WisDOT 2024-2028

Transportation Alternatives Program (TAP) Application

<http://wisconsindot.gov/Pages/doing-bus/local-gov/astnce-pgms/aid/tap.aspx>

#  Review and utilize TAP guidelines and application instructions when completing this document. Visit the WisDOT TAP webpage (see link above) for more information and program resources. Applicants will be notified if their application is found ineligible.

**Application Type**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Respond to the following questions to identify your application type:**Check the primary location of your project below *(Select* ***only one*** *option below)*  **[ ]  Rural (**Population **less than 5,000)** **[ ]  Urban (**Population **5,000 – 50,000)****[ ]  Urban Metropolitan Planning Organization (MPO) (**Population **50,000 – 200,000)** Enter MPO Name Here **MPO Priority (**Due prior to Application Deadline**):** Priority Rank**[ ]  Urban Transportation Management Area [TMA] (**Population **greater than 200,000)****NOTE:** If located primarily within a TMA area, select the appropriate TMA from the list below:

|  |  |
| --- | --- |
| **[ ]** Appleton  | **[ ]** Milwaukee |
| **[ ]**  Green Bay  | **[ ]** Round Lake Beach  |
| **[ ]** Madison  |  |

 |

# Project Applicant Information

**Name, Location of Public Sponsor and Sponsor Type:**

 Applicant Agency Name:

 Application Type (Check appropriate box):

Local government (check one): **[ ]**  County **[ ]**  City **[ ]**  Village **[ ]**  Town

 **[ ]**  Regional transportation authority

 **[ ]**  Transit agency

 **[ ]**  State or federal natural resource/public land agency

 **[ ]**  School district or school(s)

 **[ ]**  Tribal Nation

 **[ ]**  Non-Profit Organization

Project Title:

Describe location, boundaries and length of the project:

County:

Street Address of Project (if located on a highway or road):

**Project Contact Information**

**Primary Applicant Agency Contact Information:**

 **IMPORTANT:** Contact listed here must represent the agency who is beholden to the federal grant.

 Name: Title: Street Address: Phone: (**)   -**

 Municipality: State:  **WI** Zip:

 E-mail:

**Secondary Applicant Agency or Private Organization Contact Information (if applicable):**

 **NOTE:** Contact WisDOT if your proposal includes ineligible entities or public-private partnerships.

Organization / Agency Name:

 Name: Title: Street Address: Phone: (**)    -**

 Municipality: State:  **WI** Zip:

 E-mail:

**Head of Agency/Signatory Contact Information:**

Organization / Agency Name:

 Name: Title: Street Address: Phone: (**)    -**

 Municipality: State:  **WI** Zip:

 E-mail:

**Proposed Activity**

**Activity Questionnaire:**

Using the checkboxes below, Identify your project type:

**[ ]** Bicycle-Pedestrian (BP)

**[ ]** Planning Study **[ ]** Infrastructure

**[ ]** Construction of Turnouts, Overlooks, and Viewing areas (TOV)

**[ ]** Historic Preservation and rehabilitation of historic transportation facilities (HP)

**[ ]** Safe Routes to School (SRTS)

**[ ]** Planning Study **[ ]** In-SchoolPrograming **[ ]** Infrastructure **[ ]** TAP STARS (See Page A – 9)

Please Note: Applicants proposing a project within the SRTS eligibility category MUST complete the ‘School Demographics’ and ‘Safe Routes to School Plan’ sections on page A-6 below.

**Brief Project Summary** (**100 words or less**). Provide a brief project summary in the field below. This information should adequately describe the scope of your project but should not be as detailed as narrative question #1.

|  |
| --- |
|        |

**Project Benefit**

Check all applicable project benefits, then describe in application narrative:

**[ ]  ENVIRONMENTAL**

 [ ]  Increases likelihood of modal shift to biking, walking or transit from utilitarian car travel.

 [ ]  Increases access and connection to the natural environment.

 [ ]  **PUBLIC HEALTH** - Project would have a demonstrable impact upon public health of applicant community.

 [ ]  **ECONOMIC JUSTICE** - Project would go beyond community enhancement to address a specific “communities of concern,” including elderly, disabled, minority, and low-income population? The project within ½ mile of affordable housing complex(s). The project improves low-income access to transit, jobs, education, and essential services.

 [ ]  **SAFETY** - Project addresses a specific safety concern. The project contains or addresses:

 [ ]  Collision data

 [ ]  Lack of adequate safe crossing or access

 [ ]  Lack of separated facility

 [ ]  High speed/volume

 [ ]  Provides sidewalk or pathway, with curb-cuts

 [ ]  Provides bike lanes, markings, and signage

 [ ]  Implements traffic calming measures

 [ ]  Signage, warning light devices, and/or markings directed to safety concern

 [ ]  Provides crosswalk enhancement (striping, refuge island, RRFB signal, etc.)

 For SRTS Projects there is:

 [ ]  Documented bike/pedestrian crash involving school age children or crossing guard at arrival/dismissal times near the school.

 [ ]  Crossings of state highways, main arterial roads or other high speed or high traffic volume roads.

 [ ]  Lack of bicycle and pedestrian facilities or lack of connectivity of facilities that do exist.

 [ ]  High level of parental concern documented in survey data.

 [ ]  Few or no children who live within 1 mile walk or bike. Busing may be offered to everyone because of documented hazards.

 [ ]  Children are walking but application shows that unsafe conditions exist.

 [ ]  **HISTORICAL AND/OR PRESERVATION SIGNIFICANCE** – Project would have strong historical or preservation benefit.

 [ ]  **ECONOMIC DEVELOPMENT** – Project facilitates economic development by increasing bicycle/ pedestrian traffic in commercial corridors or by creating a destination that will help retail.

**Local Resolution of Support**

There is or there will be a local resolution of support for the proposed project, executed by a governing body that has the authority to make financial commitment on behalf of the project sponsor (i.e., County Board, City Council, Village/Town Board, or Regional Planning Commission Policy Board).

 [ ]  Yes [ ]  No

Please note that a resolution **is required** for an application to be eligible, which means a **copy of the resolution** should be submitted to the **Region Local Program Manager** no later than **5:00 PM December 29, 2023.**

**WisDOT History of the Project Area**

Is the proposed project on a State Highway? **[ ]**  Yes **[ ]**  No

 Name of State Highway:

Does the proposed project intersect a State Highway? **[ ]**  Yes **[ ]**  No

 Name of State Highway:

Has there been, or will there be a road improvement project in this project area? **[ ]**  Yes **[ ]**  No

If yes, year:

If yes, Check All: [ ]  State Highway Project [ ]  STP [ ] Local Bridge [ ]  LRIP

 [ ] Pavement Replacement [ ] Reconstruction [ ] New Construction

 Describe:

**Existing Facilities & Projects that Impact the Proposed Project**

Rail Facilities:

 Does a railroad facility exist within 1,000 feet of the project limits? **[ ]**  Yes **[ ]**  No If yes, specify:  *Choose an item.*

If yes, does the project physically cross a rail facility? **[ ]**  Yes **[ ]**  No

 Will an easement from OCR be required? **[ ]**  Yes **[ ]**  No

Is the proposed project location in an area with known safety issues? **[ ]**  Yes **[ ]**  No

 *If yes*, specify:  (consider applying for Highway Safety Improvement Program (HSIP) funds if applicable)

Is this project on or parallel to a local road or street? [ ]  Yes [ ]  No

 *If* yes, provide the name of the road or street:

Does this project cross a state highway? [ ]  Yes [ ]  No

Does this project run parallel to a state highway? [ ]  Yes [ ]  No

*If yes to any of these questions attach an existing typical cross-section of the roadway, showing right of way, travel lanes, shoulder and sidewalk (if applicable). Examples are available in* [*FDM15-1-5*](http://wisconsindot.gov/rdwy/fdm/fd-15-01.pdf#fd15-1-5) *attachment* [*5.3*](https://wisconsindot.gov/rdwy/fdm/fd-15-01-att.pdf#fd15-1a5.3) *of the WisDOT facilities Development Manual.*

Will this project be constructed as part of another planned road project? [ ]  Yes [ ]  No

*If yes, specify who is responsible for the project (state, county, or local) and when the road project is scheduled for construction:* *Enter Project Owner and Construction Schedule Here.*

*If yes, specify the source (federal, state, local, or other) and provide additional details such as state/federal project IDs. Provide Additional Detail Here*

Will any exceptions to standards be requested? [ ]  Yes [ ]  No

*If yes, provide a brief description of the exceptions that may be requested:*

**Real Estate (RE) /Right of Way (ROW)**

**PLEASE NOTE:** It is recommended that local funds be used to acquire right of way WisDOT recommends applicants review of the real estate webpage at**:**

[**https://wisconsindot.gov/Pages/doing-bus/local-gov/astnce-pgms/aid/lpa-re-info.aspx**](https://wisconsindot.gov/Pages/doing-bus/local-gov/astnce-pgms/aid/lpa-re-info.aspx)**.**

Was any real estate acquired or transferred in anticipation of this project? [ ]  Yes [ ]  No

If yes, please explain.

List any other funding (past or present) used within the proposed project limits (i.e., DNR Stewardship)

Is ROW acquisition anticipated for this project? [ ]  Yes [ ]  No

**If yes, provide a brief description of the property anticipated for acquisition and check all boxes that apply to ROW acquisition for this project:**

*Provide a brief description of ROW to be acquired (current owner, zoning concerns, ets.)*

**[ ]  Less than ½ acre [ ]  More than ½ acre**

**[ ]  Parklands [ ]  Large parcels [ ]  Temporary interests**

Is the project on existing state-owned highway right of way (ROW)? [ ]  Yes [ ]  No

If yes, have you contacted the WisDOT Regional Access Section to inform them of proposed facility within state right of way?[ ]  Yes [ ]  No

If yes, please explain what has been done to date.

**If right of way was acquired in anticipation of this project,** attach a detailed list of available, completed project and parcel acquisition documentation. Refer to Section 11.2, Records Management, found in the *Local Program Real Estate Manual (LP RE Manual):*

<https://wisconsindot.gov/dtsdManuals/re/lpa-manual/lpa-manual-2022-Final.pdf>

If right of way was acquired in anticipation of this project, did the acquisition contain any buildings or relocation? **[ ]**  Yes **[ ]**  No

If right of way is required, will acquisition occur through a transfer of an adequate interest in real property?

[ ]  Yes [ ]  No

**For real estate questions, please contact Abby Ringel, WisDOT Local Public Agency Real Estate Statewide Facilitator, at (920) 492-7708 or** **abigail.ringel@dot.wi.gov****.**

**Environmental/Cultural Issues**

Agriculture **[ ]**  Yes **[ ]**  No **[ ]**  Not Investigated Comments:

Archaeological sites **[ ]**  Yes **[ ]**  No **[ ]**  Not Investigated Comments:

Historical sites **[ ]**  Yes **[ ]**  No **[ ]**  Not Investigated Comments:

Designated Main Street area **[ ]**  Yes **[ ]**  No **[ ]**  Not Investigated Comments:

Lakes, waterways, floodplains **[ ]**  Yes **[ ]**  No **[ ]**  Not Investigated Comments:

Wetland **[ ]**  Yes **[ ]**  No **[ ]**  Not Investigated Comments:

Storm water management **[ ]**  Yes **[ ]**  No **[ ]**  Not Investigated Comments:

Hazardous materials sites **[ ]**  Yes **[ ]**  No **[ ]**  Not Investigated Comments:

Hazardous materials on existing structure **[ ]**  Yes **[ ]**  No **[ ]**  Not Investigated Comments:

Upland habitat **[ ]**  Yes **[ ]**  No **[ ]**  Not Investigated Comments:

Endangered/threatened/migratory species **[ ]**  Yes **[ ]**  No **[ ]**  Not Investigated Comments:

Section 4(f) **[ ]**  Yes **[ ]**  No **[ ]**  Not Investigated Comments:

Section 6(f) **[ ]**  Yes **[ ]**  No **[ ]**  Not Investigated Comments:

Through/adjacent to tribal land **[ ]**  Yes **[ ]**  No **[ ]**  Not Investigated Comments:

**Miscellaneous Issues**

**Construction Schedule Restrictions** (trout, migratory bird, local events):

**Local Force Account (LFA):** Will the proposed project utilize municipal employees to complete any portion of the construction activities? **[ ]**  Yes **[ ]**  No

If yes, explain the desired LFA portion of the project.

 NOTE: LFA work must include labor, equipment and materials. The purchase of materials only is not considered to be a legitimate project.

NOTE: Please review WisDOT TAP Guidelines for restrictions on certain LFA work as of July 1, 2015.

**Maintenance** (only complete this section if project involves infrastructure improvement):

Will the facility be maintained for year-round bicycle-pedestrian access? [ ]  Yes [ ]  No

If no to the above question & a trail, will snowmobile use be permitted in winter? [ ]  Yes [ ]  No

 If yes to the previous question, provide comment:

Anticipated fee for trail use: [ ]  Yes [ ]  No

 If yes to the previous question, provide comment:

Anticipated equestrian use on trail: [ ]  Yes [ ]  No

 If yes to the previous question, provide comment:

**Other Funding Sources:** Has the municipality anticipated, requested or previously received other federal or state funding from WisDOT for the improvement? **[ ]**  Yes **[ ]**  No

If yes, please indicate all the other funding sources that are anticipated, have been requested or previously received with the associated project ID(s):

Highway Safety Improvement Program (HSIP) **[ ]**  Anticipated **[ ]**  Requested Approved ID:

Local Roads Improvement Program (LRIP) **[ ]**  Anticipated **[ ]**  Requested Approved ID:

Railroad Programs **[ ]**  Anticipated **[ ]**  Requested Approved ID:

Surface Transportation Program – Rural **[ ]**  Anticipated **[ ]**  Requested Approved ID:

Surface Transportation Program - Urban **[ ]**  Anticipated **[ ]**  Requested Approved ID:

CMAQ **[ ]**  Anticipated **[ ]**  Requested Approved ID:

Carbon Reduction Program (CRP) **[ ]**  Anticipated **[ ]**  Requested Approved ID:

Transportation Enhancements Program Approved ID:

Bicycle & Pedestrian Facilities Program Approved ID:

Safe Routes to School Approved ID:

Transportation Economic Assistance Program **[ ]**  Anticipated **[ ]**  RequestedApproved ID:

Flood Damage Aids **[ ]**  Anticipated **[ ]**  Requested Approved ID:

State Funding (Describe): **[ ]**  Anticipated **[ ]**  Requested Approved ID:

Other: **[ ]**  Anticipated **[ ]**  Requested Approved ID:

Is project identified in a long-range transportation plan. **[ ]**  Yes **[ ]**  No If Y, link to plan: \_\_\_\_\_

Is project identified in a bicycle-pedestrian plan? **[ ]**  Yes **[ ]**  No If Y, link to plan: \_\_\_\_\_

Is project identified in an outdoor recreation plan. **[ ]**  Yes **[ ]**  No If Y, link to plan: \_\_\_\_\_

Is project identified in a comprehensive plan. **[ ]**  Yes **[ ]**  No If Y, link to plan: \_\_\_\_\_

Is project identified in any other planning document. **[ ]**  Yes **[ ]**  No If Y, link to plan: \_\_\_\_\_

**Other Concept Notes:** Provide any additional relevant project information that has not been covered in another section of the application.

**School Demographics (Complete ONLY if submitting a project within the SRTS eligibility category)**

**What is the name(s) and demographics for each school affected by the proposed program or project?**

**Optional: Alternatively, SRTS project applicants may submit a narrative response/attachment 1 detailing school demographics provided that all fields below are answered in such attachment.**

School name:  School population: Grades of students at school:

Estimated number of students currently walking to school (if known):

Estimated number of students currently biking to school (if known):

Does the school have any policies related to walking or biking?

Distance eligibility for riding a bus:  Number of children not eligible for busing:

Number of students eligible for busing because of a hazard situation: Percentage of students living within one mile of the school:

Percentage of students living within two miles of the school:

Percentage of students eligible for free or reduced-cost school meals:

Community(s) served by school: Community(s) population:

**Safe Routes to School Existing Planning Efforts (Complete if submitting an SRTS project)**

**Does your school or community have a Safe Routes to School plan?**  [ ]  Yes [ ]  No

If yes, can it be viewed online?[ ]  Yes, the website address is  [ ]  No, it is attached with the application.

If no, please describe, **in no more than 400 words**, any SRTS-related planning efforts undertaken by the school or community.

**CONFIDENTIAL INFORMATION**

**Project Costs, Priorities, and State Fiscal Years:**

Complete the table below for the appropriate fiscal years of the application/project cycle (2024-2028).If a sponsor proposes to construct a project in phases throughout multiple years, schedule the project costs as appropriate and provide further details in the project description. In addition to the table below, **attach a detailed breakdown of project costs in Microsoft Excel.** This detailed breakdown must clarify assumptions made in creating the budget such that a third-party reviewer would be able to substantiate the assumptions.

**Submit a separate application and budget for each project or stand-alone project segment for which you are willing to accept funding**, or for a bike/pedestrian trail section that could function as a separate facility. Project requests are not considered for partial funding.

**Project Cost Guidelines:**

WisDOT suggests the following cost minimums all proposed TAP projects:

|  |  |
| --- | --- |
| **Infrastructure projects** | Minimum project cost of $300,000, including any design work. $100,000 minimum for federally funded real estate. |
| **Non-Infrastructure projects**  | Minimum project cost of $50,000 |
| **STARS-Eligible Non-infrastructure**  | Minimum project cost of $20,000*See Program Guidance materials for additional information* |
|  |  |

Applicants may work with the Local Program Manager within their region for assistance to estimate costs more accurately. All estimates will be reviewed by WisDOT Region staff for consistency with current practices and approaches. Also, WisDOT Region staff may revise estimates in these categories due to the complexity of the project or other factors. WisDOT will notify the sponsor of any changes to estimates within the application and determine whether the sponsor wishes to continue with the application with the revised estimate.

***NOTE: Requesting design and construction projects in the same fiscal year is not allowed.***

**Project Prioritization:**

TAP Applicants are advised that submitting multiple applications is welcome. However, WisDOT is limited in its ability to award projects based on, funding availability, existing schedules, and selection committee discretion.

If a sponsor is submitting more than one project the sponsor must rank each project in priority order, e.g., 1 (highest priority) to 5 (lowest), for the local priority among five projects. Local ranking will be used as a guide in project selection. **Project Priority:**

**Project Delivery Method:**

Briefly describe the preferred method of project delivery (i.e., consultant contract, local delivery, etc.)

 **Delivery Method:**

**[ ]  Construction:**

 **Basis for Construction Estimate: [ ]**  Itemized **[ ]**  Per Square Foot **[ ]**  Past Projects

 **[ ]**  Other, please specify:

 **Schedule Preference:** **[ ]**  FY 2025 **[ ]**  FY 2026 **[ ]**  FY 2027 **[ ]**  FY 2028

 **Construction (minimum $300,000):**

Federal Share of the Participating Construction Cost (80%) $

 Local Share of the Participating Construction Cost (20%) $

 Non-Participating Construction Cost (100% Local) $ **A. Subtotal Construction Costs:** $

**B. State Review for** **Construction:** (Contact WisDOT Region) Percentage: **%** $

 **C. Construction Engineering Costs**: $

**Construction with State Review Cost Estimate** (sum lines A, B, & C) **$**

**[ ]  Design:**

**[ ]** 100%Locally Funded (state review is required to be included as 100% locally funded) **OR**

**[ ]** 80%Federally Funded(“state review only” projects are not allowed)

 **[ ]**  FY 2024 **[ ]**  FY 2025 **[ ]**  FY 2026 **[ ]**  FY 2027

**A. Plan Development** (Contact WisDOT Region) Percentage: **%** $

**B. State Review for Design** (Contact WisDOT Region) Percentage: **%** $

**Design with State Review Cost Estimate** (sum lines A and B) **$**

**[ ]  Real Estate:** (Recommend funding with local funds.)

 **[ ]**  FY 2024 **[ ]**  FY 2025 **[ ]**  FY 2026 **[ ]**  FY 2027

**Total Real Estate Cost** (round to next $1,000) **$**

**[ ]  Utility:** (Compensable utility costs must be $50,000 minimum per utility.)

 Recommend funding with local funds.

**[ ]**  FY 2024 **[ ]**  FY 2025 **[ ]**  FY 2026 **[ ]**  FY 2027

 **Total Utility Cost** (round to next $1,000) **$**

**[ ]  Other:** (Planning Studies, SRTS Programing, etc.)

**[ ]**  FY 2024 **[ ]**  FY 2025 **[ ]**  FY 2026 **[ ]**  FY 2027 **[ ]**  FY 2028

**Total Other Cost** (round to next $1,000) **$**

**[ ]  TAP STARS APPLICATION (SRTS Activities-Only)**

WisDOT encourages rural (< 5,000 in population, outside of MPO borders) school districts and other eligible entities to consider applying for a TAP STARS project. While all activities are consistent with a traditional TAP project, TAP STARS allows new program participants to select from a list of pre-assembled TAP SRTS project templates.

To **confirm TAP STARS eligibility**, find your community on the TAP STARS GIS map linked below:

<https://wisdot.maps.arcgis.com/apps/webappviewer/index.html?id=381e0ea4576f48c3bd302e60cf291384>

See the TAP STARS Proposal Addendum for SRTS project templates: <https://wisconsindot.gov/Pages/doing-bus/local-gov/astnce-pgms/aid/tap.aspx>

**[ ]**  FY 2024 **[ ]**  FY 2025 **[ ]**  FY 2026 **[ ]**  FY 2027 **[ ]**  FY 2028

**TAP STARS TEMPLATE:** *ENTER OPTION #*

**Total TAP STARS Cost** (round to next $1,000) **$**

**NOTE:** WisDOT Policy link**:** [**http://wisconsindot.gov/Pages/doing-bus/eng-consultants/cnslt-rsrces/rdwy/default.aspx**](http://wisconsindot.gov/Pages/doing-bus/eng-consultants/cnslt-rsrces/rdwy/default.aspx)**.**

**NOTE:** WisDOT Region staff may revise estimates in the Plan Development, State Review for Design, and State Review for Construction categories based on the complexity of the project or other factors.

**Narrative Response**

Provide a narrative response attachment answering questions 1 through 5, making sure to provide information in response to each sub-question. Please limit the response to three (3) double-spaced pages, using a **minimum 11-point font size**.

1. **PROJECT DESCRIPTION AND OVERVIEW.**

This is an expanded summary based on page A-2 of the application. It is a general overview of the project, including type of facility or project, location (please attach a location map or maps) and any other information about the project. It is brief.

**2. PROJECT PLANNING & PREPARATION & LOCAL SUPPORT**

Describe the degree to which this project was planned for and the local support and commitment for the project. If this project is part of a plan (bike-pedestrian plan, safe routes to school plan, transportation plan, comprehensive plan, etc.), describe that plan and the project’s priority in that plan. If this is a planning project describe how this project will be integrated into other efforts. For SRTS projects, describe walk/ bike audits, parent surveys and data on crashes that support the selection of this project.

**3. HISTORY OF SPONSOR SUCCESS, DELIVERABILITY AND COMMITMENT TO MULTIMODAL**

How will the project be implemented on time? What obstacles or problems must be overcome to implement this project, and considering project obstacles, describe how the project sponsor will comply with state law and policy requiring project commencement within four years of the award date, and project completion within approximately six years? Please describe prior experience with other multimodal projects and success in delivering those projects in the year in which they were scheduled. For example, were you able to deliver the project in the year it was programmed? Have you ever had to turn back awarded federal funds? Please explain. If problems were experienced in the past, what will be done on this project to ensure successful completion? Describe the project sponsor’s commitment to multimodal programs and facilities generally like a complete street ordinance, advisory committees, or inclusion of multimodal accommodations in any other local program projects.

**4. PROJECT UTILITY & CONNECTIVITY**

**For Infrastructure Projects**

Describe the degree to which this project serves utilitarian rather than recreational purposes and how, if at all, the project adds connectivity to the state’s multi-modal transportation network, including bicycle, pedestrian, and transit facilities. Describe how, if at all, the proposed project would connect to these existing land uses: park, school, library, public transit, employment and/or retail centers, residential areas, others. Describe how this project fills a multimodal gap or serves as a backbone to a local multimodal network.

**For Planning Projects**

Implementation of plan would serve a broad geographic area and adds connectivity to the state’s multimodal transportation network. Describe how this project fills a multimodal gap or serves as a backbone to a local multimodal network.

**For Safe Routes to School Programming Projects**

Will the project get a higher percentage of children walking and biking to school - addresses clear safety problems for children already walking/biking. Address the following desired outcomes: reduction in parent concerns that keep them from allowing children to walk/bike; potential for changes in hazard busing; change in policy limiting walking/biking to school; increased school commitment to promoting walking/biking; improved driver behaviors in the school zone; making it more appealing for children to walk/bike; more law enforcement participation in walking/biking issues

**5.** **PROJECT BENEFIT– ENVIRONMENTAL, LIVABLITY, ECONOMIC JUSTICE, PUBLIC HEALTH, HISTORICAL PRESERVATION, ECONONMIC DEVELOPMENT, ANS SAFETY**

 *NOTE: A TAP project should contribute to a community benefit. No applicant’s project is expected to contribute to all the benefits listed on A-3 of the application, but a project that contributes to more than one benefit or has significant impact on a particular benefit will receive more points.*

Describe the benefits likely derived from the proposed project, this description should correspond to the project benefit section on page A-3.

**Key Program Requirements Confirmation**

Please confirm your understanding of the following project condition by **typing your name, title and initials** at the bottom of this section. **A Head of Government/Designee with fiscal authority for the project sponsor must initial this section and sign this application. Sponsor consultant(s) should not initial or sign project applications.**

**WisDOT will deem ineligible any application that does not provide confirmation to this section.**

a. Private organizations proposing projects must have a public project sponsor such as a local government unit.

b. The project sponsor or private partner must provide matching dollar funding of at least 20% of project costs.

c. This is a reimbursement program. The project sponsor must finance the project until federal reimbursement funds are available.

d. The project sponsor will pay to the state all costs incurred by the state in connection with the improvement that exceed federal financing commitments or other costs that ineligible for federal reimbursement. In order to guarantee the project sponsor’s foregoing agreements to pay the state, the project sponsor, through its duly executed officers or officials, agrees and authorized the state to set off and withhold the required reimbursement amount as determined by the state from any monies otherwise due and payable by the state to the municipality.

e. The project sponsor must not incur costs for any phase of the project until that phase has been authorized for federal charges and the WisDOT Region has notified the sponsor that it can begin incurring costs. Otherwise, the sponsor risks incurring costs that will not be eligible for federal funding.

f. The project sponsor will follow the applicable federal and state regulations required for each phase of the project. Some of these are described in the Guidelines. The requirements include, but are not limited to, the following: a Qualifications Based Selection (QBS) process for design and engineering services (Brooks Act); real estate acquisition requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and amendments; competitive procurement of construction services; Davis-Bacon wage rates on federal highway right-of-way projects; WisDOT FDM & Bicycle Facilities Handbook; ADA regarding accessibility for the disabled; MUTCD regarding signage; U.S. Department of the Interior standards for historic buildings. Each WisDOT Region can provide copies of the current *Sponsor’s Guide to Non-Traditional Transportation Project Implementation*, and references for sections of the Facilities Development Manual (FDM) and other documents necessary to comply with federal and state regulations. **Applicants who plan to implement their projects as Local Let Contracts using the Sponsor’s Guide must become certified that they are capable of undertaking these projects.**

g. Snowmobile use is only allowable by local ordinance. Trail fees may only be charged on a facility if the fees are used solely to maintain the trail. WisDOT reserves the right to require that facilities be snowplowed as part of a maintenance agreement where year-round use by bicyclists and pedestrians is expected.

h. For infrastructure projects, the project sponsor agrees to maintain the project facility. Failure to maintain the facility, or sale of the assets improved with FHWA funds prior to the end of its useful life, will subject the sponsor to partial repayment of federal funds or additional stipulations protecting the public interest in the project for its useful life.

i. If the project sponsor should withdraw the project, it will reimburse the state for any costs incurred by the state on behalf of the project.

j. The project sponsor agrees to state delivery and oversight costs by WisDOT staff and their agents. These costs include review of Design and Construction documents for compliance with federal and state requirements, appropriate design standards, and other related review. These costs will vary with the size and complexity of the project. The sponsor agrees to add these costs to the project under the same match requirements 80% / 20% match requirements.

k. Projects that are fully or partially federally funded must be designed in accordance with all applicable federal design standards, even if design of the project was 100% locally funded.

l. As the project progresses, the state will bill the project sponsor for work completed that is ineligible for federal reimbursement. Upon project completion, a final audit will determine the final division of costs as between the state and the project sponsor. If reviews or audits reveal any project costs that are ineligible for federal funding, the project sponsor will be responsible for any withdrawn costs associated with the ineligible work.

m. \*\*\*For 100% locally funded design projects, costs for design plan development and state review for design are 100% the responsibility of the local project sponsor. Project sponsors may not seek federal funding only for state review of design projects.

n. The project sponsor acknowledges that the requisite project commencement requirement and that failure to comply with the applicable commencement deadline will jeopardize federal funding. Commencement is within four years of the date of the project award. The project must be commenced within four (4) years of the project award date according to Sec. 85.021, Wis. Stats. For construction projects, a project is commenced when construction is begun. For planning projects, a planning project is commenced when the planning study is begun. For non-infrastructure projects that do not fall within any of the above categories, a project is considered commenced on the date that WisDOT receives the first reimbursement request from the project sponsor, as noted on form DT1713 in the ‘Date Received’ field.

o. The project sponsor acknowledges that the requisite project completion timeline for approved TAP projects will be memorialized in a state-municipal agreement, and failure to comply with the applicable project timeline will jeopardize federal funding.

p. Federally funded transportation construction projects, with the exception of sidewalks, are likely improvements that benefit the public at large. Improvements of this type cannot generally be the basis of levying a special assessment pursuant to Wis. Stat. § 66.0703. Municipalities who wish to obtain project funding via special assessment levied against particular parcels should seek advice of legal counsel. See Hildebrand v. Menasha, 2011 WI App. 83.

Please confirm your understanding of the following project condition by typing your name, title and initials at the bottom of this section. A Head of Government/Designee with fiscal authority for the project sponsor must initial this section and sign this application. Sponsor consultant(s) should not initial or sign project applications.

I confirm that I have read and understand project conditions (a) through (o) above:

Name:  Title:

**Accepted (please initial here):**

**Fiscal Authorization and Signature**

Application prepared by a consultant. **[ ]**  Yes **[ ]**  No

If yes, consultant information and signature required below.

Consultant Company Name: Company Location (City, State):

**Consultant Signature** (electronic only)**:  Date:**

**NOTE:** On Local Program projects, it is not permissible for a consultant to fill out applications gratis (or for a small fee) for a municipality and then be selected to do the design work on a project. A municipality could start their consultant selection process early enough and make the application part of the scope of services with the understanding that all costs incurred prior to authorization will be the responsibility of the local municipality.

See FDM [8-5](http://wisconsindot.gov/rdwy/fdm/fd-08-05.pdf#fd8-5)  for additional information**.**

Sponsor Agency:

Contact Person:  (Note: must be Head of Government or Designee)

Title:

Address:

Telephone:

Email:

Only one project sponsor is allowed per project. As a representative of the project sponsor, the individual that signs below are confirming that the information in this project application is accurate. A local official, not a consultant, must sign the application. I understand that completion of this application does not guarantee project approval for federal funding.

**Head of Government/Designee Signature** (electronic only)**:  Date:**

***See Final Page for Application and Attachments Checklist***

**Application and Attachments**

Submit applications and attachments utilizing the contact information contained in the corresponding TAP Pre-Scoping Application Instructions. Applicants must **submit eligible applications on or before 5PM on October 27, 2023**, and must include the following documents:

[ ]  A completed application **in Microsoft Word format**

 [ ]  Narrative Response: maximum of **three double-spaced** pages, **11-point font size with 1-Inch margins**

 [ ]  Cost Estimate Detail as required in the ‘**Project Costs** and Dates’ section of this application

 [ ]  For infrastructure projects, a project map (Size 8½ by 11, standard letter)

 [ ]  A l**ocal resolution of suppor**t for the proposed project (Due by December 29, 2023)

 [ ]  **If right of way was acquired in anticipation of this project,** attach a detailed list of available, completed project and parcel acquisition documentation **(see page A-4)**

**OPTIONAL Attachment**

 [ ]  **If proposed project crosses or runs parallel to a local road, street, or state highway,** attach a typical cross-section of the existing roadway with right of way, travel lanes, shoulder, and sidewalk (if applicable)

 [ ]  SRTS School Demographics Information

**WisDOT Information – Shaded area to be completed by WisDOT staff only.**

**FOR WISDOT USE ONLY –This information must be entered on the spreadsheet and on the application.**

WisDOT Region comments on application, including eligibility concerns:

Region Reviewer’s Name:

Reviewer’s Title:  Date Received: