|  |  |  |  |
| --- | --- | --- | --- |
| LYON | OSCEOLA | DICKINSON | EMMET |
| SIOUX | O’BRIEN | CLAY | PALO ALTO |
|  |  | BUENA VISTA |  |

 REGION III

REGIONAL SURFACE TRANSPORTATION

APPLICATION

2024-2027 Regional Transportation Improvement Program Years

Application Produced by: The Northwest Iowa Planning & Development Commission

APPLICATION FOR REGION III TRANSPORTATION PROJECTS

Complete and return the original plus copy to: Ted Kourousis, Executive Director, NWIPDC

P.O. Box 1493, Spencer, Iowa 51301 by 4:30 p.m. **3/31/2023**

(Fully executed applications will be accepted electronically: **ted.kourousis@nwipdc.org** Do not send maps larger than 8.5” x 14” legal size paper)

|  |  |
| --- | --- |
| 1. Project Name: Click here to enter text. | Date: Click here to enter a date. |
| 2. Contact Person: Click here to enter text. | Phone Number: Click here to enter text. |
| 3. Address of Contact Person City County Zip CodeClick here to enter text. Click here to enter text. Click here to enter text. Click here to enter text. |
| 4. Project Sponsor (lead entity if multi-jurisdictional)Click here to enter text. | Sponsor Signature |

5. Classification of Project: (check all that apply)

[ ]  Highway [ ]  Transit

[ ]  Construction, reconstruction [ ]  Capital Costs for

 resurfacing, restoration, and transit projects

 rehabilitation

 [ ]  Surface Trans.

[ ]  Highway safety improvements planning for transit

 Capital and operating costs for traffic technology transfer

 management and control activities

[ ]  Surface Transportation planning, highway

 And research and development

[ ]  Operational Improvements

[ ]  Fringe and corridor parking facilities

[ ]  Most transportation control measures in

 The Clean Air Act

[ ]  Development and establishment of

 management system

|  |
| --- |
| 6. Please describe the proposed project within the space provided.Click here to enter text. |

7. Please provide a brief description of the project area. Include a map with the area marked (please do not enclose and color maps

 or maps larger than 8.5” x 14” (legal size) paper

|  |
| --- |
| Click here to enter text. |

8. Project Budget

|  |  |
| --- | --- |
| EXPENSES | REVENUE |
| ITEM | COST | SOURCE | AMOUNT | % |
| Land/Site Acquisition Costs | Click here to enter text. | Regional | Click here to enter text. | Click here to enter text. |
| Construction/Materials Costs | Click here to enter text. | Local | Click here to enter text. | Click here to enter text. |
| Engineering/Consulting Costs | Click here to enter text. |  | Click here to enter text. | Click here to enter text. |
| Capital Acquisition explain: | 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. |
|  |  |  |
| Other (expl.) |  |  |  |  |
| Click here to enter text. |  |  |  |
|  |  |  |
|  |  |  |
| TOTAL COST | Click here to enter text. | TOTAL COST | Click here to enter text. | Click here to enter text. |
|  |  |  |  |  |  |

|  |
| --- |
| 9. Work plan and schedule for project completion (please be sure to coincide the work plan with the correct federal fiscal year, fiscal year for this cycle is 2024-2027(Federal fiscal year is October 1-September 30)Click here to enter text. |

10. Is there a need to coordinate with another entity in the programming and/or implementation of this project?

 [ ]  Yes [ ]  No

If yes, list other entities involved and describe the interaction needed and coordination to date.

|  |
| --- |
| Click here to enter text. |

**QUESTIONS 11-13 ARE FOR HIGHWAY PROJECTS ONLY**

|  |
| --- |
| Click here to enter text. |

11. If applicable, what is the Average Daily Traffic of the proposed project?

12. If applicable, what is the Federal Functional Classification(s) of the route within the proposed project?

|  |
| --- |
| Click here to enter text. |

13. If applicable, what are the basic roadway sufficiency numbers for the route within the proposed project?

|  |
| --- |
| Click here to enter text. |

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| --- |
| **PROJECT CHECKLIST** |

|  |  |
| --- | --- |
| 14. The following items are required | Note: Applications must specifically and directly answer each criterion within the space provided to receive points. Pertinent attachments are allowed such as maps, drawings, and/or photos as long as they are reproducible |
|[ ]  Project Description |  |
|[ ]  Project Location Map (reproducible) |  |
|[ ]  Project Budget |  |
|[ ]  Project work plan with schedule |  |

Please fill in the following appropriate blanks:

|  |
| --- |
| We, the Click here to enter text. Support this application for Click here to enter text. (City, County or State) (Project Name)by submitting this application, Regional  (underline one)funds in the amount of $Click here to enter text. are requested. This project has the support of local matchfunding of $Click here to enter text., which is Click here to enter text.% of the anticipated project costs. BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click here to enter text.  ATTEST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click here to enter text.  |