

REGIONAL PLANNING AFFILIATION - REGION 18

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2024-2027 Regional Transportation Improvement Program

Surface Transportation Block Grant Application

APPLICATION FOR REGION 18 TRANSPORTATION PROJECTS

Complete and return the original plus (1) copy to Travis Halm, Associate Planner, MAPA 2222 Cuming Street, Omaha NE 68102 or by e-mail to thalm@mapacog.org by 12:00 P.M. (Noon) 2/28/2023 (Please do not send any color maps or maps larger than 8.5" x 14" legal size paper)

Note: Application not required for County Bridge Program Projects

1. Project Name: Click here to enter text.				Date: Click here to enter a date.		
2. Contact Person: Click here to enter text.				Phone Number: Click here to enter text.		
3. Address of Contact Person Click here to enter text.	City Click here to enter te	Cou ext. Click here to	•	r text.	Zip Code Click here to enter text.	
4. Project Sponsor (lead entity i				nsor Signatur		
Click here to enter text.						
5. Classification of Project:	(check all that ar	anly)				
☐ Highway	(check all that ap	☐ Transit		Transportation	Alternatives	
0 1						
 □ Construction, reconstruction resurfacing, restoration, and rehabilitation □ Highway safety improvements 		□ Capital Costs for transit projects□ Surface Trans. planning for transit		and off-road tra bicyclists, and o transportation,	lanning, and design of on-road iil facilities for pedestrians, other non-motorized forms of including sidewalks, bicycle pedestrian and bicycle signals,	
Capital and operating costs for traffic management and control		technology transfer activities		traffic calming safety-related i	techniques, lighting and other infrastructure, and transportation ieve compliance with the Americans	
☐ Surface Transportation planning, a h And research and development	ighway			with Disabilities	s Act of 1990	
☐ Operational Improvements				corridors for tra	use of abandoned railroad ails for pedestrians, bicyclists, notorized transportation users	
☐ Fringe and corridor parking facilities			Г	Construction of	turnouts, overlooks, and viewing	
☐ Most transportation control measure The Clean Air Act	es in			areas	turnouts, overlooks, and viewing	
☐ Development and establishment of management system				*inventory, cont advertising; *historic preserv transportation *vegetation mar rights-of-way t against invasiv control; and *archaeological	provement activities, including- trol, or removal of outdoor vation and rehabilitation of historic facilities; nagement practices in transportation to improve roadway safety, prevent e species, and provide erosion activities relating to impacts from n of a transportation project eligible	
				prevention and mitigation to- *address stormw pollution prever construction or described in sec *reduce vehicle- Maintain conne	ntal mitigation activity, including pollution abatement activities and vater management, control, and water nition and abatement related to highway due to highway runoff, including activities ctions 133(b)(11), 328(a), and 329 of title 23; or caused wildlife mortality or to restore and ictivity among terrestrial or aquatic habitats al trails program under section 206 of title 23	

☐ Planning, designing, or constructing boulevards and other roadways largely in the right-of-way of the former right-of-way of former Interstate System routes or other divided highways

			pace provided, including a	,
Click here to enter text.				
I 7. Please provide a brief descrip	otion of the project area. Include a	map with the	area marked (please do no	ot enclose and color maps
or maps larger than 8.5" x 14	-	•	V	•
Click here to enter text.				
8 Project Budget				
8. Project Budget E)	(PENSES		REVENUE	
	(PENSES COST	SOURCE	REVENUE AMOUNT	%
ITEM Land/Site Acquisition Costs	COST Click here to enter text.	SOURCE Fed.	AMOUNT Click here to enter text	Click here to enter text
ITEM Land/Site Acquisition Costs Construction/Materials Costs	COST Click here to enter text. Click here to enter text.		AMOUNT Click here to enter text Click here to enter text	Click here to enter text
ITEM Land/Site Acquisition Costs Construction/Materials Costs Engineering/Consulting Costs	COST Click here to enter text.	Fed.	AMOUNT Click here to enter text	Click here to enter text
ITEM Land/Site Acquisition Costs Construction/Materials Costs Engineering/Consulting Costs Capital Acquisition	COST Click here to enter text. Click here to enter text. Click here to enter text.	Fed.	AMOUNT Click here to enter text Click here to enter text Click here to enter text	Click here to enter text Click here to enter text Click here to enter text
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9. Work plan and schedule for project completion (please be sure to coincide the work plan with the correct federal fiscal year, the fiscal year for this cycle is Click here to enter text.) (Federal fiscal year is October 1-September 30)

Click here to enter text.			
10. Is there a need to coordinate	e with another entity in the programming and	l/or implementation	of this project?
☐ Yes	□ No		
If yes, list other entities involved	d and describe the interaction needed and co	ordination to date.	
Click here to enter text.			
QUES	STIONS 11-13 ARE FOR HIGH	WAY PROJEC	CTS ONLY
		ADT	Click here to enter text
11. What is the Average Daily Traffic of the proposed project?			
		Year of Count	Click here to enter text
12. What is the Federal Functional Classification(s) of the route within the proposed project? Has a change been requested? If yes, please describe.			
	• •	Click here to e	enter text.
proposed project? Has a change	• •	Click here to e	enter text.
proposed project? Has a change ☐ Major Arterial ☐ Minor Arte	e been requested? If yes, please describe.		
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PROJECT CHECKLIST

14. The following items are required

Note: Applications must specifically and directly answer each criterion within

Project Description	as maps, drawings, and/or photos as long as they are reproducible
Project Location Map (reproducible)	
Project Budget	
A project work plan with a schedule	
Motion/Letter of Support for Local Match	
he following appropriate blanks:	
(city, County or State) ting this application, regional fun ation Block Grant) (underline one ct has the support of local match	(Project Name) ding through the FAST Act (Transportation Alternatives or Surface e) funds in the amount of \$Click here to enter text. are requested.
BY:Click here to ent	er text.
ATTEST:Click here to ente	er text.
	Project Location Map (reproducible) Project Budget A project work plan with a schedule Motion/Letter of Support for Local Match he following appropriate blanks: lick here to enter text. Support th (city, County or State) ting this application, regional fun ation Block Grant) (underline one ct has the support of local match f \$Click here to enter text., which BY: Click here to enter ATTEST: