## Louisiana Department of Transportation and Development

# 2025 APPLICATION FOR FEDERAL PROGRAMS DOTD TRANSPORTATION ALTERNATIVES PROGRAM

		SPUNSUR INFURIVIATION	
Entity Name			
Type of Sponsor  Public U	Jniversity/School	Federal Agency	☐ Local Government
☐ State G	overnment	□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 #	
	C	CONSULTANT INFORMATION	
their own consul		design and CE&I? Note- DOTD pro	gn and CE&I in-house, or obtaining ovided consultant only permissible
☐ DOTD P	rovided	Own Design	☐ Own CE&I
Please note that Aid projects. The	companies that are o	n DOTD's disqualified or disbarro	if known; otherwise, list as TBD. ed lists cannot be used on Federal 'BUSINESS Working With DOTD" > ualified" or "DOTD Debarred"
Name of Compa	ny	Phone #	
Contact Person		Email	

2025 TAP Application Page 1 of 12

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 (proble	em 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? School, etc.)		
Are there any drainage issues or features associated		
Please provide a project location vicinity map as an	attachment.	
GENERAL IN	FORMATION	
Priority (relative to other applications submitted by	Project Sponsor this cycle	e)
Does this project require professional design service	s?	☐Yes ☐No
Is Sponsor providing funding for required match?		☐ Yes ☐ No

2025 TAP Application Page 2 of 12

GENERAL INFORMATION (continued)						
Will additional funding be provided over required match?  If yes, how much?	☐Yes ☐No					
Is this project a continuation of a multi-phase project?  If yes, which phase of series?	☐Yes ☐No					
State Project #/Names of other Phases:						
For Metropolitan Areas over 50,000 population, has the Metropolitan Planning Organization (MPO) endorsed the project?  If yes, provide letter of endorsement.	☐Yes ☐No ☐N/A					
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?  If yes, was ROW obtained using federal guidelines?  If no, can the Sponsor obtain the ROW (or 25-year lease within one-year of acceptance into the program) in accordance with	☐ Yes ☐ No ☐ N/A					
the Federal Uniform Act?	☐Yes ☐No ☐N/A					
Will all of the project be constructed within State-maintained ROW?  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?  If yes, attach a document from the affected railroad stating they are aware of the project.	☐Yes ☐No					
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	ct?					
Which, if any, of the following high-need areas are accommodated by this pr  Distressed Low-income Rural Train	oject? nsit-dependent					

2025 TAP Application Page 3 of 12

## **DETAILED PROJECT DESCRIPTION**

Describe all work neces entire project with cos activities checked unde	t, then detail ite	ms for which fu	nding is sought.	Description should	d reflect only

2025 TAP Application Page 4 of 12

#### **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 DO	OTDTAP
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 F	acilities
☐ 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?  If yes, attach a copy of the letter of no objection.	□Yes □No □N/A
If the project involves Historic Preservation and Rehabilitation of Historic Transportation Facilities, is the property on the National Register of Historic places?  If not registered, has registration been applied for?	☐ Yes ☐ No ☐ N/A ☐ 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?  If yes, please provide reports.  If no, is the Sponsor aware that the remaining 50% is local cost?	□Yes □No □N/A □Yes □No □N/A
ii iio, is the sponsor aware that the remaining 50/0 is local cost!	

2025 TAP Application Page 5 of 12

## MAPS, PLANS, AND PHOTOGRAPHS

Attach project location map(s), project boundary map, and site plan (if available). Include photographs of the existing site and/or facility if applicable. Please note this application will be reproduced, so please provide maps in a "reproducible friendly" format (on 8-1/2" X 11" paper; no Polaroid pictures please) Comments (if necessary) on the attached maps and photographs should be outlined in the space provided below.				

2025 TAP Application Page 6 of 12

## PROJECT BENEFITS

Please indication include economic safety of per and/or fatality to the project satisfactors.	omic, qualit destrians, b y informati c on the loca	y of life, quoicyclists, a on/recordention map.	uality of tra und/or mo s. If projec <u>Prioritizat</u> i	ansportation torists, plot t provides ion of high	on, and que ase inclust access to ac	uality of e ude infor o schools, eas and e	environme mation o please sh quity shou	ent. If proje n applicab now locatio ald be conve	ect benefits le accident n of school eyed in this
section. Tho acceptable.	ugn attach	ments may	be includ	iea, "See	attached	Tor proj	ect bener	its descript	ion is NOT

2025 TAP Application

Page 7 of 12

## **IMPLEMENTATION**

Explain how the Sponso implementation timefra program policy, if a proj 3 years after inclusion in	ame, completion da ject has not shown si	te, and any anticip gnificant progress (	pated "hold-ups"). P as determined by the	lease note that pe

2025 TAP Application

#### **PROJECT COST**

Itemize ALL project elements and costs for which funding is being sought. All construction contracts will be advertised and bid by DOTD- take this into consideration when preparing project costs. List item, description, quantity, unit price, and amount. Include items for mobilization, temporary signs and barricades, and construction layout (if layout is applicable and to be performed by contractor). Be sure to have as complete and accurate a cost estimate as possible for all phases of the work and consider inflationary costs due to time in the program.

#### **Construction Costs**

DOTD ITEM #	DOTD ITEM DESCRIPTION	UNIT OF MEASURE	QUANTITY (A)	UNIT PRICE (B)	AMOUNT (A * B)
					, ,
	SUBTOTAL				
	Mobilization (5-10% of Subtotal)				
Traffic Control			(2-10% of Subtotal)		
	Construction Layout		(0-5% of Subtotal)		

Provide additional sheets if necessary.

2025 TAP Application

	PROJECT COST (continued)		
Engineering Costs			
Engineering Costs ENGINEERING	For estimating purposes, use minimum 20% of Co	nstruction Costs	for projects >
DESIGN AND CE&I	\$100,000; use minimum 40% of Construction Cos	ts for projects <	\$100,000
	ENGINEERING	COSTS TOTAL	
•	e a population < 50,000 and is requesting		
DOTD to pay for	or Engineering Costs?	∟ Yes ∟	No  \Begin{array}{c} N/A
Other Costs (if necess	ary)		AMOUNT
RIGHT-OF-WAY			
UTILITY RELOCATION			
MISCELLANEOUS			
	OTHER	COSTS TOTAL	
Project Cost Summary	1		
	TS (Construction + Engineering + Other)		
TOTAL PROJECT COST	TS ELIGIBLE FOR DISBURSEMENT (Typically Constru	ction Only)	
FEDERAL PARTICIPAT	ION/LOCAL MATCH (Percentage – 80/20, 90/10, 99	5/5)	
TOTAL REQUESTED F	EDERAL FUNDS		
LOCAL MATCH			
List of Sources of Loca	ıl Funding		AMOUNT
A-			
B-			
C-			
D-			
	TOTAL AMOUNT OF LO	CAL FUNDING	

2025 TAP Application Page 10 of 12

## **OPERATION AND MAINTENANCE COSTS**

Briefly describe the Ope cost of maintenance an and/or electrical system submittal.	d operatio	n including	the source	e of those	funds. I	or projects	with landsca	aping

2025 TAP Application

#### **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		