

RURAL COUNTY TRANSPORTATION PROGRAM (RCTP)

PROGRAM APPLICATION

1.0 Project Title

Provide the title of the project: _____ (Provide name of the project)

2.0 Project Sponsor

The Project Sponsor is the applicant and will be the entity that enters into agreement with the Dubuque County Secondary Roads Department for funding. The Project Sponsor MUST be a municipal governmental agency established through State Statutes. The municipal governmental agencies that are eligible to apply are Asbury, Balltown, Bankston, Bernard, Cascade (in Dubuque County), Centralia, Durango, Dubuque Dyersville, Epworth, Farley, Graf, Holy Cross, Luxemburg, New Vienna, Peosta, Rickardsville, Sageville, Sherrill, Worthington, and Zwingle.

City Name: _____ (Provide the name of the City)

IF PROGRAM FUNDS ARE AUTHORIZED: The Project Sponsor will be responsible for commitment of funds to match Rural County Transportation program dollars and finance any ineligible project costs. The Project Sponsor will also be responsible for commitment to operate, maintain and insure the completed improvements. Upon project completion, the responsibility of liability and maintenance to ensure a safe, secure facility and components remains with the Project Sponsor, regardless of location. **A resolution from the appropriate fiscal entity committing local match and accepting responsibility for project maintenance is required.** Additionally, the Project Sponsor will be responsible for meeting public involvement requirements.

Legal Name of Organization: _____ (Name of the entity applying)

Legal Name of Duly Authorized Representative: _____ (Name of the Mayor)

Signature of Duly Authorized Representative

Date (MM/DD/YYYY)

By signing my name on the signature line above, I am certifying that I am the duly authorized representative of the sponsoring agency and that I am aware of the application and proposed project on behalf of the organization as well as my responsibility as the Project Sponsor if PROGRAM funds are authorized. My signature further indicates that, to the best of my knowledge, the statements made on this application form and any attachments are true and complete and are made in good faith. I understand that if I knowingly make any misstatement of fact, this application is subject to disqualification and dismissal. All statements made on this application are subject to verification as a condition of funding authorization.

3.0 Project Contact (Representative from Project Sponsor)

The Project Contact must be a representative of the Project Sponsor’s agency. The Project Contact will act as the project manager. The Project Contact will be the primary person to which correspondence, inquiries, and project coordination will be directed regarding the application and subsequent project if funds are awarded.

Name: _____

Title: _____

Mailing Address: _____

Tel No: _____

Email Address: _____

4.0 Eligible Project (Mark all that the project is eligible for)

- 1. Flashing Warning Lights
- 2. Signals
- 3. Street Lights
- 4. Reconstruction of road
- 5. Resurfacing of a road
- 6. Crackfilling
- 7. Safety improvements
 - i. Intersection improvements
 - ii. Existing Sidewalks
 - iii. ADA ramps
 - iv. Crosswalks
- 8. Other*

Select the number above that best fits the project: _____

*If you select ‘Other’, you may contact the Dubuque County Engineer before to submitting the application to verify the project’s eligibility.

5.0 Project Location (the description should provide Start and end location of the project)

Length in miles: _____ **(total length of the project in miles)**

LOCATION MAP: Depict the location of the project on a map such as a town road map, GIS map, aerial photo, Google Map, or other map that clearly depicts the project’s location. Attach map to this application. **(Attach the map at the end to the application)**

6.0 Project Description

Briefly describe the project: **(Example: Project X is designed to do a six-inch asphalt over lay for two lane road from point A to Point B)**

7.0 Purpose and Need

Briefly explain the purpose and need for the project, including anticipated significance and impacts of this project. Provide any additional information that may assist with determining the eligibility and selection of this project. This is an opportunity to discuss why the project should be selected for Program funding.

8.0 Transportation Information

Average Annual Daily Traffic Volume: _____ **(Call RPA 8 staff for availability of traffic volumes)**

Surrounding land use: _____ (Residential, Commercial, Recreational, Institutional)

Crash data for last five years if available: _____ **(Call RPA 8 staff for availability of crash data)**

2010 City census Population : _____

Is the project listed in a Safe Routes to School Plan? Yes____ No____

(attach the SRTS page from plan : http://www.eastiowasaferoutes.org/school_summary/)

Is the project recommended in any study or plan? Yes____ No____ (attach a copy of the plan)

Letter from school for safety improvements: (check Box)

Letter from businesses for safety improvements: (check Box)

9.0 Public Support

Demonstrate the level of public support or opposition that has been voiced to date, if any, either via a public forum, written correspondence or other form of communication, including media coverage. Provide a description of the events, published articles, media coverage, or other related materials that are relevant to demonstrate public support for the project.

10.0 Project Cost Estimate

Provide the estimated cost of the project. The Rural County Transportation Program will provide a **maximum of \$25,000.**

Project line items	Cost
Engineering	XXXX
Construction	XXXX

11.0 Funding Request & Local Match

Of total cost, a maximum of 80% (or a maximum of \$25,000) can be funded by the Rural County Transportation program and a minimum of 20% of total cost must be secured by the Project Sponsor

Request from Rural County Transportation Program: _____

Local match for the project: _____

Total Cost: _____

12.0 Schedule

Approval of Contract for Construction by the City: _____

Construction Timeline: _____

13.0 Attachments and Additional Information/Materials

Please limit comments and attached pages to those critical for review of the application and proper understanding of the project proposal.

This section is optional and may be used to provide any additional information pertinent to the presentation of the project for consideration of funding under the **Rural County Transportation Program.**

14.0 Checklist

- a. Completed application form
- b. Resolution from the Project Sponsor stating that is shall"
 - i. Commit the necessary local matching funding for project implementation and
 - ii. upon project completion, be responsible for adequately maintaining and operating the project for public use during the project's useful life.
- c. Map of project location
- d. Public input information (meeting minutes or other related material)
- e. Support Letters