

TRANSPORTATION ALTERNATIVES PROGRAM APPLICATION

Colorado Department of Transportation

Please type or print legibly

APPLICANT INFORMATION

1. ELIGIBLE APPLICANT AGENCY – indicate ONE <input type="checkbox"/> Municipality <input type="checkbox"/> County <input type="checkbox"/> State Agency <input type="checkbox"/> Federal Agency <input type="checkbox"/> Other_____			
2. AGENCY NAME		3. ADDITIONAL SPONSORS OR CO-SPONSORS	
4. CONTACT PERSON		TITLE	PHONE
5. AGENCY MAILING ADDRESS		CITY	STATE ZIP

PROJECT DESCRIPTION

6. PROJECT NAME			
7. PROJECT LOCATION/ADDRESS		8. PROJECT PHYSICAL LIMITS (mileposts, intersecting roadways, rivers, other geographic features)	
9. COUNTY	10. MUNICIPALITY		11. PROJECT LENGTH (distance) <i>if applicable</i>
12. 1-2 SENTENCE DESCRIPTION OF PROJECT			

ELIGIBILITY

13. PROJECT CATEGORY – check all that apply	
<p>PEDESTRIAN & BICYCLE/ NON-MOTORIZED TRANSPORTATION</p> <input type="checkbox"/> Bicycle & pedestrian / Non-Motorized transportation facilities <input type="checkbox"/> Infrastructure related projects to provide safe routes for non-drivers <input type="checkbox"/> Conversion of abandoned railway corridors to trails	<p>ENVIRONMENTAL MITIGATION</p> <input type="checkbox"/> Mitigation of water pollution due to highway runoff <input type="checkbox"/> Reduction of vehicle-caused wildlife mortality <input type="checkbox"/> Vegetation management practices <input type="checkbox"/> Archaeological activities relating to impacts from a transportation project

HISTORIC / SCENIC TRANSPORTATION ACTIVITIES

- Construction of turnouts, overlooks, and viewing areas
- Control and/ or removal of outdoor advertising
- Historic preservation and rehabilitation of transportation facilities

PLAN INTEGRATION

14. Is your project defined in a regional plan? Y N If yes, please identify the plan:
 15. Is your project defined in a local plan? Y N If yes, please identify the plan:

FUNDING

PROJECT COST	FY21	FY22	FY23	TOTAL (\$)
16. FEDERAL TAP FUNDS REQUESTED				
17. LOCAL MATCH FUNDS				
18. OTHER FUNDING SECURED*				
19. TOTAL PROJECT COST				

*Please list all other funding sources.

PREVIOUS TAP FUNDS AWARDED

20. Has your agency previously received a TAP award? YES NO (Select One)
 If YES, please provide details and indicate if the project is completed or still in progress:

REQUIRED INFORMATION

21. REQUIRED ATTACHMENTS – please label attachments accordingly
- Attachment A – Description of proposed project
 - Attachment B – Maps, plans and photographs
 - Attachment C – Evidence of eligibility by project category
 - Attachment D – Benefits of proposed project
 - Attachment E – Environmental Review
 - Attachment F – Cost estimate and project implementation schedule signed by CDOT
 - Attachment G – Proposed maintenance plans, agreements, covenants
 - Attachment H – Resolutions of community financial support and letters of approval
 - Attachment I – Right-of-way or legal property description

SIGNATURE		
22. AUTHORIZED AGENCY REPRESENTATIVE		TITLE
23. SIGNATURE		DATE
CDOT USE ONLY		
CDOT RTD OR DESIGNEE/TITLE/DATE	STIP #	PROJECT #
CDOT RESIDENT OR PROGRAM ENGINEER/TITLE/DATE	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	