

MPO TRANSPORTATION ALTERNATIVES PROGRAM (TAP) PROJECT / "BIKE-PEDESTRIAN-TRANSIT" GROUP APPLICATION

AGENCY

Jurisdiction/agency: _____ Date: _____

- | | |
|--|--|
| <input type="checkbox"/> Local government | <input type="checkbox"/> Natural resource or public land agencies |
| <input type="checkbox"/> Regional transportation authority | <input type="checkbox"/> Tribal government |
| <input type="checkbox"/> Transit agency | <input type="checkbox"/> Nonprofit entity |
| <input type="checkbox"/> School districts, local education agencies,
or schools | <input type="checkbox"/> Other agency that oversees recreational
trails |

Prepared by: _____

MDOT LPA Project Development Manual (PDM) certified contact person:

PROJECT DESCRIPTION

Project name/roadway: _____

Project length: _____

Project description: (Provide map.) _____

FUNDING APPLIED FOR:

- TAP
- Bike/Ped/Transit Group

PROJECT TYPE

- Sidewalks
- Multiuse pathway
- Bicycle infrastructure
- Pedestrian and bicycle signals
- Traffic calming techniques
- Pedestrian crossing
- Other facilities for pedestrians and bicyclists
- Lighting
- Project to achieve ADA compliance
- Off-road trail (*TAP only*)

Safe Routes to School Program *(TAP only)*

- Infrastructure to improve walking and biking in the vicinity of schools
- Public awareness, education campaigns to encourage walking and bicycling to school
- Traffic enforcement in the vicinity of schools
- Training for volunteers and managers of safe routes to school programs
- Safe routes to school coordinator
- Other _____

STP supplement *(TAP only)*

This project supplements a Surface Transportation Program (STP) project through the MPO to improve facilities for bicyclists and pedestrians on roadways not eligible for STP funding.

PROJECT READINESS

- Is preliminary engineering completed? YES NO
- Is right-of-way (ROW) required for the project? YES NO
- Is utility relocation required? YES NO

OTHER

- Is this project identified in a local, regional or state plan or study? YES NO
- Does this project connect to existing bike/pedestrian facilities? YES NO
- Does this project provide improved safety, comfort or access to a transit stop? YES NO
- Does this project connect to existing sidewalks, pathways, etc.? YES NO

PROJECT COST

Federal share: _____
Local share: _____
Total: _____

Special match credit requested

What year are you proposing project funding obligation? FY: _____

Identify and describe any additional sources of funding (including federal and non-federal, grants, local matches, private partnerships, etc.) _____

Please attach "TIP PROJECT RESOLUTION" and map of the project location

Submit to: David Taylor, GRPC, 1635 Popp's Ferry Rd, Biloxi, MS 39532, dtaylor@grpc.com

Updated: (January 2018)

