



# **F I N A L**

## **Transportation Enhancement Program Application Form Instructions**

The following pages provide instructions for filling out the Final Transportation Enhancement Application Form (before filling out the Final Application, applicants should be familiar with the Application Guidelines booklet provided by the Program Consultant). The Final Application is attached to these instructions and is intended to be completed **after** the Project Coordinator assigned to your project has conducted a site visit. It includes additional sections 10-13 not found on the draft application.

Please answer all questions directly on the form within the space provided. Attach any additional information you believe will more fully explain and support your proposed project or activity. However, attachments are limited to a total of 10 pages including the required attachments (maps, budgets and resolution) listed on Page 5. Letters of support (described in Item 13) and the Preliminary Environmental Checklist (described in Item 14) will not be included in the 10-page limit.

Additional information and assistance is available by contacting the Program Consultant Project Coordinator at Sinclair Hille, (402) 476-7331 or [jbolen@sinclairhille.com](mailto:jbolen@sinclairhille.com). Additional forms may be downloaded from [www.transportation.nebraska.gov/trans-enhance/](http://www.transportation.nebraska.gov/trans-enhance/)

- 1. Government Agency:** Provide information regarding the government agency that will own and maintain the project. Attach a resolution from the government agency showing support of the proposed project. A resolution must be submitted as a requirement for funding.
- 2. Contact Person:** Provide the name, address, daytime telephone number, fax number and e-mail address of the person who is submitting and directing this project.
- 3. Signature, Contact Person:** This is the person identified in Item 2 who will be responsible for the management and implementation of your proposed project.
- 4. Signature, Government Agency:** This is the mayor, chairperson or other head of the government agency listed in Item 1.
- 5. Project Name:** Provide a name for the project.
- 6. Project Description / Location:** Provide a description of the proposed scope of work for this project. Include information on the specific items of work to be performed with the funds requested and the location of the project. For trail projects, describe the length, width, surface type, and beginning and ending points. For building projects, describe construction (existing vs. new), dimensions, purpose, etc. Explain how your project relates to transportation according to the Application Guidelines booklet.

Attach an 8 ½" x 11" map showing the project location. An aerial map that is clearly labeled with a north arrow, street names and points of interest is preferred. For help on how to obtain an aerial image, contact the Program Consultant.

7. **Project Cost:** Identify the cost of this project. Provide the total cost of the project and the amount of federal funding you are requesting (up to 80% of total cost). Attach an itemized budget showing construction items, estimated unit costs, and estimated quantities. Preliminary engineering and construction inspection/testing are also eligible expenses. Please follow the sample budget provided in the Application Guidelines booklet. A list of non-participating items is available from the Program Consultant.

The maximum amount of federal funding per project is \$500,000. (i.e. Total project cost of \$625,000 = 80% federal (\$500,000 max) + 20% local (\$125,000). If the total project cost exceeds \$625,000, the percentage of federal and local match must be adjusted. For example, \$750,000 total project cost = 67% federal (\$500,000 max) + 33% local (\$250,000).

8. **Matching Funds:** Identify the percentage and source of matching funds (minimum 20% cash match required). *Exceptions to the minimum 20% cash match requirement would include 1) the use of federally approved railbanked land value in lieu of a cash match, and 2) meeting pre-defined criteria which would allow an applicant to be eligible to provide a 10% non-federal cash match. (This pre-defined criteria is available from the Program Consultant after the Draft Application stage and will be used when reviewing your proposed project).*
9. **Project Type:** Check the box indicating your project category as shown below.

#### **Trails**

- Facilities for pedestrians and bicycles
- Safety and educational activities for pedestrians and bicyclists
- Preservation of abandoned railway corridors (including conversion and use as pedestrian / bicycle trails)

#### **Historic Preservation**

- Rehabilitation of historic transportation buildings, structures, or facilities (including historic railroad facilities)
- Archeological planning and research

#### **Scenic or Historic Byways**

- Acquisition of scenic easements and scenic or historic sites
- Scenic or historic highway programs (including tourist and welcome center facilities)
- Landscaping and other scenic beautification
- Environmental mitigation to address water pollution due to highway runoff or reduce vehicle-caused wildlife mortality while maintaining habitat connectivity
- Establishment of transportation museums

## **10. Previous Transportation Enhancement Projects**

Check the box indicating whether you have received transportation enhancement funding in the past. If the answer is yes, please list the names and federal funding amounts received for each project.

## **11. Transportation / Community Plans**

Please identify if this project is part of a planning document.

## **12. Public Benefits**

Describe how this project serves a public use and any potential economic and social benefits for the community or region. These may be benefits to health, economic development, or tourism. Also, please describe aesthetic, functional and safety impacts, as well as potential improvements to the quality of life.

## **13. Project Support**

Provide the names of governmental agencies who are in support of this project, as well as a resolution or meeting minutes from the government agency listed in Item #1. Also, please state the current level of support from the general public, other groups and organizations. Attach documentation from them affirming this support.

## **14. Preliminary Environmental Checklist – Provided at Site Visit**

Impacts of projects can be both beneficial and adverse. Please complete the Preliminary Environmental Checklist and provide related remarks to the best of your ability. If your project is selected you will be responsible to obtain necessary environmental clearances and permits.

## **15. DR Form 530**

Please submit a completed DR Form 530 which can be located on the NDOR Website at:  
<http://www.transportation.nebraska.gov/gov-aff/lpa-guide-man.html> under Chapter 2 Forms.

**APPLICATION SUBMITTAL** – Send one completed application to:

**R. James Pearson**  
**Transportation Enhancement Administrator**  
**Nebraska Department of Roads**  
**PO Box 94759**  
**Lincoln, NE 68509-4759**

Received by NDOR: / /

State of Nebraska  
Department of Roads

## Transportation Enhancement Improvement Request (FINAL)

<b>1.</b>	AGENCY NAME:	TYPE OF GOVERNMENT AGENCY <i>(Check One)</i> : <input type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> NRD <input type="checkbox"/> State <input type="checkbox"/> Other	
<b>2.</b>	CONTACT PERSON:	FAX NUMBER:	
	MAILING ADDRESS: <i>(Street)</i>	CITY:	STATE:      ZIP:
	DAYTIME PHONE:	E-MAIL:	
<b>3.</b>	CONTACT PERSON: <i>(Print Name &amp; Title)</i>	SIGNATURE	DATE:
<b>4.</b>	GOVERNMENT AGENCY: <i>(Print Name &amp; Title)</i>	SIGNATURE	DATE:
<b>5.</b>	PROJECT NAME: <i>(Example: Beatrice Big Blue Trail; Neligh Mill Bridge Renovation)</i>		
<b>6.</b>	PROJECT DESCRIPTION/LOCATION: <i>(Include location, work to be performed, and attach map)</i>		
	DESCRIBE HOW YOUR PROJECT RELATES TO TRANSPORTATION (AS DESCRIBED IN APPLICATION GUIDELINES):		

7.	TOTAL ESTIMATED PROJECT COST:	FEDERAL FUNDS REQUESTED:
8.	MATCHING FUNDS PROVIDED BY:	PERCENTAGE OF MATCH: <i>(Minimum 20% of total)</i>
9.	PROJECT TYPE: <i>(Select One Category)</i> <input type="checkbox"/> Trails <input type="checkbox"/> Historic Preservation <input type="checkbox"/> Scenic or Historic Byways	
10.	HAVE YOU RECEIVED TRANSPORTATION ENHANCEMENT FUNDS IN THE PAST? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST ALL PROJECTS FUNDED AND TOTAL DOLLARS RECEIVED:	
11.	IDENTIFY IF THIS PROJECT IS PART OF A OFFICIAL PLANNING DOCUMENT:	
12.	PUBLIC BENEFITS OF THIS PROJECT:	
13.	THIS PROJECT IS SUPPORTED BY:	

**Attach the following required items:**

- **Budget (follow sample provided in Application Guidelines booklet)**
- **8 ½ x 11 map - include aerial image, project location/alignment, north arrow, street names, points of interest**
- **Resolution**
- **Preliminary Environmental Checklist (provided at site visit)**
- **DR Form 530**