



**APPLICATION INSTRUCTIONS
FOR
REGION 9 SURFACE TRANSPORTATION BLOCK GRANT PROGRAM (STBG)
FUNDING**

This application form shall be used to submit a Region 9 STBG project proposal. Project eligibility requirements are attached and/or referenced in the application and will need to comply with Federal-aid requirements for transportation projects. STBG scoring criteria explanation is also attached.

1. One electronic PDF copy which is reproducible, must be submitted, by the stated deadline, by e-mail. Contact Bi-State staff if the file size prevents direct e-mail, for file sharing option. Information must be clear, concise, and accurate. Photocopies of this form may be used or requested in an electronic format. Additional pages may be attached if the space provided is inadequate. [*This application is modeled from the Iowa Department of Transportation statewide application for consistency and will become part of the documentation for the project development process if a project is awarded funds.*]
2. All information submitted as part of this application, as well as any additional information requested by the Bi-State Regional Commission staff, will be used to evaluate the application.
3. Submit the completed application and all attachments by **4:30 p.m. on 7/16/2021** to:

Attn: Gena McCullough, Asst. Executive Director/
Planning Director
Bi-State Regional Commission
1504 Third Avenue
Third Floor
Rock Island, IL 61201
(309) 793-6300 (General Phone)
(309) 793-6305 (Fax)
gmccullough@bistateonline.org

If there are questions related to the application process, contact:

Gena McCullough noted above or (309) 793-6300, extension 1146
Katelyn Miner at (309) 793-6300, extension 1145, kminer@bistateonline.org

REQUEST FOR REGION 9 SURFACE TRANSPORTATION BLOCK GRANT-SWAP PROGRAM (STBG-SWAP) FUNDS

General Information

Applicant Agency: _____ e-Mail: _____

Contact Person (Name & Title): _____

Complete Mailing Address: _____

Street Address and/or Box No.

City

State

Zip

Daytime Phone

If more than one agency or organization is involved in this project, please state the name, contact person, mailing address, and telephone number of the second agency. (Attach an additional page if more than two agencies are involved.)

Applicant Agency: _____ e-Mail: _____

Contact Person (Name & Title): _____

Complete Mailing Address: _____

Street Address and/or Box No.

City

State

Zip

Daytime Phone

Project Information

Project Title: _____

Project Description(including length, if applicable) required: _____

If this project includes land acquisition, how many acres? _____

Region 9 Narrative

The following information is specifically requested to be addressed in the narrative portion of this application. Refer to page 3 of this application, Item A. for the narrative section of the application. If the applicable information is already available in the State's transportation database system (TPMS), these items can be referenced, and if Bi-State Regional Commission has access, e.g. County Roads Program.

- Provide a description of the project, including discussion of funding and project readiness.
- Explain the estimated time of letting that is expected for the project if awarded.
- What is the economic impact of the project to Region 9 and in the vicinity of the project?
- List all modes of transportation impacted by this proposed project.
- Is the project replacing existing capital assets? (list the age, condition and estimated value of the existing assets.)

Iowa Region 9 Surface Transportation Block Grant Program Evaluation Manual

- Explain whether the project impacts traffic, system reliability, public safety and how.
- What is the traffic volume, or ridership? Does the project reduce current or future congestion and how?

Project Costs (An itemized breakdown is requested to be included on an attached sheet):

Total Cost (Year of Expenditure:____) \$ _____
 Alternatives Fund Request \$ _____
 Applicant Match (No Minimum Required) \$ _____

	Match Source	Amount	Assured or Anticipated (Date Anticipated)
1.			
2.			
3.			

Are any other state funds involved in this project? Yes No

If yes, please explain the source and conditions _____

Estimated Project Development Schedule:

Design Start Date _____ Completion Date _____
 Land Acquisition Start Date _____ Completion Date _____
 Construction Letting Date _____ Completion Date _____

Has any part of this project been started? Yes No

If yes, explain _____

Will this project be open to the public? Yes No

Do you intend to charge a fee to users? Yes No

If yes, how much? \$ _____

What will it be used for? _____

Required Documentation and Narrative Information

The following documents and narratives must be attached to this application. In the upper right-hand corner of each document or narrative, write the corresponding letter shown below.

- A. A NARRATIVE assessing existing conditions (traffic, crashes, system reliability, etc.), outlining the concept of the proposed project, and providing adequate project justification. Surface transportation projects must have a direct relationship to the multi-modal transportation system, either as it exists or as it is planned. Assess your project in regard to the transportation system relative to its functional relationship, proximity, or impact to an existing or planned transportation facility. Assess the value of this project from a statewide, regional and/or local perspective and how it will be a functional addition to the transportation system and the state as a whole if no additional development funds are received. Refer to the evaluation criteria in Table 5 of the Region 9 STBG-Swap Program Guidance Manual as part of the evaluation process for criteria explanation and as part of the consensus decision-making.
- B. A MAP identifying the location of the project.
- C. A TIME SCHEDULE for the total project development. There should be an indication of estimated timeframe of letting or construction/start in relation to the potential programmed year of funding that is awarded/available. To support project readiness, documentation should include supporting information of the project identified in a capital improvement program or resolution/statement by the jurisdiction supporting project timing and readiness.
- D. Disadvantaged Business Enterprise Goal. If yes, note percentage.

The award of RPA9 STBG-Swap funds; any subsequent funding or letting of contracts for design, construction, reconstruction, improvement, or maintenance; and the furnishing of materials for this project shall not involve direct or indirect interest of any state, county, or city official, elective or appointive per the respective state code of conduct. Any award of funding or any letting of a contract in violation of the foregoing provisions shall invalidate the award and authorize a complete recovery of any funds previously disbursed.

Certification

To the best of my knowledge and belief, all information included in this application is true and accurate, including the commitment of all physical and financial resources. This application has been duly authorized by the participating local authority. I understand the attached OFFICIAL ENDORSEMENT(S) binds the participating local governments to assume responsibility for adequate maintenance of any new or improved facilities.

I understand that, although this information is sufficient to secure a commitment of funds through the Bi-State Regional Commission Region 9 Transportation Policy Committee, an executed contract between the applicant and the respective state Department of Transportation is required prior to the authorization of funds.

Representing the _____

Signature

Date

Typed Name and Title

Date