

Louisiana Department of Transportation and Development
2025 APPLICATION FOR FEDERAL PROGRAMS
DOTD TRANSPORTATION ALTERNATIVES PROGRAM

SPONSOR INFORMATION

Entity Name _____

Type of Sponsor

- Public University/School Federal Agency Local Government
 State Government Nonprofit Partnership (if more than one, explain)
 Other: _____

Address _____

City _____ State _____ Zip _____

Contact Person (Signatory) _____ Title _____

Contract Person (Responsible) _____ Title _____

Email _____ Phone # _____

Population _____ UEI # _____

Federal ID _____ Vendor # _____

CONSULTANT INFORMATION

Will the Sponsor be utilizing DOTD provided consultant, providing design and CE&I in-house, or obtaining their own consultant (at local cost) for design and CE&I? Note- DOTD provided consultant only permissible for communities with populations less than 50,000.

- DOTD Provided Own Design Own CE&I

If hiring your own consultant, please provide consultant information if known; otherwise, list as TBD. Please note that companies that are on DOTD's disqualified or disbarred lists cannot be used on Federal Aid projects. The lists may be found by accessing www.dotd.la.gov > "BUSINESS Working With DOTD" > "Construction Services" > "Consultant Contract Services" > "DOTD Disqualified" or "DOTD Debarred"

Name of Company _____ Phone # _____

Contact Person _____ Email _____

BRIEF PROJECT INFORMATION

Name of Project _____

Roadway or Facility Name
(if different from Project Name) _____

Preliminary Purpose and Need – state the purpose (reason) and need (problem or issue)

Brief Project Description (detailed version is later in the application)

Length with project beginning and ending points (if applicable) _____

GPS Coordinates _____ Parish(es) _____

State House District No. _____ State Senate District No. _____

What is the type of land use adjacent to the project? (Agricultural, Commercial, Government, Residential, School, etc.)

Are there any drainage issues or features associated with the property site location? Please explain.

Please provide a project location vicinity map as an attachment.

GENERAL INFORMATION

Priority (relative to other applications submitted by Project Sponsor this cycle) _____

Does this project require professional design services? Yes No

Is Sponsor providing funding for required match? Yes No

GENERAL INFORMATION (continued)

Will additional funding be provided over required match? Yes No
If yes, how much? _____

Is this project a continuation of a multi-phase project? Yes No
If yes, which phase of series? _____

State Project #/Names of other Phases: _____

For Metropolitan Areas over 50,000 population, has the Metropolitan Planning Organization (MPO) endorsed the project? Yes No N/A
If yes, provide letter of endorsement.

For areas under 50,000 population, is the project endorsed by the local government? If yes, provide letter of endorsement. Yes No N/A

Does all right-of-way (ROW) necessary for the project fall within public ownership or lease? Yes No
If yes, was ROW obtained using federal guidelines? Yes No N/A
If no, can the Sponsor obtain the ROW (or 25-year lease within one-year of acceptance into the program) in accordance with the Federal Uniform Act? Yes No N/A

Will all of the project be constructed within State-maintained ROW? Yes No
If not all, will any of the project be constructed within State-maintained ROW? Yes No N/A

Does any part of the project encroach on or cross railroad ROW? Yes No
If yes, attach a document from the affected railroad stating they are aware of the project.

Is the Sponsor aware that the project must conform to applicable requirements of the American with Disabilities Act or any other State or Federal laws concerning accessibility? Yes No

Has the DOTD Complete Streets Policy been considered in the scope? Yes No

Which modes of alternative transportation are accommodated by this project?
 Bicyclist Pedestrian Transit

Which, if any, of the following high-need areas are accommodated by this project?
 Distressed Low-income Rural Transit-dependent

SUPPORTING DOCUMENTATION

Letters of Support, Resolution (i.e., commitment to funding), and Internal Control Questionnaire (ICQ) form may be included as attachments to this application.

ELIGIBILITY CRITERIA

Selecting all categories possible does not ensure or increase eligibility. Each category selected must meet all criteria listed for that activity in the DOTD Transportation Alternatives Program (DOTDTAP) Application Guide.

Project category – select those that qualify the project to be funded with DOTDTAP

- Pedestrian and Bicycle Facilities
- Safe Routes for Non-Drivers
- Conversion of Abandoned Railway Corridors to Trails
- Scenic Turnouts, Overlooks, and Viewing Areas
- Outdoor Advertising Management
- Historic Preservation and Rehabilitation of Historic Transportation Facilities
- Vegetation Management
- Archaeological Activities
- Stormwater Mitigation
- Wildlife Management

OTHER CONSIDERATIONS FOR ELIGIBILITY

If the project involves landscaping activities on State-maintained highway ROW, has the project been discussed with the DOTD District? Yes No N/A

If the project involves Scenic Turnouts, Overlooks, and Viewing Areas along a designated Louisiana Byway, has a letter of no objection been obtained from the Louisiana Byways Manager at DCRT? Yes No N/A
If yes, attach a copy of the letter of no objection.

If the project involves Historic Preservation and Rehabilitation of Historic Transportation Facilities, is the property on the National Register of Historic places? Yes No N/A
If not registered, has registration been applied for? Yes No N/A

If the project involves piping a ditch (subsurface drainage that is over 50% of the overall project cost, has there been reported vehicular or pedestrian safety incidents? Yes No N/A
If yes, please provide reports.
If no, is the Sponsor aware that the remaining 50% is local cost? Yes No N/A

PROJECT COST (continued)

Engineering Costs

ENGINEERING DESIGN AND CE&I	For estimating purposes, use minimum 20% of Construction Costs for projects > \$100,000; use minimum 40% of Construction Costs for projects < \$100,000
ENGINEERING COSTS TOTAL	

Does the Sponsor have a population < 50,000 and is requesting DOTD to pay for Engineering Costs?

Yes No N/A

Other Costs (if necessary)

AMOUNT

RIGHT-OF-WAY	
UTILITY RELOCATION	
MISCELLANEOUS	
OTHER COSTS TOTAL	

Project Cost Summary

TOTAL PROJECT COSTS (Construction + Engineering + Other)	
TOTAL PROJECT COSTS ELIGIBLE FOR DISBURSEMENT (Typically Construction Only)	
FEDERAL PARTICIPATION/LOCAL MATCH (Percentage – 80/20, 90/10, 95/5)	
TOTAL REQUESTED FEDERAL FUNDS	
LOCAL MATCH	

List of Sources of Local Funding

AMOUNT

A-	
B-	
C-	
D-	
TOTAL AMOUNT OF LOCAL FUNDING	

CERTIFICATION

The undersigned has authority to sign on behalf of the Sponsor and certifies that the undersigned has legal authority to enter into a contract to implement this project. The undersigned certifies that all information provided is complete and accurate to their best knowledge. The undersigned acknowledges that if the project is accepted into an LPA program that funding and scope of work requested in this application shall not be changed from that originally requested without approval by DOTD. Any additional costs will be borne by the Sponsor. The undersigned understands that this application may also be considered for funding under the Highway Safety Improvement Program (HSIP).

Signature _____ Date _____

Printed Name _____ Phone # _____

Title _____