

Transportation Rural Improvement Program (TRIP) Grant Program Application

Please review the Administrative Guidelines before completing the application.

Section 1 – General Information

This section is intended to provide general information relating to the applicant and the proposed project, as well as an endorsement by the Municipality.

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: _____

Short description of project:

Project location (Street name, state route number, intersecting roads from/to, etc.) Please also attach a location plan (pdf, KML or shapefile) that clearly shows the expected limits 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 project design)

Name: _____

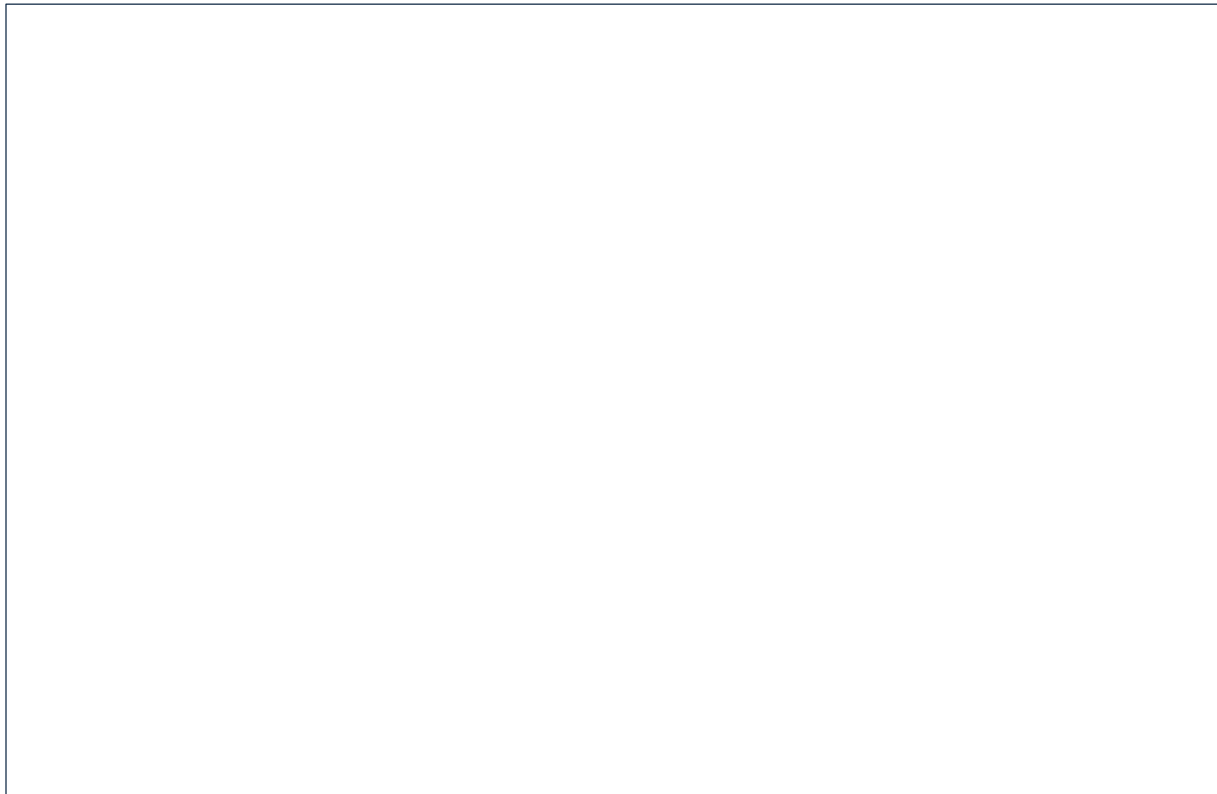
Telephone Number: _____ Ext: _____

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.
- Project description 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)



Please submit the following additional information in digital format, as applicable and available:

- Site Location Map with project limits displayed
- Property Boundary Map of site

Section 3 – Overview/Project Description (Continued)

Please Identify the primary project type:

- New Construction
- Reconstruction/ Rehabilitation

Please categorize the most relevant type(s) of improvement(s) that TRIP funds will be used for.

- Roadway Geometric Improvement
- Stand-Alone Sidewalk Construction
- Intersection Improvement
- Bicycle/Pedestrian Improvement, including Multi-Use Trail Facilities
- Bridge Rehabilitation/Replacement
- Major Drainage Improvement
- Pavement Structure Improvement
- Traffic Signal Replacement/Upgrade/New Installation/Coordination
- Roundabout
- Other (please specify):

Please include any other relevant information you feel may be helpful:

Section 4 – Site Context

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.

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | This project serves an <u>CT DECD listed Distressed Municipality</u> . |
| <input type="checkbox"/> | <input type="checkbox"/> | This project is located within a designated <u>Environmental Justice Block Group</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | This project serves an <u>OPM listed Public Investment Community (PIC)</u> . |

This project directly improves access and connections to:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Schools |
| <input type="checkbox"/> | <input type="checkbox"/> | Downtowns or employment centers |
| <input type="checkbox"/> | <input type="checkbox"/> | Public spaces |
| <input type="checkbox"/> | <input type="checkbox"/> | Emergency/Municipal Support Systems |
| <input type="checkbox"/> | <input type="checkbox"/> | Elderly housing or centers |
| <input type="checkbox"/> | <input type="checkbox"/> | Health care centers or Hospitals |
| <input type="checkbox"/> | <input type="checkbox"/> | Housing authority (public housing) |
| <input type="checkbox"/> | <input type="checkbox"/> | Proposed housing developments |
| <input type="checkbox"/> | <input type="checkbox"/> | Underserved communities |
| <input type="checkbox"/> | <input type="checkbox"/> | Affordable housing developments |
| <input type="checkbox"/> | <input type="checkbox"/> | Low or very low-income areas or neighborhoods |
| <input type="checkbox"/> | <input type="checkbox"/> | This project will improve ADA accessibility of the facility |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | This project develops or incorporates innovative technology or approaches |
| <input type="checkbox"/> | <input type="checkbox"/> | This project will stimulate additional investment, leverage other resources, and/or fits into other local or regional initiatives. |

Section 4 – Site Context (Continued)

Please identify the anticipated impacts of the proposed project:

Yes

No

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.

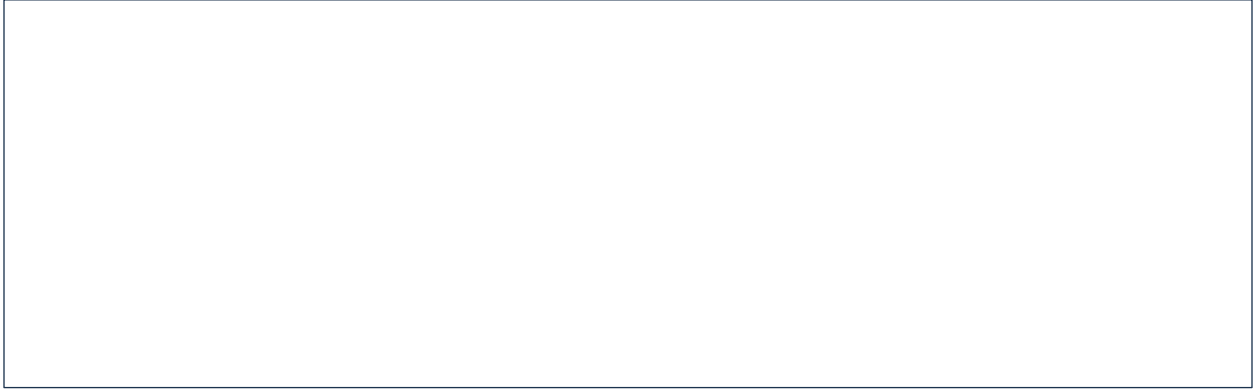
The project is located in a Federal Emergency Management Agency (FEMA) flood zone.
FEMA Flood Map Service Center

The project lies within an area identified by the CT DEEP Natural Diversity Data Base as possibly containing endangered species.
CT DEEP - Natural Diversity Database

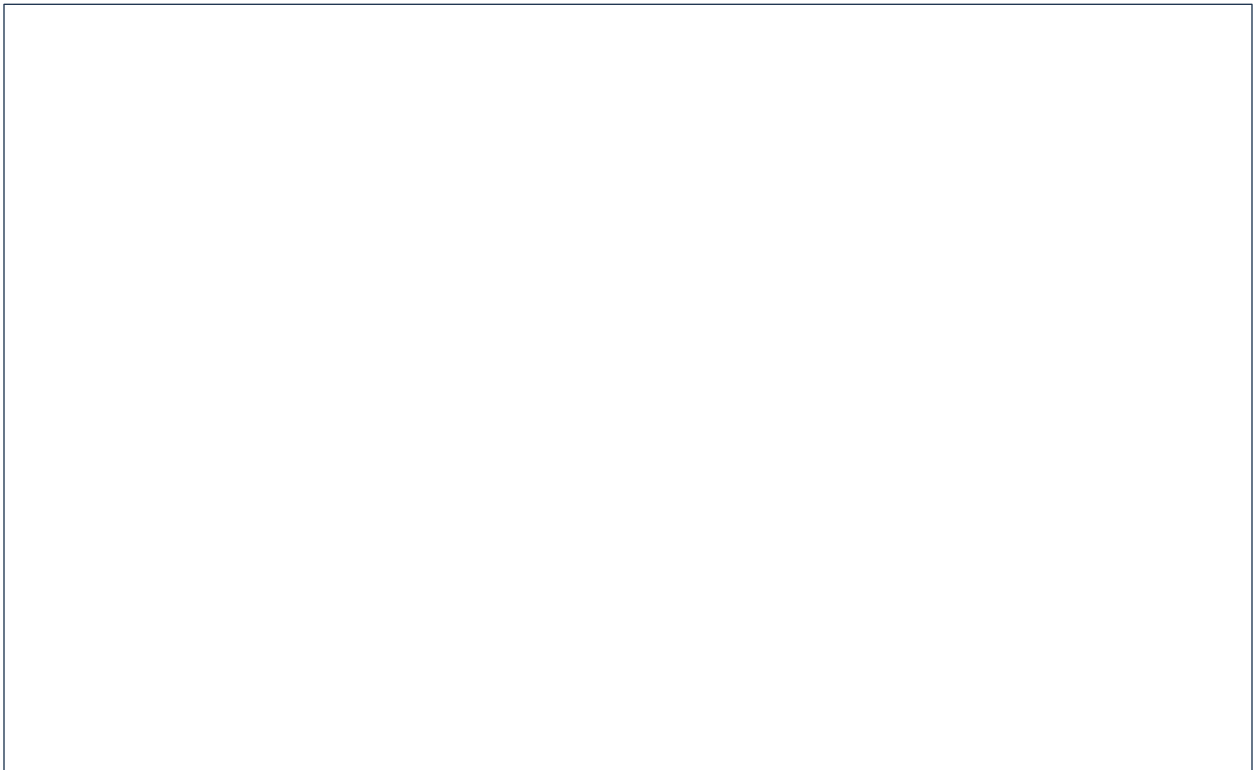
The project may impact historical or archaeological sites.
<https://geodata.ct.gov/apps/ddd39a67a714449d8ad60467d10fcedd/explore>

Section 4 – Site Context (Continued)

Please provide any available information related to traffic volumes within the proposed project limits. Refer to the Department's **Traffic Monitoring Station Viewer** for select locations.



Please describe any crash history identified within the proposed project limits in the last 3 years. Detailed crash information is available on the **Connecticut Crash Data Repository (uconn.edu)**. The Advanced Users Data Query Tool will provide the most meaning site-specific results and can be accessed after registering. A more detailed User Guide is available on their web page. Please refer to State Mile Points and Local mile points for delineation purposes.



Section 5 – Project Support

Please describe how public participation at the local level was or will be included in planning this project.

If the proposed project requires rights-of-way (ROW) acquisition, have conversations with the property owners been initiated? Please describe any related discussions or correspondence that has occurred during the planning phase of this project.

The applicant may attach letters of support from the immediate community, public officials, Council of Government, or advocate groups. Please indicate the source of the letters provided.

- Immediate Community Members
- Public Officials
- Council of Government
- Advocate Groups
- Other: _____

Section 6 – Budget

A detailed cost estimate shall be submitted with this application. A sample cost estimate form can be found on the Transportation Rural Improvement Grant Program webpage at: https://portal.ct.gov/dot/pp_bureau/TRIP.

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 contributory source for TRIP.

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

Source: _____

Award Date: _____

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:

- Detailed cost estimate

Section 7 – Project Readiness

Check the Yes or No box as applicable and provide details as specified.

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Planning phase has taken place to identify a detailed project scope |
| <input type="checkbox"/> | <input type="checkbox"/> | Initial design work started for this project (if applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> | Design work is completed for this project (if applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> | 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.

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.

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 TRIP 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 Transportation Rural Improvement Program (TRIP) Project Administration Guide and Application.

Authorized Signatory's Name (Please Print): _____

Title: _____

Signature: _____ Date: _____