**Capacity Deficiency Project Application**

**Jackson MPO Surface Transportation Program**

The following information must be completed for all **Capacity Deficiency** proposed Jackson MPO STP projects. MPO staff will use the information contained in the project application to assign points to proposed projects based on the Project Submittal Guidelines. The establishment of project eligibility and each project score will then be used by the Intermodal Technical Committee and Metropolitan Planning Policy Committee to program projects to be funded with Jackson MPO STP funds. A separate application must be submitted for each type of project. For example, do not combine a street widening project with a traffic signal improvement project.

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| **Applicant Information** | | | | | | | | | | | | | | |
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| 1. Project Sponsor | | | | | | | Click here to enter text. | | | | | | | |
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| 1. Sponsor Contact | | | | | | | Click here to enter text. | | | | | | | |
|  | | | | | | |  | | | | | | | |
| 1. Telephone | | Click here to enter text. | | | | | | | | 1. Email | | Click here to enter text. | | |
|  | | | | |  | | | | | | | | | |
| 1. Mailing Address | | | | | Click here to enter text. | | | | | | | | | |
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| 1. Additional Sponsors | | | | | | | | Click here to enter text. | | | | | | |
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| 1. Co-Sponsor Contact Name(s) | | | | | | | | | Click here to enter text. | | | | | |
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| **Project Description** | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | |
| 1. Project Title | | | Click here to enter text. | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | |
| 1. Project Type | | | | Click here to enter text. | | | | | | | | | | |
|  | | | | | |  | | | | | | | | |
| 1. County | Click here to enter text. | | | | | | | | | | 1. Municipality | | Click here to enter text. | |
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| 1. Small Municipality | | | | | | Click here to enter text. | | | | | | | | |
|  | | | | | |  | | | | | | | | |
| 1. *Small Municipality population according to the latest U.S. Census* | | | | | | | | | | | | | | Click here to enter text. |
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| 1. Project Location | Click here to enter text. | | | | | | | | |
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| 1. Functional Class | Click here to enter text. | | | | | | | | |
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| 1. Detailed Project Description | |  | | | | | | | |
| Click here to enter text. | | | | | | | | | |
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| **Project Costs** | | | | | | | | | |
|  | | | | | | | | | |
| 1. Total Project Costs | | | | | | | | | |
|  | | | |  | | |  | | |
| Description | | | | Federal Funds | | | Local Funds | | |
|  | | | |  | | |  | | |
| Environmental | | | | $Click here to enter text. | |  | | $Click here to enter text. | |
|  | | | |  | | | | |  |
| Design | | | | $Click here to enter text. | |  | | | $Click here to enter text. |
|  | | | |  | | | | |  |
| Right-of-Way Acquisition | | | | $Click here to enter text. | |  | | $Click here to enter text. | |
|  | | | |  | |  | |  | |
| *Eligible for STP funding* | | | | | | | | | |
|  | | | | | | | | | |
| Construction Engineering | | | | $Click here to enter text. | |  | | | $Click here to enter text. |
|  | | | |  | |  | | |  |
| Construction | | | | $Click here to enter text. | |  | | | $Click here to enter text. |
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| Other, please specify | | | |  | |  | | |  |
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| Click here to enter text. | | |  | $Click here to enter text. | |  | | | $Click here to enter text. |
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| Click here to enter text. | | |  | $Click here to enter text. | |  | | | $Click here to enter text. |
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| **TOTAL Estimated Cost** | | | | Click here to enter text. | |  | | | Click here to enter text. |

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| **STP Funds Requested** | | | | | |
|  | | |  |  | |
|  | | | Amount | % | |
|  | | |  |  | |
| 1. Federal STP Funds Requested |  | | $ Click here to enter text. |  | Click here to enter text. |
|  | | |  | *Can’t be more than 80%* | |
|  | | |  |  | |
| 1. Minimum Local Match Provided | |  | $ Click here to enter text. |  | Click here to enter text. |
|  | | |  | *Can’t be less than 20%* | |
|  | | |  |  | |
| 1. Local Overmatch Provided | | | $ Click here to enter text. |  | Click here to enter text. |
|  | | |  |  |  |
| 1. TOTAL for STP Portion of Project | | | $Click here to enter text. |  | 100% |

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| 1. Source of Local Funds | Click here to enter text. |
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| 1. Date Available | Click here to enter text. |

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| **Project Schedule** | | |
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| 1. Milestone Dates |  |  |
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| *Completion of Preliminary Design* |  | Click here to enter text. |
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| *Completion of Environmental Clearances* |  | Click here to enter text. |
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| *Completion of Final Design* |  | Click here to enter text. |
|  |  |  |
| *Initiation of Right-of-Way Plan Review* |  | Click here to enter text. |
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| *Completion of Right-of-Way Plan Review* |  | Click here to enter text. |
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| *Initiation of Utilities Relocation* |  | Click here to enter text. |
|  |  |  |
| *Completion of Utilities Relocation* |  | Click here to enter text. |
|  |  |  |
| *Completion of Plans, Specifications and Estimates and/or Authorization for Advertisement* |  | Click here to enter text. |
|  |  |  |
| *Anticipated Construction Advertisement Date or Purchase Date* |  | Click here to enter text. |

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| **Congestion Management System (CMS) Index Rating** | | | | | |
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| 1. CMS Index Rating | |  |  |  |  |
|  |  | |  |  |  |
| Road Segment | | | |  | CMS Index Rating |
|  |  | |  |  |  |
| Click here to enter text. | | | |  | Click here to enter text. |
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| Click here to enter text. | | | |  | Click here to enter text. |
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| Click here to enter text. | | | |  | Click here to enter text. |
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| *Average CMS Index Rating* | | | |  | *To be completed by*  *MPO Staff* |

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| **Project Readiness** | | | | | |
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| 1. **Project Design** | |  |  |  | |
|  |  |  |  | | *Yes or No* |
|  |  |  |  | |  |
|  | 26 a. Has preliminary design work been created for the proposed project? | | | | Click here to enter text. |
|  |  |  |  |  | |
|  | 26 b. *If Yes*, please provide a brief description of the work performed to-date. | | | | |
|  |  |  |  |  | |
|  | Click here to enter text. | | | | |
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| 1. **Environmental** | |  |  | |  |
|  | |  |  | | *Yes or No* |
|  | |  |  | |  |
|  | 27 a. Does the proposed project meet a categorical exclusion? | | | | Click here to enter text. |
|  | |  |  | |  |
|  | 27 b. *If No*, has the environmental process begun? | | | | Click here to enter text. |
|  |  | | | |  |
|  | 27 c. *If the environmental process has begun,* please provide a brief  explanation of the steps completed to-date. | | | |  |
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|  | Click here to enter text. | | | | |
|  |  | | | |  |
|  |  | | | | *Yes or No* |
|  |  | | | |  |
|  | 27d. Has the project received Federal approval for environmental? | | | | Click here to enter text. |
|  |  | | | |  |
| 1. **Right-of-Way Acquisition** | |  |  | | *Yes or No* |
|  |  |  |  | |  |
|  | 28 a. Does the proposed project require right-of-way acquisition? | | | | Click here to enter text. |
|  |  | | | |  |
|  | 28 b. *If Yes*, has right-of-way acquisition begun? | | | | Click here to enter text. |
|  |  | | | |  |
|  | 28 c. What percentage of right-of-way acquisition has been completed? | | | | Click here to enter text. |
|  |  | | | |  |
|  | 28 d. *If right-of-way acquisition has begun*, please provide a brief  explanation of the steps completed to date and whether or not  it has been approved by MDOT. | | | |  |
|  | Click here to enter text. | | | | |
|  | |  |  | |  |
| 1. **Utility Relocation** | |  |  | | *Yes or No* |
|  | |  |  | |  |
|  | 29 a. Does the proposed project require utility relocation? | | | | Click here to enter text. |
|  | |  |  | |  |
|  | 29 b. *If Yes*, has utility relocation begun? | | | | Click here to enter text. |
|  |  | | | |  |
|  | 29 c. What percentage of utility relocation has been completed? | | | | Click here to enter text. |
|  |  | | | |  |
|  | 29 d. *If utility relocation has begun*, please provide a brief  explanation of the steps completed to date and whether or not  It has been approved by MDOT. | | | |  |
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|  | Click here to enter text. | | | | |

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| 1. Describe any potential delays that have been identified that would interfere with the schedule for this project or the readiness of the project to proceed to construction. | |
|  | Click here to enter text. |

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| **Livability** | | | | |
| *If points are awarded based on proposed livability elements, those element should not be removed during the construction phase for reasons such as budget overages without prior approval from the MPO.* | | | | |
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|  | |  |  | *Yes or No* |
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| 1. Does the proposed project include enhancements to landscaping and/or streetscape? | | |  | Click here to enter text. |
|  | | |  |  |
| 1. *If yes*, provide a brief explanation of the enhancements to landscaping and/or the streetscape included in the project. | | |  |  |
|  | |  |  |  |
| Click here to enter text. | | | | |
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| 1. Please indicate whether or not the proposed project includes the following elements: | | |  | *Yes or No* |
|  |  | |  |  |
|  | The proposed project includes a Signed Bike Route | |  | Click here to enter text. |
|  |  | |  |  |
|  | The proposed project includes Sidewalks | |  | Click here to enter text. |
|  |  | |  |  |
|  | The proposed project includes Paved Shoulders | |  | Click here to enter text. |
|  |  | |  |  |
|  | The proposed project includes Striped Lanes for bicycle and/or pedestrian travel | |  | Click here to enter text. |
|  |  | |  |  |
|  | The proposed project includes Separate Facilities/Shared Use Facilities for bicycle and/or pedestrian travel | |  | Click here to enter text. |
|  |  | |  |  |
|  | The proposed project is located adjacent to existing bicycle and/or pedestrian facilities, but the proposed project does not include enhancements to the existing facilities | |  | Click here to enter text. |
|  |  | |  |  |
|  | The livability enhancements included as part of the proposed project will connect to an existing bicycle and/or pedestrian facility | |  | Click here to enter text. |