

TRAFFIC ENGINEERING ASSISTANCE PROGRAM (TEAP)

PROGRAM APPLICATION

(Program information available in EPG 136.3.8.11)

Project # *(to be assigned by MoDOT)* Application Date: \_\_\_\_\_\_\_\_\_\_

# 

# 

# **A. LOCAL PUBLIC AGENCY (LPA) INFORMATION**

# 

**Sponsor Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_State: Zip: \_\_\_\_\_\_\_\_\_

Phone: Fax: Email:

**Co-Sponsor Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_

Phone: Fax: Email:

# **B. BASIC PROJECT INFORMATION**

Project Title:

MoDOT District: County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Metropolitan Planning Organization (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If selected, what year would study recommendations be implemented by the LPA?

**C. PROJECT LOCATION INFORMATION**

1. Where is the project located? Attach a map no larger than 8 ½ inches by 11 inches.

# 2. Please check the appropriate box for each question.

# Is the project a component or an extension of a

# previous or future transportation federal aid project? Yes No

If so, give the project number:

# If so, explain relationship:

# Does the project sponsor own the right of way? Yes No

# 

* Does any part of the project study limits fall on MoDOT

right of way? Yes  No

* If yes, does the project sponsor have approval from

appropriate MoDOT District Traffic Engineer (no

duplication of services)? Yes  No

# **D. PROJECT DESCRIPTION**

Please provide a concise overview of the project by answering questions and providing data in the following sub-sections. Drawings no larger than 8 ½ inches by 11 inches may be attached to the back of this application.

1. **Project Activities and Tasks**

Check all that apply. A project may overlap categories.

Corridor Safety and/or Operational Analysis

Intersection Safety and/or Operational Analysis

Speed Limit Review

Pedestrian Safety and/or Operational Analysis

Bicycle Safety and/or Operational Analysis

Inventories (sign, sidewalk, bicycle facilities, etc.)

Parking Analysis

Other, explain

ADA Transition Plan *(ADA Transition Plan work may utilize Trails & Sidewalk or TEAP category from MoDOT LPA Consultant On-Call List)*

1. **Project Overview**

Define what problem or need the project will address and provide a brief summary of the project.

Define the problem or need:

Project summary and how the problem will be addressed:

1. **Project Details**

Provide a brief description to each category listed below as to how it applies to the project.

**"Engineering Resources"** **-** Refers to the LPA's own staffed traffic engineering resources.

**"Safety" -** Refers to the degree to which traffic safety is addressed via the project.

**"Congestion" -** Refers to the degree to which traffic congestion is addressed via the project.

**"Innovation" -** Refers to countermeasures being considered (roundabouts, flashing yellow arrow, j-turns, prismatic sheeting, etc.).

**"Implementation" -** Refers to the feasibility of the LPA following through with changes as a result of the project.

**"Value" -** Refers to the overall gain the project could offer compared to the total cost.

# **E. GENERAL COST ESTIMATE**

**List the cost of the project components in the table provided below.** Federal funds can reimburse 80 percent (up to $8,000 per project) of the total project cost. Non-federal matching funds (at least 20%) may come from the LPA's resources or from a third-party donation to the LPA for cash, materials or labor.

Example #1:

Total Project Cost: $15,000

HSP/TT Funds: $15,000 x .80 = $12,000 BUT the max is $8,000

LPA: $15,000 \* .20 = $3,000 (Plus the overage of $4,000 of the federal share) = $7,000

Example #2:

Total Project Cost: $5,000

HSP/TT Funds: $5,000 x .80 = $4,000

LPA: $5,000 x .20 = $1,000

|  |  |  |  |
| --- | --- | --- | --- |
| **Tasks**  **(surveying, traffic counts, conceptual report, final report, etc.)** | **Task Total** | **Federal Share Request**  **(80% of project total, up to $8,000 per project)** | **NON-FEDERAL MATCH**  **(Project total – 80% of project total, at least 20%)** |
| 1. | $ |  |  |
| 2. | $ |
| 3. | $ |
| 4. | $ |
| 5. | $ |
| PROJECT TOTAL | $ | $ | $ |

**F.** **PUBLIC INVOLVEMENT AND PARTNERSHIPS**

Describe the public involvement outreach activities the LPA has completed, or intends to complete, in order to gain support for this project. Also describe any partnerships that will be developed as a part of this project. Describe any anticipated opposition to the project and how that opposition will be addressed.

## G. PAST EXPERIENCE

Briefly describe the LPA’s past experience with the implementation of similar projects. Include the experience level of the consultant, engineer, etc., if applicable.

**H. FISCAL YEAR REQUESTING FUNDS**

TEAP is now on a two year program schedule. Funds can only be expended in the year they are awarded. Please indicate which year you prefer your project to be funded. All attempts will be made to honor these requests but you may be asked to implement your project earlier or later.

FY 2018

FY 2019

No Preference

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor signature Date