

**South Dakota  
Transportation Alternatives Program  
Grant Application**

**December 16, 2013**

**Application  
for**

**Submitted  
by**

## Project and Contact Information

Project Name:

Organization / Sponsor Name:

Co-Sponsor Name (If Applicable):

Contact Name and Title of Person Responsible for the Application:

Address:

City:  State:  Zip Code:

Phone Number:  Email Address:

Contact Name and Title of Person Responsible for the Project:

Address:

City:  State:  Zip Code:

Phone Number:  Email Address:

## Project Type

Select the most applicable activity under which the project is eligible.

- Bicycle / Pedestrian / Non-Motorized Facility
- Safe Routes for Non-Drivers
- Conversion and Use of Railroad Corridors for Trails
- Turnouts, Overlooks and Viewing Areas
- Community Improvement Activities
- Environmental Mitigation Activity
- Safe Routes to School Program - Infrastructure
- Safe Routes to School Program - Non-Infrastructure
- Boulevards and Roadways in former Right-of-Way

## Project Location

County:  Town/City:

Specific Location, Street, Road, Facility Name:

Project Limits (Closest Street, Intersection, etc):

If the project is linear in nature, provide the project length in linear feet

Check all of the following items, relative to project location and property ownership, which apply to your project:

- The proposed project will be entirely located on land owned or controlled by a city, county, state or other government entity.
- The proposed project will be at least partially located on private property which will need to be acquired by the project sponsor or government entity through purchase, easement or eminent domain.
- The project sponsor or government entity is committed to purchasing private property, if necessary.
- The project sponsor or government entity is committed to acquiring easements, if necessary.
- The project sponsor or government entity is committed to exercising its right of eminent domain to acquire the rights to construct the project, if necessary.

### **Project Description**

In the space below, provide a concise description of your project and how the project will benefit the affected community or area.

## Project Relevancy to TAP Criteria

A. 1. How does the project provide a safe alternative to vehicular travel within your community? What goods and services will now be linked by a safe route for pedestrian, bicycle or mobility challenged travelers? How will this project improve the quality of routes for non-motorized transportation?

A. 2. Is the project on or near a Federal, State or County Highway?  No  Yes Which highway?

A. 3. Is the project near another transportation system (city streets, public transit, existing trails?  No  Yes

If yes, explain:

**B. 1. Is the project compatible with relevant state, regional and local planning?**

B. 2. Is this project within one of the states metropolitan planning areas?  Yes  No  Not applicable

If yes, has the project been presented to the MPO or is it part of an existing MPO Plan?  Yes  No

Explain in B. 1. above.

B. 3. Is this project the first phase of a multi-phased project?  Yes  No

Is this project a middle phase of a multi-phased project?  Yes  No

Is this project the last phase of a multi-phased project?  Yes  No

B. 4. Will this project be constructed as part of another project:

A SDDOT Project (for example, a shared use path constructed with a highway widening project)  Yes  No

A Local Project (for example, a pathway constructed as part of a bigger park or roadway project)  Yes  No

If yes, provide the project description, type of work, estimated dates of the proposed construction, etc.

The project described in this application will be done at the same time as the above referenced project.

The project described in this application will be done after the above referenced project.

**C. 1. How feasible is this project?**

C. 2. Check all of the following statements that describe the current status of your project:

- The project has had little or no formal study or planning effort to date.
- This project was identified or studied as part of a master planning process or feasibility study.
- Conceptual engineering plans, to roughly 25%, have been completed for this project.
- Preliminary engineering plans, to roughly 65%, have been completed for this project.
- Final engineering plans, to roughly 100%, have been completed for this project.
- All ROW is secured. If there are parcels not yet secured, do not check this box.
- An archeological survey has been completed.
- A railroad crossing or coordination with the railroad will be required as part of this project.
- A necessary railroad crossing or permit to work in the railroad right-of-way has already been secured.
- A professional knowledgeable in wetlands has reviewed the project site.

C. 3. Explain which agency is responsible for the operation and maintenance of the completed project and the source of funds to be used.

C. 4. Describe the anticipated maintenance needs by task. Indicate frequency of maintenance and estimated annual cost.

C. 5. If awarded TAP funding, the project must be completed within three years of signing the agreement or approximately April 2017. Would the proposed project be able to meet this time line?  Yes  No

C. 6. If yes, are there any known contingencies that may delay the schedule (property acquisition, another project, additional funding to be acquired, etc.)? Please explain.

**D. 1. What are the environmental concerns for this project?** Check all that apply.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Impacts to wetlands               | <input type="checkbox"/> Impacts to archeological sites       | <input type="checkbox"/> No Adverse Impacts                              |
| <input type="checkbox"/> Project in Floodplain or Floodway | <input type="checkbox"/> Potential Endangered Species Impacts | <input type="checkbox"/> Project occurs on previously undisturbed ground |
| <input type="checkbox"/> Detention Ponds needed            | <input type="checkbox"/> Project near contaminated sites      |  |
| <input type="checkbox"/> Tree removal needed               | <input type="checkbox"/> Other Adverse Impacts                |  |

Describe.

**E. 1. How has the community been involved in the planning of this project? How has the community shown support for the project?**

E. 2. Have public meetings been held on this project?  Yes  No If yes, attach meeting minutes or summary and sign in sheet.

List supporting organizations and individuals. Attach copies of letters of support.

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E. 3. Is the committed or anticipated local match greater than 18.05%?  Yes  No If yes, what percentage?

List all sources of matching funds

Source, Type and Estimated Amount	
Source, Type and Estimated Amount	
Source, Type and Estimated Amount	
Source, Type and Estimated Amount	
Source, Type and Estimated Amount	

Has all local match been secured?  Yes  No If no, explain.

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E. 4. Will you accept an award less than the requested amount?  Yes  No If yes, list your order of priorities.

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**F. 1. What level of public usage will this project receive? What will be the public and social value?** If this is a Safe Routes to School project, how many children are enrolled in the school (K-8) it affects and how many are within a 2 mile radius?

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**G. 1. Does this project involve more than one governmental entity?**

**H. 1. Will this project be within a designated disadvantaged area of the state or address a designated disadvantaged or under served population?**

Yes    No   If yes, explain.

**I. 1. How will the project improve the economic wellbeing of the community?**

**J. 1. How did safety concerns for pedestrian or bicycle travel inspire this project? How were the safety concerns identified? How will this project resolve the safety concerns for various transportation user groups?**



J. 2. Explain how the starting and stopping points of your project were determined and why they are logical beginning and ending locations.

J. 3. If you are requesting funding for Safe Routes to School Non-Infrastructure components, explain the non-infrastructure elements of your project below.

### K. 1. Ordinances and Design

Check all of the following statements which apply to your city/county/tribe or the area in which the proposed project is located:

- We have a snow removal ordinance requiring residents to clear snow from sidewalks within 24 hours of a snow event.
- We have a snow removal ordinance requiring residents to clear snow from sidewalks within 48 hours of a snow event.
- We do not have a snow removal ordinance.
- Our city/county/tribe removes snow from existing trails within 48 hours of a snow event.
- Our city/county/tribe removes snow from existing trails as soon as possible after a snow event.
- Our city/county/tribe does not remove snow from existing trails.
- We have and enforce an ordinance requiring sidewalks to be constructed as part of all new construction/development, either by the home/business owner, developer or city/tribe.
- We have an ordinance requiring sidewalks to be constructed as part of all new construction/development, either by the home/business owner, developer or city/tribe, **but do not enforce it.**
- We do not have an ordinance requiring sidewalks to be constructed as part of all new construction/development.
- We have and enforce an ordinance requiring sidewalks to be kept in good repair, maintained and replaced, when needed, by the home/business owner, developer or city/tribe.
- We have an ordinance requiring sidewalks to be kept in good repair, maintained and replaced, when needed, by the home/business owner, developer or city/tribe, but have not enforced it in the past. If so, please explain below what steps you have taken to enforce this ordinance from this time forward.
- We do not have an ordinance requiring sidewalks to be kept in good repair, maintained and replaced, when needed, by the home/business owner, developer or city/tribe.

Use the area below for any additional information on the above items.

K. 2. Explain the items on your project which you believe will need a design exception. These items may include trail areas with width narrower than 10 feet, areas where separation from roadway lanes is limited, or other areas of the proposed project which may not meet the required standards. Attach a graphic showing specific locations with dimensions. Give specifics as to why a exception may be requested.

## L. Signature

The project sponsor possesses legal authority to nominate the Transportation Alternatives project and to finance, acquire and construct the proposed infrastructure project and/or finance, lead and complete the proposed non-infrastructure project. The project sponsor certifies that it is willing and able to manage, maintain and operate the project. With this signature, the sponsor authorizes the nomination of the Transportation Alternatives project, including all understanding and assurances contained herein, and authorizes the person identified as the official representative of the sponsor to act in connection with the nomination and to provide such additional information as may be required.

I certify the information contained in this Transportation Alternatives application, including attachments, is accurate and that I have read and understand the information and agree to the assurances on this form.

Name:

Title:

Typed/Electronic Signature:

Date:

Project Sponsor Organization:

## M. Project Costs

Accurate estimates of project costs are critical for both the proposed Transportation Alternatives project and the ability of the Transportation Alternatives Program to program funds. Cost estimates must be prepared by an engineering, landscape architecture or architectural firm selected from the DOT's approved list. Professionals preparing cost estimates should refer to the South Dakota Construction Cost Index and Average Unit Bid Prices found on the SDDOT website at <http://apps.sd.gov/applications/hc65c2c/HC65BidLetting/ebscontractorinfo.aspx>

In addition to the summary table below, a detailed, itemized cost estimate is required to be included with all applications. Standard SDDOT bid items should be used whenever possible.

Any work completed prior to Federal authorization will not be eligible for reimbursement.

Cost Estimate Prepared By:  Phone Number:

Agency/Firm:

Email Address:

Typed/Electronic Signature:  Date:

Type of Work	Federal Share	Sponsor Share/ Local Match	Total
Preliminary Engineering	<input type="text"/>	<input type="text"/>	<input type="text"/>
Design/ Engineering	<input type="text"/>	<input type="text"/>	<input type="text"/>
Right-of-Way Acquisition	<input type="text"/>	<input type="text"/>	<input type="text"/>
Utility Relocations	<input type="text"/>	<input type="text"/>	<input type="text"/>
Environmental Mitigation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Construction	<input type="text"/>	<input type="text"/>	<input type="text"/>
Construction Engineering	<input type="text"/>	<input type="text"/>	<input type="text"/>
Non-Infrastructure	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>Federal Share</b>	<b>Local Match</b>	<b>Total</b>
<b>Total</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Transportation Alternatives Application Checklist

All the following items must be completed or attached in 8 1/2 x 11 format in order for the application to be reviewed:

- Letter of Intent previously submitted. Do not re-submit with your Letter of Intent.
- Mandatory on-site meeting with the DOT completed.
- TAP Application and Project Costs Form completed.
- Detailed budget and description of match to be provided as completed by your selected engineering/landscape architecture firm or other relevant professional attached.
- Detailed Map of the project site, showing location and termini attached.
- Detailed Cross-Section.
- Overall Map showing the connectivity of the project to the rest of the community trails, sidewalks and other community amenities.
- The applicant has committed to a minimum 18.05% local match.
- Meeting minutes from public meetings are either attached or no meetings were held.
- Letters of support from local citizens and organizations, as well as affected government agencies is attached, including DOT Regional Engineer or County Highway Superintendent, if applicable.
- A commitment to maintain the completed project has been obtained and included.
- Relevant information such as applicable portions of planning studies, master plans, photographs with captions or phasing plans are attached.
- The application has been approved with a digital signature by the designated sponsor.
- A resolution from an eligible sponsor is attached, including the meeting minutes detailing the action on the resolution.
- The completed application and supporting documents will be digitally submitted to SDDOT prior to 5 p.m., December 16, 2013.

# Instructions for Submitting the Transportation Alternatives Program Application

1. Complete the application electronically in the pdf form format.
2. The form can be saved and re-opened multiple times as you complete the document. It does not need to be filled out all at once. You will need to do a 'Save As' and rename the file.
3. There are several pull downs, areas that accept only numbers, areas that require recognizable email addresses and other required formats throughout the document. Warning pop-ups will instruct you in how to proceed if you have completed an answer in the wrong format.
4. All narrative sections have limited response space. Additional pages of narrative will not be accepted and will not be reviewed by the selection committee.
5. Handwritten signatures are not required on the application. The application should be reviewed and approved by the person so assigned in the resolution and then a digital or typed signature may be inserted into the application.
6. When the application is complete, it should be saved as a pdf and renamed with the name of the sponsor first, for example 'Mitchell TAP Application'.
7. All attachments should be scanned (in color, if applicable) or saved as pdfs and digitally submitted. All attachments files should be named in a descriptive format, for example 'Mitchell Letters of Support'. No documents should exceed 8 1/2 x 11 in size.
8. The total application, including the application form and attachments shall not exceed 30 pages. This instruction sheet may be deleted from the application form prior to submittal or will not be counted. The resolution and accompanying Council or Commission minutes will not be counted towards the 30 pages.
9. The application and all attachments shall be submitted by email to TAP Coordinator, Nancy Surprenant, at [Nancy.Surprenant@state.sd.us](mailto:Nancy.Surprenant@state.sd.us).
10. Transmittal email subject lines should read 'TAP Application' followed by the sponsor's name, for example 'TAP Application Mitchell'. The email should include a list of all files attached to the email. If more than one email is required due to system size limitations, applicant should note in the transmittal email how many additional emails are to follow.
11. Mailed or faxed applications will not be accepted. If you encounter difficulties with the pdf form or with attaching the supporting documents to an email, contact Nancy Surprenant at 605.773.4912 prior to December 13th for instructions.
12. Applications and supporting documents received after 5 p.m. on December 16th will not be accepted.
13. All questions regarding the application, eligibility or other TAP items should be directed to Nancy Surprenant at 605.773.4912 or emailed to [Nancy.Surprenant@state.sd.us](mailto:Nancy.Surprenant@state.sd.us).