



**Transportation Enhancement Program
2011 Application for FY 14\15 Projects**

***District 4
Local Programs***

General Information:

Project Title: [Click here to enter text.](#)

Project Sponsor (municipal, county, state, or federal agency, or tribal council): [Click here to enter text.](#)

Contact Person: [Click here to enter text.](#) Title: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Sponsor Address: [Click here to enter text.](#)

City: [Click here to enter text.](#) FL, Zip: [Click here to enter text.](#)

Priority (relative to other applications submitted by the Project Sponsor): [Click here to enter text.](#)

Name of Applicant (If other than Project Sponsor): [Click here to enter text.](#)

The applicant is currently LAP Certified is not LAP certified

1 Qualifying Enhancement Activities:

Check the enhancement activity that the proposed project will address. (NOTE: Checking all activities possible does not ensure or increase eligibility. Each activity checked must meet all criteria listed for that activity in **Appendix A of FDOT Procedure #525-030-300-j, Transportation Enhancement Projects**).

- Provision of facilities for pedestrians and bicycles
- The provision of safety and educational activities for pedestrian and bicyclists
- Acquisition of scenic easements and scenic or historic sites
- Scenic or historic highway programs, (including the provision of tourist and welcome center facilities)
- Landscaping and other scenic beautification
- Historic preservation
- Rehabilitation of historic transportation buildings, structures or facilities (including historic railroad facilities and canals)
- Preservation of abandoned railway corridors (including the conversion and use of the corridors for pedestrian or bicycle trails)
- Inventory, control and removal of outdoor advertising
- Archaeological planning and research
- Environmental mitigation to address water pollution due to highway runoff or reduce vehicle caused wildlife mortality while maintaining habitat connectivity
- Establishment of transportation museums

2 Project Description: (all items are required)

Road Name: [Click here to enter text.](#)

Road number: [Click here to enter text.](#)

Local Road

State Road

Project Begins: [Click here to enter text.](#)

Ends: [Click here to enter text.](#)

Begin Project Mile Post (MP): [Click here to enter text.](#)

End Project MP: [Click here to enter](#)

[text.](#) MP is not available

A location map with an aerial view is attached (required)

(a) Describe how the proposed project is related to the intermodal transportation system by function, proximity or impact. (One or more may apply)

(Please type your description here)

(b) What is the scope of work for the project and where is the project located (what are the termini)?

A more detailed scope of work is attached.

This is a transit project and a letter of commitment from the FTA designated recipient (transit agency) that will perform the construction is attached. (note: all transit related projects shall be constructed by a FTA designated recipient)

This is not a transit project

(Please type your description here)

(c) Summarize any special characteristics of project. (Typical Section drawings **must be** provided for all projects. Include right of way lines on the typical section drawings.)

Typical section is attached

(Please describe your Typical Section here)

(d) Describe the project's existing right of way ownerships. This description shall identify when the right of way was acquired and how ownership is documented (i.e. plats, deeds, prescriptions, certified surveys, easements).

(Please type your description here)

(e) Describe any proposed right of way acquisition, including expected matching fund source, limitations on fund use or availability, and who will acquire and retain ownership of proposed right of way. *

No Right-of-Way acquisition is proposed

(Please type your description here)

(f) Describe any related project work phases that are already complete or currently underway.

This is not a phased project

Previous phases of this project were constructed as LAP projects or JPA using FM numbers: [Click here to enter text.](#)

(Please type your description here)

(g) Provide detailed project cost estimate. Estimate should be broken down to FDOT typical pay items to allow for verification of eligible project costs.

A detailed cost estimate is attached (*Cost_Estimate.xlsx*)

Total Construction cost estimate is :\$ Click here to enter text.

(h) Other specific project information that should be considered.

(Please type your description here)

3 Project Implementation Information:

Attach documentation as exhibits to this application.

(a) Describe the proposed method of performing (i.e. contract or in-house) and administering (i.e. local or state) each work phase of the project. If it is proposed that the project be administered by a governmental entity other than the Department of Transportation, the agency must be certified to administer Federal Aid projects in accordance with the department's **Local Agency Program Manual (topic no. 525-010-300)**. Web site: www.dot.state.fl.us/projectmanagementoffice/lap/default.htm

- Design to be conducted by in-house staff
- Design to be conducted by FDOT pre-qualified Consultant ⁽¹⁾
- Design to be conducted by non-FDOT pre-qualified Consultant
- Right –of-Way acquisition to be conducted by in-house staff
- Right –of-Way acquisition to be conducted by FDOT Staff
- CEI to be conducted by in-house staff
- CEI to be conducted by FDOT pre-qualified Consultant ⁽¹⁾
- CEI to be conducted by non-FDOT pre-qualified Consultant

⁽¹⁾ All design and CEI work proposed on the State Highway System must be performed by an FDOT pre-qualified consultant.

(b) Describe any public (and private, if applicable) support of the proposed project. (Examples include: written endorsement, formal declaration, resolution, financial donations or other appropriate means).

(c) Describe the proposed ownership and maintenance responsibilities for the project when it is completed.

(d) Describe source of matching funds and any restrictions on availability.

(e) Other specific implementation information that should be considered.

4 Cost Estimate:

FDOT Enhancement Funds will only be used to fund Construction and Construction Engineering and Inspection Activities (CEI). The total amount of Enhancement funds (SE) requested per project must be in excess of \$250,000 with a maximum of \$1,000,000.

Project Cost Estimate: This is total project construction cost estimate including all enhancement related items and any additional scope of work being identified.

Enhancement Fund Allocation:

This is the requested amount of Enhancement funding for the project scope identified in the application.

| Item Description | Cost |
|---|------|
| Total Construction Cost Estimate | \$ |
| Cost Estimate of Eligible (participating) items | \$ |

| Funding Breakdown | Fund Source | Cost \$ |
|---|-------------|---------|
| Enhancement funds requested for Construction (phase 52) | SE | \$ |
| Local Funds for Construction (phase 52) | LF | \$ |
| Construction Engineering & Inspection Activities (CEI) (phase 62) | SE | \$ |
| Construction Engineering & Inspection Activities (CEI) (phase 62) | LF | \$ |
| Transit Related projects FTA 10% administrative fees | LF | \$ |
| FDOT Oversight CEI (2% of Construction Cost Estimate) (phase 62) | SE | \$ |

| Funding Summary | |
|--------------------|-----------|
| Total SE funds | \$ |
| Total LF funds | \$ |
| Total Funds | \$ |

Notes:

1. Total Enhancement Funds (SE) requested (for all activities) cannot exceed \$1,000,000.
2. Local Funds (LF)
3. FTA administrative fees must be included in LF funds
4. FDOT Oversight CEI must be included in SE funds

5 Certification of Project Sponsor

I hereby certify that the proposed project herein described is supported by _____ (municipal, county, state or federal agency, or tribal council) and that said entity will: (1) provide any required funding match; (2) enter into a maintenance agreement with the Florida Department of Transportation; (3) comply with the Federal Uniform Relocation Assistance and Acquisition Policies Act for any Right of Way actions required for the project, (4) comply with NEPA process prior to construction, this may involve coordination with the State Historic and Preservation Office (SHPO) prior to construction. (Not at time of application) and (5) support other actions necessary to fully implement the proposed project. I further certify that the estimated costs and/or failure to follow through on the project once programmed in the Florida Department of Transportation's Work program included herein are reasonable. I understand that significant increases in these costs could cause the project to be removed from the Work Program.

Signature

Name (please type or print)

Title

Date

OR FDOT USE ONLY

| | | |
|--------------------------------|-------------------------------------|------------------------------------|
| Application Complete | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Project Eligible | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Implementation Feasible | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Include in Work Program | <input type="checkbox"/> Yes | <input type="checkbox"/> No |