

New Project Application

Transportation Improvement Program



CONTACT

Contact Information

Agency/Organization _____

Contact Person _____ Title _____

Mailing Address _____

City _____ Zip Code _____

Phone _____ Email _____

PROJECT INFORMATION

Type of Project *select all that apply*

Bridge

Pavement

Drainage

Planning

Traffic

Transit

Bicycle

Pedestrian

Transportation Enhancement

Other _____

Project Description

Project Title _____

Location by Street Name _____

Project Limits - From _____ To _____

Please include an 8.5" x 11" map of the site, indicating project limits.

Provide a brief description of the proposed project:

Describe need for proposed project:

Describe anticipated municipal or state transportation network or economic development benefits:

Is the project consistent with the local Comprehensive Plan? Yes No

Is the project on the Federal Aid System? Yes No

Is the project on the National Highway System? Yes No

CRITERIA

Evaluation Criteria

Please address the following topics as they relate to the project. Refer to “An Overview of TIP Guiding Principles” for more information. Submission **must not exceed** 2 pages, single-spaced, 12-point font.

- | | |
|-------------------------|-----------------------------------|
| 1. Mobility Benefits | 5. Supports Local and State Goals |
| 2. Cost Effectiveness | 6. Safety and Security |
| 3. Economic Development | 7. Equity |
| 4. Environmental Impact | |

PROJECT ESTIMATES

Project Estimates

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

Is there funding from other sources committed to this project? Yes No

Source	Amount
	Total

Estimated date of construction _____

CERTIFICATION

Applicant Certification

I attest that the information provided on this application is in true and accurate.

Applicant’s Signature

Date

Chief Executive Officer’s Signature

Date

ALL APPLICATIONS ARE DUE BY 3:00PM ON FRIDAY, JANUARY 8, 2016