**FLORIDA DEPARTMENT OF TRANSPORTATION**

**2022 CONSOLIDATED PROJECT APPLICATION**

**SURFACE TRANSPORTATION BLOCK GRANT FUNDING**

FUNDING CONSIDERATION FOR FISCAL YEARS 2028

**APPLICANT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency/Organization Name:** *Click here to enter text.* | | | |
| **Agency Contact Name:** *Click here to enter text.* | **Title:** *Click here to enter text.* | | |
| **Mailing Address:** *Click here to enter text.* | **City:** *Click here to enter text.* | **State:** FL | **Zip Code:** *Click here to enter text.* |
| **County:** *Click here to enter text.* | **MPO/TPO (if applicable):** *Click here to enter text.* | | |
| **Telephone:** *Click here to enter text.* | **Email Address:** *Click here to enter text.* | | |

**CERTIFICATION OF PROJECT SPONSOR/IMPLEMENTING AGENCY SUPPORT:**

|  |  |
| --- | --- |
| Certification of project sponsor/implementing agency support is attached. | Yes *(Required)* |

**APPLICANT’S LOCAL AGENCY PROGRAM (LAP) CERTIFICATION STATUS**

Currently fully LAP Certified / Year of Certification: *Click here to enter text.*

Not LAP Certified but will seek project-specific certification

Not LAP Certified, requesting FDOT administer project

Not LAP Certified but have secured a LAP Sponsor/Implementing Agency as identified below:

|  |  |  |  |
| --- | --- | --- | --- |
| **LAP Sponsor/Implementing Agency Name:** *Click here to enter text.* | | | |
| **LAP Sponsor/Implementing Agency Contact Name:** *Click here to enter text.* | **Title:** *Click here to enter text.* | | |
| **Mailing Address:** *Click here to enter text.* | **City:** *Click here to enter text.* | **State:** FL | **Zip Code:** *Click here to enter text.* |
| **Telephone:** *Click here to enter text.* | **Email Address:** *Click here to enter text.* | | |

**PROJECT INFORMATION**

**PROJECT NAME/TITLE:** *Click here to enter text.*

**PROJECT LOCATION:**

|  |  |  |
| --- | --- | --- |
| **Roadway name:**\**Click here to enter text.* | | |
| **On-State System Road** | **Off-State System Road** | **Roadway number:** *Click here to enter text.* |
| (State Roadway) | (Local Roadway) | (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:** *Click here to enter text.* | **North or East Termini:** *Click here to enter text.* |
| Street Name/Mile Post/Other | Street Name/Mile Post/Other |
| **Project Length (in miles):** *Click here to enter text.* | |
| **A location map with aerial view is attached to this application.** Yes *(Required)* | |
| *Label important features, roadways, etc. to clearly locate and show the boundaries of the project.* | |

**PROJECT DESCRIPTION:**

**Brief Description:** *Click here to enter text.*

(*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: *Click here to enter text.* | |

**PUBLIC INVOLVEMENT:**

|  |  |
| --- | --- |
| **Has the applicant received input from stakeholders?** | Yes  No |
| Briefly explain: *Click here to enter text.* | |
| **Have public information or community meetings been held?** | Yes  No |
| If yes, please provide a brief description and attach supporting documentation:  *Click here to enter text.* | |
| **Describe public and private support for the project** *(e.g. petitions, endorsements, resolutions, letters of support):*  *Click here to enter text.* | |
| **Is the project within limits of wetlands, contamination/hazardous waste areas or endangered/threatened species?** | Yes  No |
| If Yes, specify and provide documentation:  *Click here to enter text.* | |
| **Is environmental permitting required?** | Yes  No |
| If Yes, specify and provide documentation:  *Click here to enter text.* | |
| **Provide any additional project specific information that should be considered:**  *Click here to enter text.* | |

**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** |
| Implementing agency staff | N/A | Implementing agency staff | N/A | Implementing agency staff | Implementing agency staff |
| Consultant | Consultant | Consultant | Consultant | Consultant | Consultant |
| FDOT | FDOT | FDOT | FDOT | FDOT | FDOT |
| Not applicable | Not applicable | Not applicable | Not applicable | Not applicable | 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)*:

*Click here to enter text.*

**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:

*Click here to enter text.*

**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). Attach ROW documentation as appropriate.

*Click here to enter text.*

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:

*Click here to enter text.*

**Will temporary construction easements be required?**  Yes  No

If Yes, please describe:

*Click here to enter text.*

**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** | **Federal funds** | **Local funds** | **Total Cost** |
| Planning Activities | $*Click here to enter text.* | $*Click here to enter text.* | $*Click here to enter text.* |
| Project Development & Environmental Study (PD&E) | $*Click here to enter text.* | $*Click here to enter text.* | $*Click here to enter text.* |
| Design Costs/Plan Preparation | $*Click here to enter text.* | $*Click here to enter text.* | $*Click here to enter text.* |
| Environmental Assessment (s) associated with the design phase | $*Click here to enter text.* | $*Click here to enter text.* | $*Click here to enter text.* |
| Permits associated with the design phase (including application fees, mitigation and permit acquisition work) | $*Click here to enter text.* | $*Click here to enter text.* | $*Click here to enter text.* |
| Right-of-Way | $*Click here to enter text.* | $*Click here to enter text.* | $*Click here to enter text.* |
| Construction | $*Click here to enter text.* | $*Click here to enter text.* | $*Click here to enter text.* |
| Utility  (not eligible for federal reimbursement) |  | $*Click here to enter text.* | $*Click here to enter text.* |
| Construction Engineering and Inspection Activities (CEI) | $*Click here to enter text.* | $*Click here to enter text.* | $*Click here to enter text.* |
| Other costs\* (please describe) *Click here to enter text.*  \**FDOT does not allow programming for contingency costs. Any contingency costs should be accounted for using local funds.* | $*Click here to enter text.* | $*Click here to enter text.* | $*Click here to enter text.* |
| **TOTAL ESTIMATED PROJECT COST** | **$***Click here to enter text.* | **$***Click here to enter text.* | **$***Click here to enter text.* |
| **PERCENT OF TOTAL PROJECT COST** | *Click here to enter text.* **%** | *Click here to enter text.* **%** | **100%** |

**Certification of IMPLEMENTING AGENCY**

|  |  |  |  |
| --- | --- | --- | --- |
| Project Name: | **Project Name** | | |
| Location: | **Street Name** | | |
| Project Limits from: | **From Street (South Or West Limit)** | To: | **To Street (North Or East Limit)** |
| Primary Proposed Work Element: | **Brief Description of Project** | | |

|  |  |
| --- | --- |
| I hereby certify that the proposed project is supported by the Agency listed below and that entity agrees to: | |
| **⚫** | Enter into a maintenance agreement with the Florida Department of Transportation, as necessary, prior to the design phase. |
| **⚫** | Comply with the Federal Uniform Relocation Assistance and Acquisition Policies Act (The Uniform Act) for any right-of-way actions required for the project. |
| **⚫** | Comply with NEPA process prior to construction which may require involvement with the State Historic Preservation Officer (SHPO), and other State and/or Federal agencies, prior to construction. |
| **⚫** | Pursue or retain LAP certification and enter into a LAP Agreement with FDOT for implementation of each requested project phase. |
| **⚫** | Bear all expenses in excess of the approved project phase cost as shown in the LAP agreement. Participating activities will be reimbursed per LAP agreement and Federal Program regulations. |
| **⚫** | Bear all expenses associated with utility relocation(s), if required. |

|  |  |
| --- | --- |
|  | **Agency** |
|  | Agency |
|  |  |
|  | Authorized Electronic Signature or Hand Signed\* |
|  | **Name & Title** |
|  | Print Name/ Title |
|  |  |
|  | Date |
|  | \*Signature of person with budget authority  (i.e. County Administrator, or Public Works Director) |