

SOUTH CAROLINA DEPARTMENT OF TRANSPORTATION

TRANSPORTATION ALTERNATIVES PROGRAM (TAP) APPLICATION

APPLICANT: _____ DATE: _____
ADDRESS: _____ PHONE: _____
CITY: _____ STATE: _____ ZIP: _____
CONTACT PERSON: _____ TITLE: _____
CONTACT EMAIL: _____

PROJECT INFORMATION:

NAME OF PROJECT: _____
BRIEF PROJECT DESCRIPTION: _____

PROJECT LOCATION: _____

LENGTH & TERMINI (i.e.: where does the project begin & end): _____

COUNTY: _____ HOUSE DISTRICT: _____
SENATE DISTRICT: _____ CONGRESSIONAL DISTRICT: _____

PROJECT CATEGORY AND LOCATION OF PROJECT:

(CHECK ONLY THOSE APPLICABLE ACTIVITIES AND LOCATIONS)

- Provisions of facilities for bicycles
- Provisions for pedestrians
- Provisions for streetscaping
- In urbanized areas of the State with an urbanized area population of over 200,000, also known as a Transportation Management Area (application to be reviewed and approved by appropriate MPO)
- In areas of the State other than urban areas with a population greater than 5,000
- In areas of the state with a population less than 5,000

**Mail ORIGINAL and SIX(6) COPIES of application to:
South Carolina Department of Transportation
Local Program Administration Office
955 Park Street, Room 424
P.O. Box 191
Columbia, South Carolina 29202**

(PLEASE ANSWER THE FOLLOWING IN SPACES PROVIDED.)

A. ELIGIBILITY DEMONSTRATION: “SEE ATTACHED” IS NOT ACCEPTABLE.

1. Does the project meet the requirements outlined in MAP-21

YES NO

2. Does project conform to applicable requirements of Americans with Disabilities Act and any other state or federal laws concerning accessibility?

YES NO

EXPLAIN BRIEFLY:

B. PROJECT ADMINISTRATION AND DESCRIPTION:

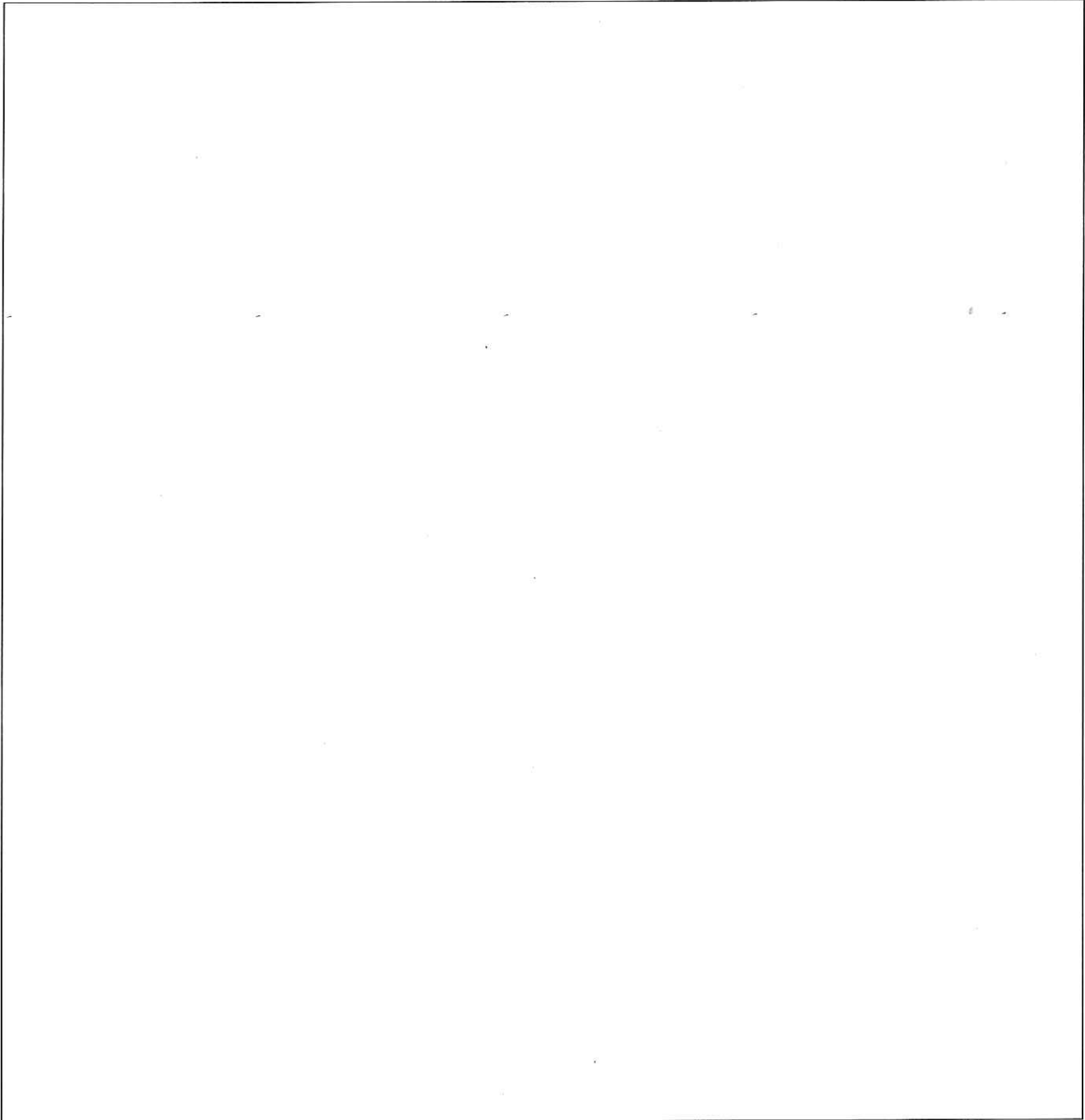
Does the applicant intend to apply to perform the administration and management functions of the project through the Local Public Agency (LPA) process?

- YES NO

Describe all necessary work needed to complete the proposed project. Description should reflect only activities checked under project category:

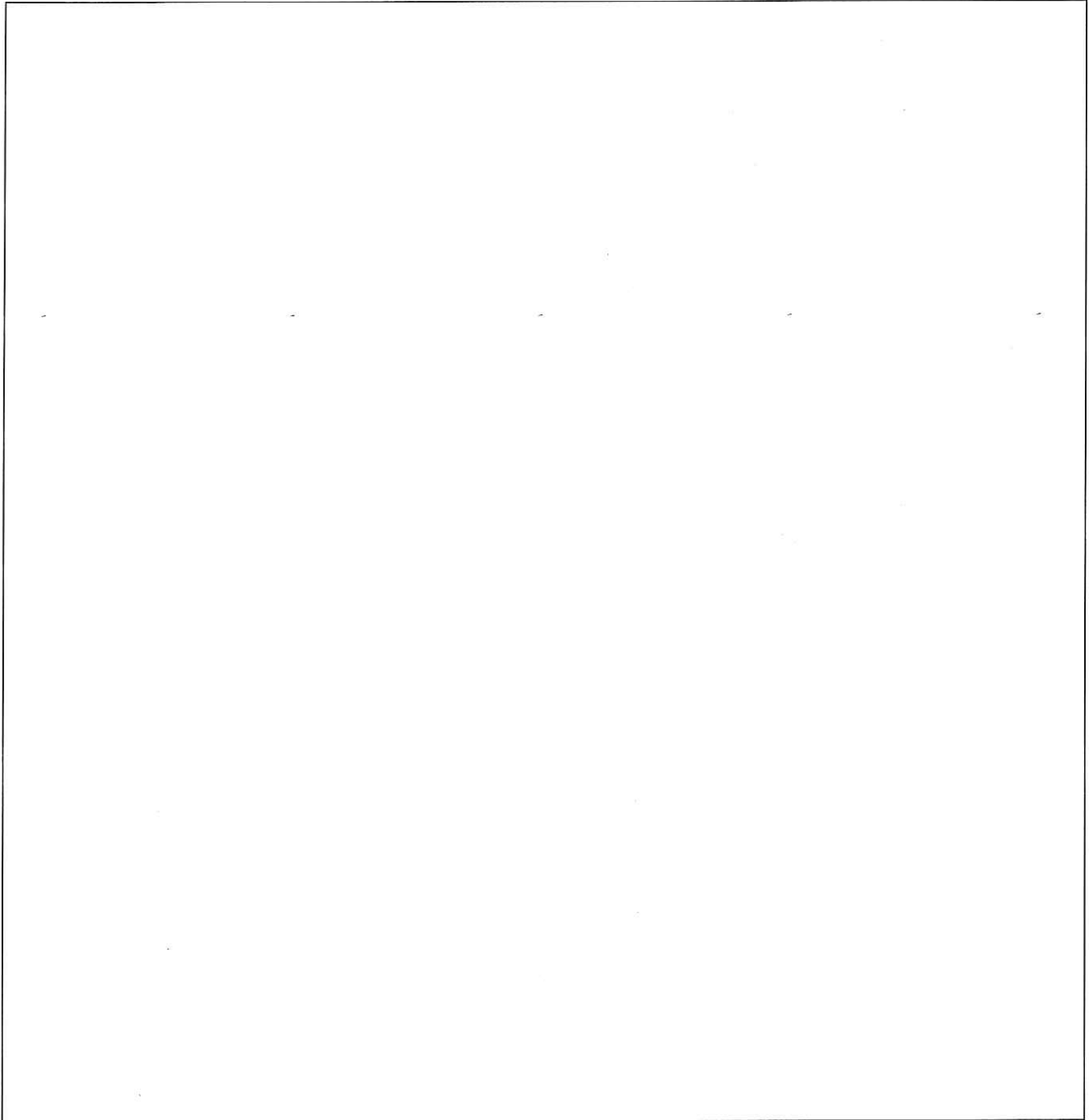
C. MAPS, PLANS, & PHOTOGRAPHS:

Attach project location map(s), project boundary map and site plan. Include photographs of the existing site and/or facility if applicable. COMMENTS: _____



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D. PROJECT COSTS: “SEE ATTACHED” IS NOT ACCEPTABLE.

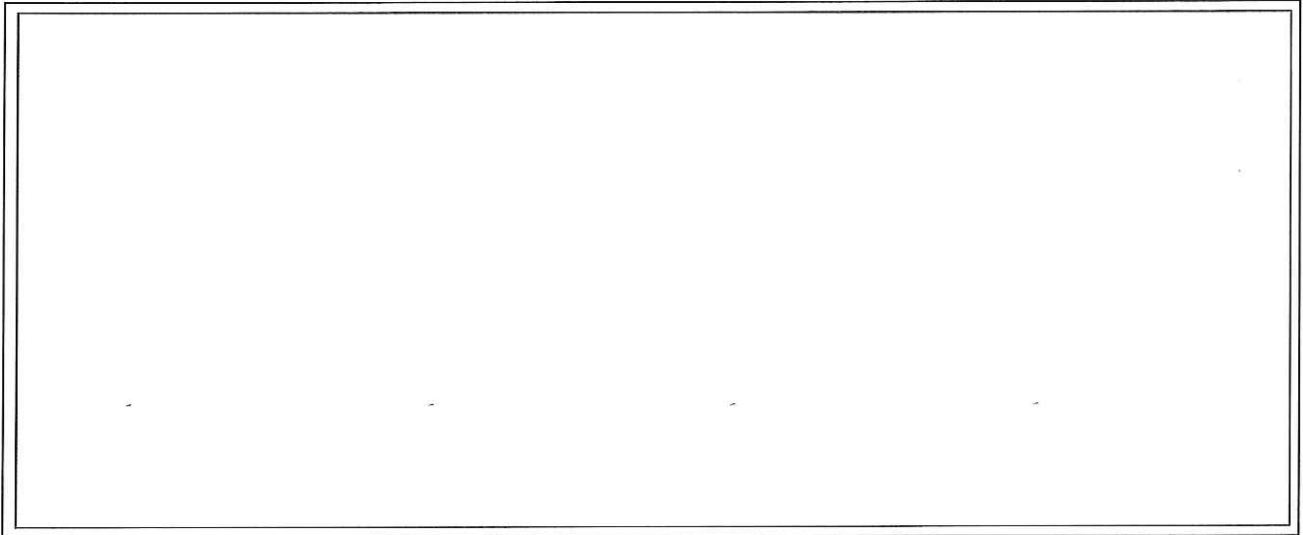
Itemize all project elements and costs. List item, description, quantity, unit price, amount, etc. Ensure costs shown are accurate and sufficient to satisfactorily complete all work anticipated. All budget item costs for project administration and management to adequately accomplish the work must be shown. These expenses are to include engineering, inspection, and testing in accordance with state and federal requirements. (Enter total project cost in Section I – Line 1, Page 9.) Itemize below:

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E. PROPERTY OWNERSHIP:

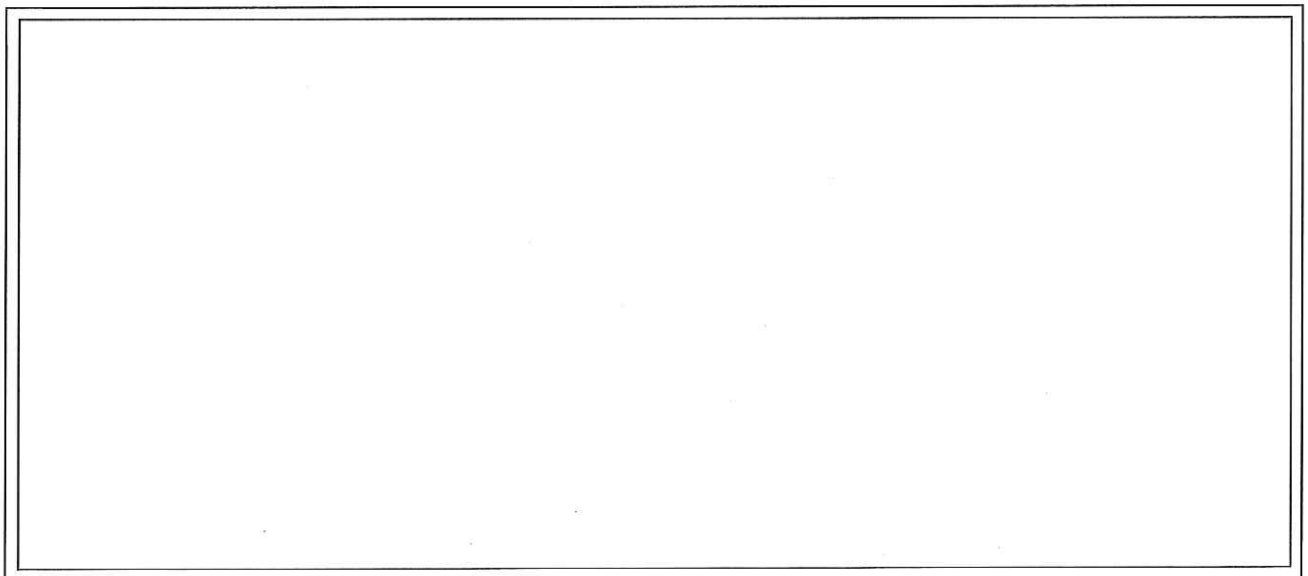
Identify ownership of ALL property involved in the project. If additional property must be acquired to complete the project, identify ownership and value of property, either purchased or donated:

(NOTE: For all projects on SCDOT rights-of-way, include with your application either a copy of the approved SCDOT Encroachment Permit, a letter from the appropriate SCDOT County Maintenance Office, or a letter from the appropriate SCDOT District Office indicating that the project appears feasible in concept with specific details to be approved in an Encroachment Permit.)



F. LOCAL SUPPORT:

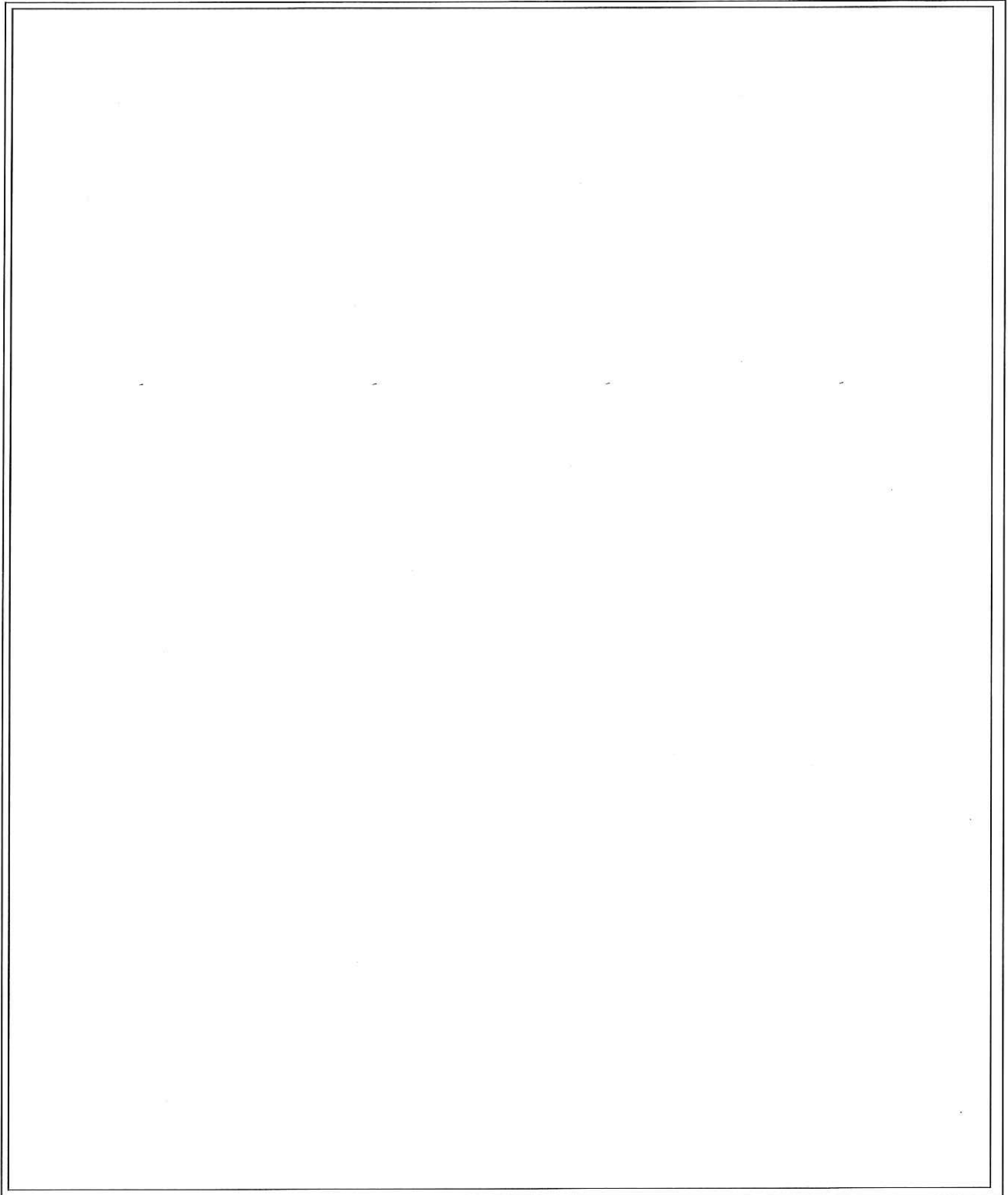
Describe the levels of local support for the proposed project. Attach letters from donors or sponsors committing non-federal share of project costs, commitment or support from sponsors, local government officials and regional organizations. Document the opportunities for public participation in the development of this project



G. PROJECT MAINTENANCE & MANAGEMENT PLANS:

Describe maintenance and management details for the project, including the expected yearly amount of funds and the source of funds to support activities:

Provide details for long-term maintenance of the project with projected yearly maintenance costs.



H. ENVIRONMENT ASSESSMENT: Attach any previously prepared environmental documentation to this application. If no previously approved environmental documentation is available, the applicant must complete necessary studies if any, and have them approved prior to project implementation. This requirement does not apply if the application is for planning or feasibility studies only. Indicate below any impact the project is expected to cause.

	<u>IMPACT</u>	
	<u>YES</u>	<u>NO</u>
Displacement of residences or business	<input type="radio"/>	<input type="radio"/>
Disruption of neighborhoods.....	<input type="radio"/>	<input type="radio"/>
Impacts agricultural or recreational lands.....	<input type="radio"/>	<input type="radio"/>
Impacts historical/archaeological sites	<input type="radio"/>	<input type="radio"/>
Impacts wetlands, streams/lakes, floodplains	<input type="radio"/>	<input type="radio"/>
Within coastal zone	<input type="radio"/>	<input type="radio"/>
Endangered species	<input type="radio"/>	<input type="radio"/>
Air/water quality	<input type="radio"/>	<input type="radio"/>
Noise.....	<input type="radio"/>	<input type="radio"/>
Hazardous waste site.....	<input type="radio"/>	<input type="radio"/>

Any county, state, and/or federal permits required will have to be secured by the applicant prior to contract signing. These may include Army Corps of Engineers, Office of Coastal Resource Management, Coast Guard, Federal Energy Regulatory Commission, County Sediment and Erosion Control and Stormwater Management Ordinance, or State Budget and Control Board.

Comments:

I. FUNDS REQUESTED, LOCAL MATCH AND SOURCE:

LINE 1 – Total project cost (From Section D; Page #5)

LINE 2 – Funds requested by applicant
(80% of line 1, not to exceed \$400,000 maximum)

LINE 3 – Local Match (Must be at least 20 % of Line 1)

List source of match and amount from each source

LIST SOURCES

AMOUNT

A - _____

B - _____

C - _____

D - _____

E - _____

TOTAL AMOUNT OF MATCH (Should be equal to Line #3 above.)

Is project within a Transportation Management Area (TMA) boundary?

YES NO

If yes, is the project in the Transportation Improvement Program (TIP)?

YES NO

List MPO _____ Amount in TIP for project:

J. CERTIFICATION

The undersigned has authority to sign on behalf of the applicant and certifies that the applicant has legal authority to enter into contract to implement this project and that all information provided is complete and accurate to their best knowledge.

SIGNATURE

DATE

TITLE

PHONE NO.

PRINTED NAME