

# **Transportation Rural Improvement Program (TRIP) Grant Program Application**

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

## **Section 1 – General Information**

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 Headline (please provide a concise, one to two sentence summary of your project that includes the primary action, scope, and benefit):

Project location (Street name, state route number, intersecting roads from/to, etc.):

## **Section 2 – Applicant Information**

Municipal Authorized Signatory Information. 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 – Project Overview/Description**

**3A.** Describe the purpose and need of the project:

**3B.** Describe the proposed improvements:

**3C.** Describe how this project addresses a specific deficiency, gap, or safety concern:

**3D.** Please submit the following additional information in digital format with your application:

Site Location Map with project limits displayed (pdf, shapefile, KML, etc.)

Property Boundary Map of site

**3E.** Please check the box of the primary project type:

Bicycle/Pedestrian Facilities including Multi-Use Trails **(See Appendix A)**

Roadway Reconstruction/Maintenance/Paving **(See Appendix B)**

Bridge/Culvert Improvements **(See Appendix C)**

Other **(See Appendix D)**

## Section 4 – Site Context

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

**4A.** Describe how this project will improve connections to any of the following destinations:

Destination Type	Connection (Yes / No)	Name / Location (Required, if Yes)	Description of how project will improve access to this destination (Required, if Yes)
Schools			
Downtown or employment centers			
Public spaces			
Emergency/ Municipal Support Systems			

Elderly housing or senior center			
Healthcare centers or hospitals			
Housing authority (public housing)			
Proposed new developments			
Underserved communities			
Affordable housing developments			
Low-income areas or neighborhoods			

**4B. Additional Project Characteristics:**

**Yes    No**

       This project will improve ADA accessibility of the facility (please explain):

       This project is identified in a local or regional plan or study. Please provide a link to the plan/study below.

This project develops or incorporates innovative technology or approaches (please explain):

This project will stimulate additional investment, leverage other resources, and/or fits into other local or regional initiatives. (please explain):

#### **4C. Project Impacts**

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 or easements. Please describe the nature, extent, and type of impacts:

This project is located in a Federal Emergency Management Agency flood zone. Please describe the extent and any potential impacts:

**FEMA Flood Map Service Center**

This project lies within an area identified by the CT DEEP Natural Diversity Database (NDDDB) as possibly containing endangered species. Please describe any potential impacts:

**CT DEEP - Natural Diversity Database**

- This project may impact historical or archaeological sites. Please describe any potential impacts:  
**<https://geodata.ct.gov/apps/ddd39a67a714449d8ad60467d10fcedd/explore>**

Please describe any crash history identified within the proposed project limits in the last 3 years:

## **Section 5 – Project Support**

**5A.** Please describe how public participation at the local level was or will be included in planning this project:

**5B.** 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:

**5C.** Submit with you application letters of support from the immediate community, impacted property owners, public officials, Council of Governments, or advocate groups. Please indicate the source of the letters provided:

- Immediate Community Members/Impacted Property Owners/Advocate Groups  
 Council of Government/Elected Officials  
 Other:

## Section 6 – Budget

### 6A. Detailed Cost Estimate

A detailed cost estimate must be submitted with this application. This is the most critical part of the budget evaluation.

A sample cost estimate template is available on the [TRIP Program Webpage](#).

Your estimate must show that reasonable thought went into planning the project.

It should include:

- **Major Construction Items** (e.g., excavation, pavement, concrete).
- **Minor Items** (as a percentage of major items, up to 20%).
- **Contingencies & Incidentals** (to cover unknown costs during construction).

Please include your **Detailed Cost Estimate** with your application.

A Detailed Cost Estimate was included in the application.

### 6B. Project Funding Plan

*Please complete the following table. All costs must align with your detailed cost estimate.*

1. Total Estimated Project Cost:

Funding Item	Amount
2. Grant Amount Requested (\$2 million limit)	\$
3. Required 20% Municipal Match (20% of total estimated project cost)	\$
4. Total Municipal Share (Item 3 + any costs over the grant)	\$

**IMPORTANT:** TRIP requires a 20% matching contribution from the municipality. Public Investment Communities and Distressed Municipalities are exempt from this requirement. Federal and State funds cannot be used a contributory source for this 20% match. Please identify the specific source for your Total Municipal Share (Item 4 above).

## 6C. Additional Funding & Certification

Please check the [Yes] or [No] box for each question.

1. **Yes No** This project has received or is proposing to receive funding from *other State sources*.

If Yes, please provide the following:

Source:

Award Date:

Status:

2. **Yes No** **Cost Overrun Certification:**

Does the municipality certify that it has access to the supplemental funds required to complete the project if the total cost of construction exceeds the **Total Estimated Project Cost**? If yes, specify the source of these funds:

## Section 7 – Project Readiness

Project readiness is a key factor in evaluating the application. Applications should demonstrate clear planning, attach a realistic schedule, and identify all potential permitting and impacts stemming from the proposed project.

### 7A. Project Development Status

Please check the Yes or No box for each statement as it applies to your project.

**Yes No**

Initial public outreach has been conducted.

A planning phase has commenced to define the project scope.

Preliminary design work has begun for the project.

Final Design work has been completed for the project.

### 7B. Estimated Project Schedule

Please attach a clear, detailed project schedule including the anticipated dates for **final design completion, start of construction, and project completion.**

An estimated project schedule is included in the application.

### **7C. Project Impacts and Permitting**

Please describe all efforts to identify or obtain the necessary permits or easements necessary for this project, such as flood management certification, ROW acquisition/easements, NDDB, utilities, etc. Also, provide a timeline on your expected acquisition of each permit:

### **7D. Plan Attachments**

Please attach the following additional information in digital format, as applicable:

- Comprehensive Concept Plans
- Preliminary Design Plans (if available)
- Final Design Plans (if available)

## **Appendix A: Bicycle/Pedestrian Facilities**

Please answer these project type-specific questions to better explain your project.

1. How will this project improve the connectivity for active transportation users to various destinations?
2. How will the roadway cross section need to be modified to accommodate the project?  
A roadway cross section includes travel lanes, median, shoulders, catch basins, curbing, sidewalks, Right of Way limits.
3. How does the facility connect to a larger bicycle facility or corridor, or sidewalk network?

## **Appendix B: Roadway Reconstruction/Maintenance/Paving**

Please answer these project type-specific questions to better explain your project.

1. What is the road speed limit? What is the road Annual Average Daily Traffic (AADT) if available?
2. How will this project improve safety beyond repaving/maintenance/drainage?
3. What changes will be made to the roadway's design (e.g., a road diet, re-striping, adding or widening shoulders)?

## Appendix C: Bridge/Culvert Improvements

Please answer these project type-specific questions to better explain your project.

1. Please include the Bridge Inspection Number that can be found using the [Bridge Inspection Reports Viewer application](#).
2. Describe the general condition of the bridge/culvert.
3. Does the bridge/culvert currently include bike/pedestrian facilities?
4. What specific deficiency is being corrected, and what is its current impact on the community?

## **Appendix D: Other Projects**

1. Please categorize your project type (e.g., Roundabout, Traffic Signal Upgrade, etc.) and provide a narrative description explaining the specific transportation problem it solves.

## 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: