

# CTDOT Community Connectivity Grant Program (CCGP)

### **Grant Program Application**

Please review the **Program Guidelines** before completing the application.

Name of Municipality:
Name of Regional Council of Government (COG):
CTDOT Maintenance District number:
Estimated Total Project Cost \$
Requested amount of funding for this grant: \$
Project Name:
Project location (Street name, state route number, intersecting roads from/to, etc.) Pleas also attach a location plan (pdf, KML or shapefile) that clearly shows the expected limit of construction.

# Section 2 – Applicant Information

Council of Government Contact Information:					
Name:					
Telephone Number:	Ext:				
Email Address:					
Municipal Authorized Signatory Information: Note: The title of the Authorized Signatory may be changed to reflect the appropriate title with respect to the municipality's form of government (i.e., Mayor, Town Manager, First Selectman, etc.)					
Full Legal Name:					
Title:					
Email Address:					
Telephone Number:	Ext:				
Street Address / PO Box:					
Zip Code:					
Municipal Applicant Information:					
Name:					
Telephone Number:	Ext:				
Email Address:					
Primary Project Contact (technical lead responsible for overseeing p	project design)				
Name:					
Telephone Number:	Ext:				
Email Address:					

### Section 3 – Overview/Project Description

Provide a **detailed description** of the proposed improvements as well as the **purpose and need** of the project. Please be as comprehensive as possible in the description of the planned activities. The purpose and need for the project should include the specific needs that will be satisfied and expected outcomes resulting from undertaking the project. It should also demonstrate how it relates to established goals and strategic plans for the community. An application that comprehensively demonstrates the following may receive maximum points for this section:

- Project description should be clear and concise so that a reviewer can easily understand the limits and extent of the proposed improvements.
- Should be specific and clearly define what the need is within the context of the community

Project limits must be clear. As noted in Section 1, Applicant shall include a detailed

project location plan (may be PDF, KML/Z or Shapefile)				

Roadway Geometric Improvement  Stand-Alone Sidewalk Construction  Complete Streets Improvements  Street Reconfiguration and Traffic Calming  Bicycle Network Improvements  Pedestrian Crossings Improvements  Multi Use Trail Facilities and Connections  Transit Improvements  ADA Improvements  Streetscape Improvements  Other (please specify):	Ц,	Reconstruction/ Rehabilitation
Stand-Alone Sidewalk Construction  Complete Streets Improvements  Street Reconfiguration and Traffic Calming  Bicycle Network Improvements  Pedestrian Crossings Improvements  Multi Use Trail Facilities and Connections  Transit Improvements  ADA Improvements  Streetscape Improvements  Other (please specify):	se cate d for.	egorize the most relevant type(s) of improvement(s) that CCGP funds will
Complete Streets Improvements  Street Reconfiguration and Traffic Calming  Bicycle Network Improvements  Pedestrian Crossings Improvements  Multi Use Trail Facilities and Connections  Transit Improvements  ADA Improvements  Streetscape Improvements  Other (please specify):		Roadway Geometric Improvement
Street Reconfiguration and Traffic Calming  Bicycle Network Improvements  Pedestrian Crossings Improvements  Multi Use Trail Facilities and Connections  Transit Improvements  ADA Improvements  Streetscape Improvements  Other (please specify):		Stand-Alone Sidewalk Construction
Bicycle Network Improvements Pedestrian Crossings Improvements Multi Use Trail Facilities and Connections Transit Improvements ADA Improvements Streetscape Improvements Other (please specify):		Complete Streets Improvements
Pedestrian Crossings Improvements  Multi Use Trail Facilities and Connections  Transit Improvements  ADA Improvements  Streetscape Improvements  Other (please specify):		Street Reconfiguration and Traffic Calming
Multi Use Trail Facilities and Connections Transit Improvements ADA Improvements Streetscape Improvements Other (please specify):		Bicycle Network Improvements
<ul> <li>□ Transit Improvements</li> <li>□ ADA Improvements</li> <li>□ Streetscape Improvements</li> <li>□ Other (please specify):</li> </ul>		Pedestrian Crossings Improvements
□ ADA Improvements □ Streetscape Improvements □ Other (please specify):		Multi Use Trail Facilities and Connections
Streetscape Improvements  Other (please specify):		Transit Improvements
Other (please specify):		ADA Improvements
		Streetscape Improvements
		Other (please specify):
include any other relevant information you feel may be helpful:	se incl	ude any other relevant information you feel may be helpful:

### Section 4 – Public Benefit/Connectivity Impact

Please answer the following questions relating to the benefits this project will provide to the community in terms of **safety**, **accessibility**, **connectivity**, **and equity**.

#### Please check the Yes or No box as applicable and provide details as specified.

Utilize the <u>Environmental Justice 2023 Set</u> map viewer developed by CT DEEP to identify target areas impacted by the proposed project:

res	NO	
		This project serves an CT DECD listed Distressed Municipality
		This project is located within a designated Environmental Justice Block Group
		This project serves an OPM listed Public Investment Community (PIC)
		A full list of PIC is available here: Public Investment Community Index   Connecticut Data
This	oroject	directly improves access and connections to (if yes, please explain):
Yes	No	
		School/Education Facilities
		Senior destination such as senior center and senior housing
		Downtown or employment centers
		Public spaces including recreational facilities and trails
		Emergency/Municipal support systems

# Section 4 – Public Benefit/Connectivity Impact (Continued) This project directly improves access and connections to (if yes, please explain): Yes No $\Box$ Health care centers or hospitals Proposed housing development Transit routes, transit stops, and/or trains stations Other relevant generators not previously identified This project will improve ADA accessibility of the facility This project is identified in local and/or regional plans such as Complete Streets, POCD or Regional Transportation Safety Plan. Copies of relevant excerpts will be required if your application is selected. Please do not send them in advance. This project is identified in a Safe Routes to School Walk Audit or Road Safety Audit

## Section 4 – Public Benefit/Connectivity Impact (Continued) Please identify the anticipated impacts of the proposed project: Yes No $\Box$ Does this project impact state-owned property? (i.e.: state facilities, state routes and/or bridges, state parks, forests, or other state-owned land.) If yes, please provide the location and a brief explanation. The project will require utility relocations. Explain the nature and extent of the impacts: The project will require acquisition of rights-of-way. Please describe the nature, extent, and type of impacts. The project is located in a Federal Emergency Management Agency (FEMA) flood zone, FEMA Flood Map Service Center | Welcome! The project lies within an area identified by the CT DEEP Natural Diversity Data Base as possibly containing endangered species. Natural Diversity Database - CT DEEP GIS $\Box$ The project may impact historical or archaeological sites. CT SHPO Please provide any available information related to traffic volumes within the proposed project limits. Refer to the Department's <u>Traffic Monitoring Station Viewer</u> for select locations. Please describe any crash history identified within the proposed project limits in the last 3 years. Connecticut Crash Data Repository (uconn.edu)

	describe how public participation at the local level was or will be included in g this project.	<b>1</b>
_	oposed project requires rights-of-way (ROW) acquisition, have conversation	
	e property owners been initiated? Please describe any related discussions on condence that has occurred during the planning phase of this project.	or
orrest	ondence that has occurred during the planning phase of this project.	
ho an	olicant may attach letters of support from the immediate community, public	
	s, Council of Government, or advocate groups. Please indicate the source of	fthe
	provided.	
] Imme	diate Community Members	
] Publi	c Officials	
Cour	CII OT Government	
	cil of Government cate Groups	

### Section 6 - Budget

A detailed cost estimate shall be submitted with this application. A sample cost estimate form can be found on the Community Connectivity Program webpage at: <a href="CCGP">CCGP</a>

If the project cost estimate exceeds the requested grant amount, the Municipality should explain or demonstrate the ability to complete the project with local funds or other resources. Federal funds cannot be used as a contributary source for CCGP.

Cost estimates should provide enough detail and accuracy to demonstrate that the proposed project can realistically be accomplished within the requested grant amount.

- Cost estimate must show that reasonable thought went into the planning of the proposed improvements.
- Major construction items should be included to demonstrate comprehension of the complexity of the overall project.
- Minor Items should be included as a percentage of all Major Items (Up to 20%)
- Contingencies and Incidentals should be included to capture additional costs incurred during the course of construction.

Please check the corresponding Yes or No box as applicable and provide details as specified.

Yes	No	This project has or is proposing to receive funding from other State sources. If Yes, provide source of funding, date, and status:		
		Does the municipality have access to supplemental funds necessary to complete the proposed project if the total cost of construction exceeds the awarded grant amount?		
		Is this project eligible for funding under other State programs?		
Please attach the following additional information in digital format, as applicable:				
	Detaile	ed cost estimate		

# Section 7 – Project Readiness Please provide background and a description of the level of development that has gone into this project so far. Applications with evidence of scoping, outreach and/or preliminary engineering work can increase confidence in the resulting schedule and estimate. Check the Yes or No box as applicable and provide details as specified. Yes No Planning phase has taken place to identify a detailed project scope Initial design work started for this project (if applicable) Design work is completed for this project (if applicable) Initial public outreach has been conducted and demonstrates support from the local community Include documentation. If yes, please provide description of activities: Please attach the following additional information in digital format, as applicable: ☐ Comprehensive Concept Plans ☐ Preliminary Engineering Plans (if available) ☐ Proposed project schedule (estimate for final design completion, construction start and completion, etc.) Description of any public involvement conducted or support for the project. ☐ Description of known potential impacts (or enhancements) relating, but not limited, to environmental, historical, natural, or social resources, as well as rights-of-way.

### Section 8 – Project Endorsement

#### **Endorsement and Recommendation of Project by the Municipality**

This page must be read and signed by the Authorized Signatory of the Municipality in order for the municipality/project to be considered for TRIP funding.

My signature below, as Authorized Signatory of the Municipality of, \_\_\_\_\_\_ indicates acceptance of the following and further certifies that:

- 1. I understand that should this grant application be approved, I will be required to sign an assistance agreement/contract with the assigned administering agency delineating the terms and conditions of this grant;
- 2. I will comply with any grant terms and conditions required by the administering agency;
- 3. I understand that various permits may be required by the administering agency or other agencies as required by either the Connecticut General Statutes or Connecticut regulations, or federal law:
- 4. I understand that funding associated with this grant application is one-time in nature and that there is no obligation for additional funding from the Connecticut Department of Transportation;
- 5. I understand that if this project warrants a Connecticut Environmental Policy Act (CEPA) review pursuant to Sections 22a-1 through 22a-1h of the Connecticut General Statutes that I will comply with such an environmental assessment. Further, if a CEPA review is required, I understand that there are costs associated with such a review and that the Municipality is in a position to continue with the proposed project despite this cost;
- 6. I understand that this application will be examined by the Connecticut Department of Transportation for consistency with the State Plan of Conservation and Development and that I may be contacted if additional information is required for that review;
- 7. I understand that projects which convert twenty-five or more acres of prime farmland to a nonagricultural use will be reviewed by the Commissioner of Agriculture, in accordance with Section 22-6 of the Connecticut General Statutes; and
- 8. I will supply the Connecticut Department of Transportation with all documentation supporting my authority to enter into an assistance agreement, including but not limited to applicable certified minutes and by-laws from the Municipality denoting my authority to apply for the grant and the authority to enter into such an agreement should a grant be awarded.
- 9. I understand that if this application leads to the award of a CCGP funding for this project, that no payment will be made for project expenses incurred prior to the construction start date or after the end date (as set forth in the fully executed contract), without advance written approval by the administering state agency.
- 10. I have read, in full, the Community Connectivity Grant Program (CCGP) Project Administration Guide and Application.

Authorized Signatory's Name (Please Print):	
Title:	
Signature:	Date: