
P.I. No	0.	Project Name		Sponsor's Pr	oject Manager		
What a	igency	will maintain the project after o	completion?				
		naintenance agreement is necess, please attach the agreement.	ary, has it been executed?	(Chose one)	Y / N / NA		
	_	eted project will generate the nee		please describe	the estimated		
Will yo	_	oject require purchase(s) or ease ional information:	ement(s) for right-of-way	(Choose one)	Y / N / Maybe		



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	
Control Nove	Control Plans
Contact Name	Contact Phone
Contact Email:	
Status of Agreement	
Organization #2	
Contact Name	Contact Phone
Contact Fund	Contact I none
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 Z230-funded	No. of Months
Please list any necessary preliminary work that already <i>has been complet</i> GDOT concept approval, FHWA environmental approval or categorical	
Steps Completed	Date
Please describe status of any non-Z230 funded work that still needs to be project or phase that would be funded by this request can begin (e.g. if Z23 and only the construction phase, what is the status and schedule for the engineering and ROW phases?).	0 funds + Local Match will
Status of Steps to be carried out before Z230-funded work begins	Estimated completion date





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 connections, safety improvements, congestion reduction, multi-modal connection, impacts to environment and tourism, etc? Please reference the CORE MPO Surface Transportation Block Grant Program Manual for project ranking criteria.)						



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.





Budget Detail for Proposal										
Project Name:										
Activity	Desired Fiscal Year for TIP Programming (GDOT Fiscal Year) *	Total Estimate	Requested CORE MPO Z230 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 first GDOT fiscal year in the MPO's next TIP is FY 2018, which begins July 1, 2017. The last year of the next TIP is FY 2021, which begins July 1, 2020.