

## RPO ALLOCATION PRIORITY LISTING FORM

### Regional Planning Organization (RPO)

Identify the RPO submitting this form from the dropdown list provided.

### RPO Duly Authorized Signature and Commitment Statement

**Legal Name of Duly Authorized Representative**

**Signature of Duly Authorized Representative (Digital Signature Optional)**

**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. I am aware of the prioritization of these projects for potential funding with the region's share of Transportation Enhancement Program from the RPO Allocation. I also understand my agency's responsibility to the process if Transportation Enhancement Program funds are authorized for any of these projects. My signature further indicates that, to the best of my knowledge, the statements made on this form are true and complete and are made in good faith. The RPO contact named below will be the representative of the agency and primary contact regarding this prioritization until such time that another contact is named.*

### RPO Contact (Representative from RPO) for Coordination of Project Review

**The RPO Contact must be a representative of the RPO and will be the primary person to which the Department will coordinate regarding preliminary project review/development inquiries, this RPO Allocation Priority Listing Form and associated applications.**

Email Address

Title

Telephone No.

Street Address

Facsimile No.

Division/Office

Name Prefix

CT Municipality

First Name

Zip Code

Last Name

### Additional Ranking Criteria Applied by RPO

**Please provide a brief description of the RPO's process for reviewing and prioritizing projects. (250 Characters or Less per Block)**

**Please provide a bulleted list of any additional criteria applied by the RPO to the applications for purposes of review and ranking.**

**THIS FORM IS TO BE COMPLETED BY EACH REGIONAL PLANNING ORGANIZATION. THIS FORM IS REQUIRED. THIS FORM IS TO BE USED TO IDENTIFY A PRIORITY LISTING OF CANDIDATE PROJECTS FOR POTENTIAL AUTHORIZATION OF TRANSPORTATION ENHANCEMENT PROGRAM FUNDS UNDER THE REGION'S SHARE OF THE RPO ALLOCATION.**

**The RPO must submit a digital version (with functional fields) of this form as well as two signed and dated hard copies.**

**RPO Candidate Project Identification and Review Checklist**

						Each Candidate Project's Program Application must be reviewed by the RPO for:				
RPO Priority	Federal Fiscal Year (FFY)	RPO Requested TE Program Funds for Candidate Project (U.S. Dollars)	Cap TE Program Funds	Possible STP-Urban Program Funds	Alternate Project Only	Completeness	Program Eligibility	Consistency with Regional/Local Character	Consistency with Regional Comprehensive Planning Goals	Consistency with State Long Range Transportation Plan and State Conservation and Development Policies
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Title										
Project Sponsor										
Special Notes on Project										
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Title										
Project Sponsor										
Special Notes on Project										
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Title										
Project Sponsor										
Special Notes on Project										

**Transfer of Sub-Allocated Share / Waiver of Funds**

Indicate if the RPO chooses to transfer all or a portion of its sub-allocated share of the RPO Allocation of Transportation Enhancement Program funds to another entity. An RPO may further identify a specific project to support with the transferred funds.

<input type="checkbox"/>	Transfer funds to another RPO	Amount of TE Funds to Transfer								
	Project Title (Not Required)									
<input type="checkbox"/>	Transfer funds to the State Allocation for Administration by the Department	Amount of TE Funds to Transfer								
	Project Title (Not Required)									