Transportation Improvement Program

Application - New Projects Only

State Planning Council
One Capitol Hill
Providence, RI 02908
www.planning.ri.gov

RHODE ISLAND STATEWIDE PLANNING PROGRAM
TRANSPORTATION · LAND USE · CENSUS · ECONOMIC DEVELOPMENT · COMPREHENSIVE PLANNING · GEOGRAPHIC INFORMATION SYSTEMS

CONTACT

Contact Information

Entity / Organization _____

Contact Person _____

Address _____

City _____ Rhode Island Zip Code _____

Phone _____ Email _____

PROJECT INFORMATION

Project Information

Project Title _____

Location by Street Name _____

Project Limits - From _____ To _____

Location Maps - ◯ 8 1/2" x 11" Attach Map of Site Indicating Project Limits

Priority Proposal Number _____ of a Total of _____ Proposals

Regional Submission - ◯ Yes ◯ No Communities _____

Brief Description of Proposed Project

Describe Need for Proposed Project

Enterprise Zone - ◯ Yes ◯ No Details _____

Located Within State Land Use Plan 2025 Map's Designated Growth Center - ◯ Yes ◯ No

Located Within State Land Use Plan 2025 Map's Urban Services Boundary - ◯ Yes ◯ No

Consistent with Local Comprehensive Plan - ◯ Yes ◯ No

Consistent with State Guide Plan Transportation 2030 - ◯ Yes ◯ No

INFORMATION

Additional Information

Information addressing the following categories of review criteria as described in the Transportation Improvement Program, Guidance on Applying Criteria for Evaluation of Project Proposals should be provided separately. Submission must **not exceed** 2 pages, single spaced, 12-point font:

1. Mobility Benefits
2. Cost-Effectiveness
3. Economic Development Impact
4. Environmental Impact
5. Degree of Support to Local and State Goals and Plan
6. Safety, Security, and Technology

PROJECT ESTIMATES

Project Estimates

	ROW	Study	Design	Construction	Total
Estimated Project Costs					
				Total Cost	
				Amount Requested Through TIP Process	

Funding from other sources committed to this project - ◯ Yes ◯ No

Source	Amount
Total	

NOTIFICATION / CERTIFICATION

Notification / Certification

Date of Local Public Hearing _____
Municipal & Regional Planning Agency Projects Only

Preferred TAC Public Hearing

◯ November 7 at 6:00 pm - South Kingstown Town Hall
◯ November 8 at 9:00 am - Department of Administration
◯ November 9 at 6:00 pm - Blackstone Valley Corridor
◯ November 10 at 6:00 pm - Middletown Town Hall

Attest: The information provided on this application is true and accurate

Applicant's Signature _____ Date _____

Chief Executive Official's Signature _____ Date _____

ADMINISTRATIVE

Application Checklist - Submitted by October 28, 2011 at 3:00 p.m.

◯ 8 Collated Copies of Completed Application
Forms - Project Prioritization & Application
Attached 2-page narrative
Location Maps as PDF files

◯ Email a copy of competed application to linsey.cameron@doa.ri.gov or provide on a CD

◯ Mail to:
Rhode Island Statewide Planning Program
ATTN: Linsey Cameron, Supervising Planner
One Capitol Hill
Providence, RI 02908

Statewide Planning Official Use Only

Submission Date _____

Accepted by _____