**Jackson MPO Transportation Alternatives Program (TAP)**

The following information must be completed for all Jackson MPOproposed **Transportation Alternatives** **Program** 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 the Metropolitan Planning Policy Committee to program projects to be funded with Jackson MPO TAP funds.

|  |
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| **Applicant Information** |
|  |  |
| 1. **Project Sponsor**
 | Click here to enter text. |
|  |  |
| 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. |
|  |  |
| 1. **Additional Sponsors**
 | Click here to enter text. |
|  |  |
| 1. **Co-Sponsor Contact Name(s)**
 | Click here to enter text. |
|  |  |
| **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. |
|  |  |
| 1. **Project Location**
 | Click here to enter text. |
|  |  |
| 1. **Detailed Project Description**
 |  |
| Click here to enter text. |
| **Project Budget** |
|  |
| 1. **Overall Project Budget**
 |
|  |  |  |
| 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 TAP funding* |
|  |
| Construction Engineering | $Click here to enter text. |  | $Click here to enter text. |
|  |  |  |  |
| Construction  | $Click here to enter text. |  | $Click here to enter text. |
|  |  |  |  |
| Other, please specify |  |  |  |
|  |  |  |  |
| Click here to enter text. |  | $Click here to enter text. |  | $Click here to enter text. |
|  |  |  |  |  |
| Click here to enter text. |  | $Click here to enter text. |  | $Click here to enter text. |
|  |  |  |  |  |
| Click here to enter text. |  | $Click here to enter text. |  | $Click here to enter text. |
|  |  |  |  |  |
| **TOTAL Estimated Cost** | Click here to enter text. |  | Click here to enter text. |
|  |  |  |  |
| **TAP Funds Requested** |
|  |  |  |
|  | Amount | %  |
|  |  |  |
| 1. Federal TAP Funds Requested
 |  | $ Click here to enter text. |  | Click here to enter text. |
|  |  | *Cannot be more than 80%* |
| 1. Minimum Local Match Provided
 |  | $ Click here to enter text. |  | Click here to enter text. |
|  |  | *Cannot be less than 20%* |
| 1. Local Overmatch Provided
 | $ Click here to enter text. |  | Click here to enter text. |
|  |  |  |  |
| 1. TOTAL for Construction of Project
 | $Click here to enter text. |  | 100% |
|  |  |  |  |
| 1. Source of Local Funds
 | Click here to enter text. |
|  |  |
| **Project Schedule** |
|  |  |  |
| 1. **Milestone Dates**
 |  |  |
|  |  |  |
| *Completion of Preliminary Design* |  | Click here to enter text. |
|  |  |  |
| *Completion of Environmental Clearances* |  | Click here to enter text. |
|  |  |  |
| *Completion of Final Design* |  | Click here to enter text. |
|  |  |  |
| *Initiation of Right-of-Way Plan Review*  |  | Click here to enter text. |
|  |  |  |
| *Completion of Right-of-Way Plan Review*  |  | Click here to enter text. |
|  |  |  |
| *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. |
|  |  |  |
| **Project Readiness** |
|  |
| 1. **Right-of-Way Acquisition**
 |  |  | *Yes or No* |
|  |
|  | 21 a. Does the proposed project require right-of-way acquisition? | Click here to enter text. |
|  |
|  | 21 b. *If Yes*, has right-of-way acquisition begun? | Click here to enter text. |
|  |
|  | 21 c. What percentage of right-of-way acquisition has been  completed? | Click here to enter text. |
|  |
|  |  21 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* |
|  |
|  | 22 a. Does the proposed project require utility relocation? | Click here to enter text. |
|  |
|  | 22 b. *If Yes*, has utility relocation begun? | Click here to enter text. |
|  |
|  | 22 c. What percentage of utility relocation has been completed? | Click here to enter text. |
|  |
|  | 22 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. |  |
| Click here to enter text. |
|  |  |  |  |
| 1. **Project Design**
 |  |  | *Yes or No* |
|  |  |  |  |  |
|  | 23 a. Has final design/engineering been completed and approved  by the MDOT? | Click here to enter text. |
|  |  |  |  |  |
|  | 23 b. Has final design/engineering been completed and approved  by local board only? | Click here to enter text. |
|  |  |  |  |  |
|  | 23 c. If No, to both 23 a. and 23 b., has preliminary  design/engineering work begun?  | Click here to enter text. |
|  |  |  |  |  |
|  | 23 d. *If Yes to 23 c.*, please provide a brief description of the work performed to-date. |
|  |  |  |  |  |
|  | Click here to enter text. |
|  |  |  |  |  |
| 1. **Environmental**
 |  |  |  |
|  |  |  | *Yes or No* |
|  |  |  |  |
|  | 24 a. Does the proposed project meet a categorical exclusion? | Click here to enter text. |
|  |  |  |  |
|  | 24 b. *If No*, has the environmental process begun? | Click here to enter text. |
|  |  |  |  |
|  | 24 c. *If the environmental process has begun,* please provide a brief explanation of the steps completed to-date. |  |
|  |  |  |
|  | Click here to enter text. |
|  |  |  |
|  | 24 d. Has the project received Federal approval for environmental? | Click here to enter text. |
|  |  |  |
| 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. |
| **Connectivity** |
|  |
|  **26. a.** **Existing Bike and Pedestrian Facilities** | *Yes or No* |
|  |
|  | Project connects to more than one existing bike and pedestrian facility.  | Click here to enter text. |
|  |
|  | Project connects to a single existing bike and pedestrian facility. | Click here to enter text. |
|  |
|  | Project does not connect to any existing bike and pedestrian facilities. | Click here to enter text. |
|  |
| **26. b. Public Transportation** | *Yes or No* |
|  |
|  | Project improves access to more than one existing transit service location/stop | Click here to enter text. |
|  |
|  | Project improves access to a single transit service location/stop | Click here to enter text. |
|  |
|  | Project does not improve access to a transit service location/stop | Click here to enter text. |
|  |
| **26. c. Schools** | *Yes or No* |
|  |
|  | Project improves access to more than one school | Click here to enter text. |
|  |
|  | Project improves access to a single school | Click here to enter text. |
|  |
|  | Project does not improve access to schools | Click here to enter text. |
|  |

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| **Livability** |
|  |
| **27. Type of Facility** | *Yes or No* |
|  |
|  | Proposed facility to be built is a bike path/separate facility | Click here to enter text. |
|  |
|  | Proposed facility to be built is a paved shoulder | Click here to enter text. |
|  |
|  | Proposed facility to be built is a striped bike lane | Click here to enter text. |
|  |
|  | Proposed facility to be built is a signed bike route | Click here to enter text. |
|  |
| **28. Enhances Landscaping** | *Yes or No* |
|  |
|  | 28. a. Project improves visual environment through the inclusion of  vegetation management practices (Must comply with FHWA  guidelines)  | Click here to enter text. |
|  |  |  |
|  | 28. b. If yes, please list in detail vegetation to be included in  development of project.  |  |
|  | Click here to enter text. |
|  |
| **29. Includes Support Facilities** | *Yes or No* |
|  |  |  |
|  | 29. a. The proposed project includes one or more support facilities. | Click here to enter text. |
|  |  |  |
|  | 29. b. If yes, please list in detail support facilities to be included in  development of project.  |  |
|  | Click here to enter text. |
|  |