

FUNDING APPLICATION for Discretionary Federal Funds through CLMPO

The *Application Instructions* is a companion document to this application and provides section-by-section instructions, additional details, and helpful hyperlinks to assist applicants as they complete the application.

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Section 1: Applicant In	Torma	ation										
Date:												
Sponsoring Organization:												
Contact Person & Title:						DI-						
Contact e-mail:						Pn	one:					
Section 2: Project Info	rmati	on (se	e instruc	ctions)								
Project Title:												
Project Benefit:												
Location:												
Project Limits:												
Length in Feet:												
Functional Class:												
Traffic Volume (yr):												
Bike/Ped Volumes (yr):							ST	TP Key	/ Numb	er:		
On the NHS? (yes/no):				Project	includes b	ike/	ped fa	cility?	(yes/n	o):		
State Senate District(s):	□ 4	□ 6	□ 7	State Re	p. District(s):	□ 7	□ 8	□ 11	□ 12	2 🗆 13	□ 14
Project Description:												

Section 3: Eligibility	Yes	No	N/A	
Is the project within the Central Lane MPO boundaries? See Instructions if uncertain.				
General Federal Aid Eligibility: Does the project meet the general requirements for federal aid projects as outlined in Title 23, U.S.C.?				
RTP: Is the project listed in, consistent with, or able to be added to the financially constrained Regional Transportation Plan (RTP) during project time frame?				
RTP project number:				
State/Local Plans: Is the project identified in an adopted state or local plan?				
Describe:				
Sufficient Funding: Is the total of requested funds plus local match and other committed funds sufficient to complete the project?				
Provide information if the answer is "No" or "N/A" for any of the above eligibility question and the above eligibility question. This application does not require applicants to identify a specific funding program for their		ad proje	rt Dua	
to the numerous funding programs, each with its own set of eligibility criteria, each application that meets the general eligibility criteria will be prioritized according to its merits. A staff committee will work in consultation				

with project sponsors to identify a suitable funding program or combination of programs for successful projects.

Section 4: Project Budget and Funding Request Summary: -All amounts must reflect year of expenditure dollars (correcting for inflation) -Federal funds require 10.27% match from non-federal sources. **Estimated Total Project Cost** Estimated Federal Funds Required Match **Additional Committed Project Phase** FFY to Estimated Total Cost Requested (10.27%) Funding (incl. Fed.) Obligate Planning* \$ \$ \$ \$ Design/Prelim. \$ \$ \$ \$ **Engineering** \$ \$ \$ \$ Right of Way Utility \$ \$ \$ \$ Relocation Construction \$ \$ \$ \$ \$ \$ \$ \$ Other **Total request of federal** \$ \$ \$ funds: \$ Source: Enter amounts and \$ Source: sources of "Additional \$ Source: Committed" funding: \$ Source: *State and Federal agencies will not typically approve a project with both a Planning and a Design/Engineering phase under a single Key Number. If your project includes funding for both phases, please explain why. Provide other funding information, as relevant:

Section 5: Regional Primary Funding Considerations

The 2045 RTP identifies 7 general goals and 28 specific objectives to achieve those goals. The following subset of objectives was identified by the MPO as the primary funding considerations for this call for projects:

- Eliminate fatal and serious injury crashes for all modes of travel.
- Preserve and maintain transportation system assets to maximize their useful life and minimize project construction and maintenance costs.
- Eliminate barriers that people of color, low-income people, youth, older adults, people with disabilities and other historically excluded communities face meeting their travel needs.
- Reduce the transportation system's vulnerability to natural disasters and climate change.
- Improve public health by providing safe, comfortable, and convenient transportation options that support active living and physical activity for all ages and abilities to meet daily needs and access services.
- Increase the percentage of trips made using active and low carbon transportation modes while reducing vehicle miles traveled within our region.
- Strive to reduce vehicle-related greenhouse gas emissions and congestion through more sustainable street, bike, pedestrian, transit, and rail network design, location, and management.
- Complete gaps in the regional bicycle and pedestrian networks, including paths.

Describe how the proposed project supports the primary funding considerations listed above (up to three):

Section 6: Performance Measures: Indicate which performance measure(s) this project supports. See Instructions for more details. a. Roadway Safety Serious Injuries and Fatalities per vehicle-mile traveled Number of Serious Injuries and Fatalities Pavement and Bridge Condition on the NHS Condition of Interstate Pavements Condition of Non-Interstate Pavements Condition of	Additional Project Benefits Describe any other project benefits worth consideration by those reviewing this application.					
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	4,		Yes	No		
b. If exempt, under what category is the project exempt? (e.g. Safety – Railroad/Highway Crossing)	a. Is the project exempt from air quality conformity analys	is? see <u>40 CFR Sec. 93.126</u>				
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Section 8: Submittal Approval					
Project Sponsor Authority Information					
The Authorizing Authority identified below approved the submittal of this application on behalf of the Project Sponsor. Project sponsors will be required to sign an Intergovernmental Agreement (IGA) with ODOT prior to receiving any project funds. The IGA with the state will detail the requirements for the use and management of requested funds.					
Authorizing Authority Name:					
Authorizing Authority Title:					
(e.g. Mayor, Executive Director, etc.)					
\square Submittal was approved by the identified authorizing individual.					
Co-Sponsor Authority Information (if applicable)					
Authorizing Authority Name:					
Authorizing Authority Title:					
\square Submittal was approved by the identified authorizing individual.					

Section 9: Project Summary Sheet

Follow the *Application Instructions* to complete the project summary sheet form and submit it with this completed application.

Applications to be submitted to dcallister@lcog.org