

Chariton Valley Transportation Planning Affiliation
Enhancement Program Application

Application Instructions
TEA 21 Regional Enhancement Project

This application form shall be used to submit a regional transportation enhancement project proposal. **Page 4 of the application packet must be used as the cover sheet.**

Deadline for submittal is November 15

1. Thirty (30) copies of the completed application must be submitted, either typewritten or printed in a clearly legible handwriting. Information must be clear, concise, and accurate. Photocopies of this form may be used. Additional pages may be attached if the space provided is inadequate.
2. Incomplete applications may be returned to the applicant to be completed and resubmitted. All information submitted as part of this application, as well as any additional information requested by the Chariton Valley Transportation Planning Affiliation, will be used to evaluate the application. Photographs are encouraged but cannot be returned.
3. Submit the completed application and all attachments to your county's representative listed below:

Appanoose Co. Engineer
Appanoose Co.
Courthouse
Centerville, IA 52544
Ph. 641-856-6193

Richard McKnight
Clarke County Engineer
Clarke County Courthouse
Osceola, IA 50213
Ph. 641-342-2716

John Goode
Monroe Co. Engineer
Monroe Co. Courthouse
Albia, IA 52531
Ph. 641-932-7124

Gary Bishop
Davis County Engineer
Davis Co. Courthouse
Bloomfield, IA 52537
Ph. 641-664-2542

Decatur County Engineer
Decatur Co. Courthouse
Leon, IA 50144
Ph. 641-446-6531

Tim Ehrich
Wayne County Engineer
Wayne Co. Courthouse
Corydon, IA 50060
Ph. 641-872-2025

Todde Folkerts
Lucas County Engineer
Lucas County Courthouse
Chariton, IA 50049
Ph. 641-774-4013

Questions may also be addressed by telephoning Tracy Daugherty Miller, Executive Director at 641-437-4359 or directing electronic mail to

tmiller@charitonvalleyplanning.com

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QUALIFIED ENHANCEMENT ACTIVITIES

Provision of facilities for pedestrians and bicycles.

Acquisition of scenic easements and scenic or historic sites.

Scenic or historic highway programs.

Landscaping and other scenic beautification.

Historic preservation, projects directly tied to transportation.

Rehabilitation and operation of historic transportation buildings, structures or facilities (including historic railroad facilities and canals).

Preservation of abandoned railway corridors (including the conservation and use thereof for pedestrian or bicycle trails).

Control and removal of outdoor advertising.

Archaeological planning and research.

Mitigation of water pollution due to highway runoff.

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Enhancement Project Evaluation Criteria

- The degree of the relationship of the project to the intermodal transportation system and the degree to which the project will enhance the system. (20 points)
- The relationship of the project to a local, area-wide, regional or statewide land use and/or transportation plan. However, if this project is part of a larger project, it should be a usable facility when completed if no additional funds are received for the larger project. (20 points)
- The degree to which the project will enhance Iowa's tourism efforts. (10 points)
- Need for the project, as related to the community or region's population and other facilities (or lack of facilities) of this type. The support of additional government or other organizations of regional, statewide or national scope should be considered. (20 points)
- Quality of the site, including safety provisions, if appropriate. It is expected that all applicable federal and state requirements will be met for the project. (20 points)
- Qualification of this project in two or more of the 10 transportation enhancement categories. (10 points)

100 Points Possible. Projects scoring less than 70 points will not qualify for consideration, however, the project applicant may resubmit during another funding cycle.

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Enhancement Proposal Summary/Application Cover Sheet

Government Sponsor: _____

Contact Person: _____
Address: _____

Telephone: _____
Email: _____

Project Description:

CVTPA Funds Requested \$_____ Percent of Total Project _____ %
(A minimum of 20% of the project cost must be provided by the sponsor as cash match. Projects with additional in-kind support and/or a higher cash match may receive higher scores.)

Total Estimated Costs and Funding Sources:

Match Source	Amount	Assured or Anticipated
1.		
2.		
3.		

Estimated Project Letting Date: _____

Estimated Project Construction Start Date: _____

Estimated Project Construction End Date: _____

Estimated Date of Request for Reimbursement: _____

This form is meant as a summary of your proposal and to be the cover sheet for the application. Attach additional sheets and complete remainder of application.

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General Information

Applicant's Governmental Sponsor: _____

Responsible Official (Name & Title): _____

Mailing Address: _____

City State Zip Daytime Telephone

If multiple agency sponsors are involved with this project, please state the names, contact people, mailing addresses, and telephone numbers of other agencies. (*Attach an additional page if necessary.*)

Applicant: _____

Contact Person (Name & Title): _____

Mailing Address: _____

City State Zip Daytime Telephone

Project Title: _____

Project Description: _____

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

Type of Project: _____

Project Category – Check all boxes that apply and indicate the project grouping (1, 2, or 3) in which you wish your project to be scored.

1 Trails and Bicycle Grouping

- Facilities for Pedestrian and Bicycles
- Abandoned Rail R.O.W. Preservation

2 Scenic and Natural Resources Grouping

- Scenic Highways Programs
- Scenic Easement/Site Acquisition
- Landscaping and Other Beautification
- Control/Removal of Outdoor Ads
- Water Pollution Mitigation (Runoff)

3 Historic and Archaeological Grouping

- Historic Highway Programs
 - Historic Preservation
 - Rehabilitation and Operation of
Historic Transportation Structures
 - Archaeological Planning/Research
- _____ Selected Project Group for scoring

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Project Costs *(An itemized breakdown must be included on an attached sheet.)*

Estimated land cost \$ _____
 Estimated engineering cost \$ _____
 Estimated construction cost \$ _____
 Other Costs \$ _____

Estimated Total Cost \$ _____

Enhancement Fund Request \$ _____
 Applicant Match in Dollars \$ _____
 Percent % of Local Match (Must be greater than or equal to 20%) _____ %

Match Source	Amount	Assured or Anticipated
1.		
2.		
3.		

Are any state funds involved in this project? Yes No

If yes, please identify the source and conditions. _____

Are any federal funds involved in this project? Yes No

If yes, please identify the source and conditions. _____

Estimated Project Development Schedule:

Design (start and completion date) _____
 Land Acquisition (start and completion date) _____
 Construction (start and completion date) _____

Has any part of this project 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? \$___

For what purpose(s) will the fees be used? _____

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Documentation and Narration 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, outlining the concept of the proposed project, and providing adequate project justification. Transportation enhancements must have a direct relationship to the intermodal 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 perspective and how it will be a functional addition to the transportation system and the State of Iowa as a whole if no additional development funds are received.
- B. A MAP identifying the location of the project.
- C. A SKETCH-PLAN of the project, including cross-section for bicycle or pedestrian facilities.
- D. An ITEMIZED BREAKDOWN of the total project costs.
- E. A TIME SCHEDULE for the total project development. Funding for projects, which fail to make satisfactory progress, may be rescheduled or removed from the program by the Iowa Transportation Commission and/or the Chariton Valley Transportation Planning Affiliation.
- F. An OFFICIAL ENDORSEMENT of the proposal from the authority to be responsible for the maintenance and operation. The authority must provide written assurance that it will adequately maintain the completed project for its intended public use for a minimum of 20 years following project completion.
- G. A NARRATIVE discussing the public input process that was followed and the extent to which adjacent property owners and others have been informed of the proposed project and an assessment of their acceptance.

The award of Chariton Valley Transportation Planning Affiliation's Enhancement funds; any subsequent funding or letting of contracts for design, construction, reconstruction, improvement, or maintenance; or the furnishing of materials shall not involve direct or indirect interest, prohibited by Iowa Code Sections 314.2, 362.5, or 331.342, of any state, county, or city official, elective, or appointive. Any award of funding or any letting of a contract in violation of the foregoing provisions shall invalidate the award of funding and authorize a complete recovery of any funds previously disbursed.

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Certification

_____ Initial 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. Estimates for project costs are current and take into consideration federal letting requirements.

_____ Initial The participating local authority has duly authorized this application. I understand the attached OFFICIAL ENDORSEMENT(s) binds the participating local governments to assume responsibility for adequate maintenance of any new or improved facilities for a period of time not less than 20 years.

_____ Initial I understand that, although this information is sufficient to secure funding endorsement from the Chariton Valley Transportation Planning Affiliation, an executed contract between the applicant and the Iowa Department of Transportation is required prior to the authorization of funds.

_____ Initial I acknowledge that federal funding procedures apply to all projects awarded Enhancement funds and I agree to these procedures and subsequent time schedules. Failure to complete a project within the federal parameters may affect eligibility of costs considered for reimbursement and can result in the forfeiture of endorsement by the Chariton Valley Transportation Planning Affiliation.

_____ Initial If the project receives endorsement from the Chariton Valley Transportation Planning Affiliation, I acknowledge that copies of Iowa Department of Transportation contracts, concept statements, and letting notices must be forwarded to the Chariton Valley Transportation Planning Affiliation upon execution in order to retain endorsement.

Representing the _____

Signature Date

Typed Name & Title Date