



FDOT Transportation Alternatives Set-Aside Program

FUNDING APPLICATION

Submittal Date:

APPLICANT INFORMATION

Agency/Organization Name:			
Agency Contact Name:		Title:	
Mailing Address:		City:	State: FL Zip Code:
County:		MPO/TPO (if applicable):	
Telephone:		Email Address:	

CERTIFICATION OF PROJECT SPONSOR/IMPLEMENTING AGENCY SUPPORT:

Certification of project sponsor/implementing agency support is attached.

☐ Yes (Required)

PROJECT TYPE: ☐ Infrastructure ☐ Non-infrastructure

FDOT requires locally administered infrastructure projects be implemented by a LAP certified agency; Non-infrastructure projects do not require LAP certification. If the project applicant intends to administer the project but is not LAP certified at the time of application submittal, they may seek project-specific certification prior to project authorization if their application is selected, or they may partner with a LAP certified agency or with FDOT to serve as the project sponsor and implementing agency. Non-profit organizations are not eligible for LAP certification.

FOR INFRASTRUCTURE PROJECTS ONLY - APPLICANT'S LOCAL AGENCY PROGRAM (LAP) CERTIFICATION STATUS

- ☐ Currently fully LAP Certified / Year of Certification:
- ☐ Not LAP Certified but will seek project-specific certification
- ☐ Not LAP Certified but project will be administered by the FDOT District
- ☐ Not LAP Certified but have secured a LAP Sponsor/Implementing Agency as identified below:

LAP Sponsor/Implementing Agency Name:			
LAP Sponsor/Implementing Agency Contact Name:		Title:	
Mailing Address:		City:	State: FL Zip Code:
Telephone:		Email Address:	

PROJECT INFORMATION

PROJECT NAME/TITLE:

ELIGIBLE TRANSPORTATION ALTERNATIVES PROJECT CATEGORY:

Please check the one Transportation Alternatives eligible project category that the proposed project will address. Checking more than one category does not ensure or increase eligibility. Additional guidance on eligible project activities is included in Appendix B of the [FDOT TA Program Guidance](#).

1. ☐ Construction, planning and design of on and off-road facilities for bicyclists, pedestrians, and other forms of nonmotorized transportation (pedestrian and bicycle facilities)
2. ☐ Construction, planning and design of infrastructure-related projects/systems to provide safe routes for non-drivers including children, older adults, individuals with disabilities (safe routes for non-drivers)
3. ☐ Conversion and use of abandoned railroad corridors for non-motorized use
4. ☐ Construction of turnouts, overlooks, and viewing areas
5. ☐ Inventory, control or removal of outdoor advertising
6. ☐ Historic preservation and rehabilitation of historic transportation facilities
7. ☐ Vegetation management practices in transportation rights of way
8. ☐ Archaeological activities related to impacts from transportation projects
9. ☐ Environmental mitigation activities
10. ☐ Safe Routes to School

***NOTE:** Safe Routes to School (SRTS) funding under Transportation Alternatives is separate from the FDOT SRTS Program; however, if FDOT SRTS Program funds are to be used on any phase of the project then the project will need to comply with the Florida SRTS program requirements. For more information, visit <https://www.fdot.gov/safety/2A-Programs/Safe-Routes.shtm>.

PROJECT LOCATION:

Roadway name:*		
<input type="checkbox"/> On-State System Road (State Roadway)	<input type="checkbox"/> Off-State System Road (Local Roadway)	Roadway number: (i.e. US, SR, CR, etc., if applicable)

***NOTE:** For off-road/trail projects please indicate adjacent roadway

PROJECT LIMITS:

If project has various locations (e.g. city-wide), include attachments specifying each termini and project length.

South or West Termini: Street Name/Mile Post/Other	North or East Termini: Street Name/Mile Post/Other
Project Length (in miles):	
Attachment included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
A location map with aerial view is attached to this application. <input type="checkbox"/> Yes (Required) Label important features, roadways, etc. to clearly locate and show the boundaries of the project.	

PROJECT DESCRIPTION:

Brief Description (1,000 character limit) (*e.g. planning, design and construction of a sidewalk along Sample Road*)

Detailed Scope of Work:

A detailed scope of work is attached.

☐ Yes (Required)

Clearly describe the existing conditions and the proposed project in detail, including specifics on the major items of work (e.g. width of sidewalks or trails, materials to be used, etc.), the purpose and need for this project, and the desired improvements.

Conceptual or design plans are attached.

☐ Yes ☐ No

Typical Section drawings are attached.

☐ Yes ☐ No

Other attachment (e.g. studies, documentation to support the project).

☐ Yes ☐ No

If yes, please describe (250 character limit):

PUBLIC INVOLVEMENT(500 character limit for each question below):

Has the applicant received input from stakeholders? Briefly explain:

☐ Yes ☐ No

Have public information or community meetings been held?

☐ Yes ☐ No

If yes, please provide a brief description and attach supporting documentation:

Describe public and private support for the project (*e.g. petitions, endorsements, resolutions, letters of support*):

Is the project within limits of wetlands, contamination/hazardous waste areas or endangered/threatened species?

☐ Yes ☐ No

If Yes, specify and provide documentation:

Is environmental permitting required?

☐ Yes ☐ No

If Yes, specify and provide documentation:

Provide any additional project specific information that should be considered:

PROJECT IMPLEMENTATION

Please indicate the project phases included in this funding request:

- ☐ Planning activities
- ☐ Project Development and Environment Study (PD&E)
- ☐ Preliminary Engineering/Final Design
- ☐ Right-of-Way (ROW)
- ☐ Construction
- ☐ Construction Engineering and Inspection activities (CEI)

Please indicate who will execute the project phases identified for this project:*

Planning	PD&E	Preliminary Engineering/ Final Design	ROW	Construction	CEI
<input type="checkbox"/> Implementing agency staff	N/A	<input type="checkbox"/> Implementing agency staff	N/A	<input type="checkbox"/> Implementing agency staff	<input type="checkbox"/> Implementing agency staff
<input type="checkbox"/> Consultant	<input type="checkbox"/> Consultant	<input type="checkbox"/> Consultant	<input type="checkbox"/> Consultant	<input type="checkbox"/> Consultant	<input type="checkbox"/> Consultant
<input type="checkbox"/> FDOT	<input type="checkbox"/> FDOT	<input type="checkbox"/> FDOT	<input type="checkbox"/> FDOT	<input type="checkbox"/> FDOT	<input type="checkbox"/> FDOT
<input type="checkbox"/> Not applicable	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Not applicable

***NOTE:** Local agencies are not eligible to be certified in PD&E and/or ROW (Refer to FDOT LAP Manual Chapters 11 and 12).

Is this project related to other FDOT funded phases that are complete, underway, or in FDOT's 5-year Work Program?

☐ Yes ☐ No

If Yes, please describe. If previous phases of this project were constructed as LAP projects, please provide the associated FDOT Project Number (i.e. FPID/FMN numbers) (500 character limit):

Is there a proposed maintenance plan for when the project is complete? ☐ Yes ☐ No

If yes, please provide a brief description and attach supporting documentation as appropriate (500 character limit):

PROJECT RIGHT-OF-WAY / EASEMENT REQUIREMENTS

Is right-of-way acquisition proposed? ☐ Yes ☐ No

If yes, describe existing right-of-way (ROW) ownerships along the project, including when the ROW was obtained and how ownership is documented (i.e., plats, deeds, prescriptions, easements) (500 character limit). Attach ROW documentation as appropriate.

Also describe proposed acquisition including timeline, expected fund source, limitations on fund use or availability, and who will acquire and retain ownership of proposed right-of-way (500 character limit):

Will temporary construction easements be required? ☐ Yes ☐ No

If Yes, please describe (500 character limit):

PROJECT COST ESTIMATE AND FUNDING REQUEST

ESTIMATED PROJECT COST:

A detailed project cost estimate is attached.

☐ Yes (Required)

Provide a summary of the estimated cost for the work being proposed, indicating local fund allocation as appropriate.

Project Phase	TA funds	Local funds	Total Cost
Planning Activities	\$	\$	\$
Project Development & Environmental Study (PD&E)	\$	\$	\$
Design Costs/Plan Preparation	\$	\$	\$
Environmental Assessment (s) associated with the design phase	\$	\$	\$
Permits associated with the design phase (including application fees, mitigation and permit acquisition work)	\$	\$	\$
Right-of-Way	\$	\$	\$
Construction	\$	\$	\$
Construction Engineering and Inspection Activities (CEI)	\$	\$	\$
Other costs* (please describe)	\$	\$	\$
TOTAL ESTIMATED PROJECT COST	\$	\$	\$
PERCENT OF TOTAL PROJECT COST			100%

**FDOT does not allow programming for contingency costs. Any contingency costs should be accounted for using local funds.*

