

**STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
APPLICATION FOR TRANSPORTATION
ENHANCEMENT PROJECTS**

01/2008

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Project Title: _____

Project Sponsor (municipal, county, state, or federal agency, or tribal council):

Contact _____ Title _____

Address _____

Phone _____ FAX _____

E-mail address _____ E-mail address _____

Priority (relative to other applications submitted by the Project Sponsor). _____

Name of Applicant (If other than Project Sponsor): _____

1. Qualifying Enhancement Activities:

Check the enhancement activity that the proposed project will address. **(NOTE: Checking all activities possible does not ensure or increase eligibility. Each activity checked must meet all criteria listed for that activity in Appendix A of FDOT Procedure #525-030-300-j, Transportation Enhancement Projects).**

- _____ Provision of facilities for pedestrians and bicycles
- _____ The provision of safety and educational activities for pedestrian and bicyclists
- _____ Acquisition of scenic easements and scenic or historic sites
- _____ Scenic or historic highway programs, (including the provision of tourist and welcome center facilities)
- _____ Landscaping and other scenic beautification
- _____ Historic preservation**
- _____ Rehabilitation of historic transportation buildings, structures or facilities (including historic railroad facilities and canals)*
- _____ Preservation of abandoned railway corridors (including the conversion and use of the corridors for pedestrian or bicycle trails)
- _____ Inventory, control and removal of outdoor advertising
- _____ Archaeological planning and research**
- _____ Environmental mitigation to address water pollution due to highway runoff or reduce vehicle-caused wildlife mortality while maintaining habitat connectivity
- _____ Establishment of transportation museums

2. Project Description:

Use additional sheets as necessary to respond to the following:

- (a) Describe how the proposed project is related to the intermodal transportation system by either function, proximity or impact. (One or more may apply).
- (b) What is the project and where is the project located (what are the termini, if appropriate)? Include a detailed scope of services when possible and location map. (location map preferred on aerial view)
- (c) Summarize any special characteristics of project. TYPICAL SECTION drawings must be provided for appropriate projects. Include right of way lines on the typical section drawings.
- (d) Describe the project's existing right of way ownerships. This description shall identify when the right of way was acquired and how ownership is documented (i.e. plats, deeds, prescriptions, certified surveys).
- (e) Describe any proposed right of way acquisition, including expected matching fund source, limitations on fund use or availability, and who will acquire and retain ownership of proposed right of way. *
- (f) Describe any related project work phases that are already complete or currently underway.
- (g) Provide detailed project cost estimate. Estimate should be broken down to FDOT typical pay items if possible to allow for verification of allowable project costs.
- (h) Other specific project information that should be considered.

3. Project Implementation Information:

Attach documentation as exhibits to this application.

- (a) Describe the proposed method of performing (i.e. contract or in-house) and administering (i.e. local or state) each work phase of the project. If it is proposed that the project be administered by a governmental entity other than the Department of Transportation, the agency must be certified to administer Federal Aid projects in accordance with the department's **Local Agency Program Manual** (topic no. 525-010-300). Web site: www.dot.state.fl.us/projectmanagementoffice/lap/default.htm
- (b) Describe any public (and private, if applicable) support of the proposed project. (Examples include: written endorsement, formal declaration, resolution, financial donations or other appropriate means).
- (c) Describe the proposed ownership and maintenance responsibilities for the project when it is completed.
- (d) Describe source of matching funds and any restrictions on availability.
- (e) Other specific implementation information that should be considered.

4. Cost Estimate:

*Reminder: District IV FDOT Enhancement Funds will only be used to fund Construction and Construction Engineering and Inspection Activities. The total amount of Enhancement funds requested per project must now be in excess of \$200,000.

Project Cost Estimate (*costs to include all funding sources in addition to this grant application)

Construction Estimate \$ _____
 Construction Engineering and Inspection Activities (CEI) \$ _____
 Total Cost \$ _____ **(A)**

Enhancement Fund Allocation

What is the total estimated cost of work to be funded using enhancement funds?

Construction Estimate \$ _____
 Construction Engineering and Inspection Activities (CEI) \$ _____
 Total Cost \$ _____ **(B)**

How will the project be funded?

FDOT Enhancement Funds \$ _____ **(B)**+ Local \$ _____ = Total \$ _____ **(A)**

FDOT Enhancement Funds _____% + Local _____% = _____ 100 _____%

CERTIFICATION OF PROJECT SPONSOR

I hereby certify that the proposed project herein described is supported by _____, (municipal, county, state or federal agency, or tribal council) and that said entity will: (1) provide any required funding match; (2) enter into a maintenance agreement with the Florida Department of Transportation; (3) *comply with the Federal Uniform Relocation Assistance and Acquisition Policies Act for any Right of Way actions required for the project, (4) **comply with NEPA process prior to construction, this may involve coordination with the State Historic and Preservation Office (SHPO) prior to construction. (Not at time of application) and (5) support other actions necessary to fully implement the proposed project. I further certify that the estimated costs included herein are reasonable and understand that significant increases in these costs could cause the project to be removed from the Florida Department of Transportation work program.

FOR FDOT USE ONLY		
	YES	NO
Application Complete	_____	_____
Project Eligible	_____	_____
Implementation Feasible	_____	_____
Include in Work Program	_____	_____

Signature

Name (please type or print)

Title

Date