

## TRANSPORTATION ALTERNATIVES PROGRAM APPLICATION

**Colorado Department of Transportation**

*Please type or print legibly*

### APPLICANT INFORMATION

1. ELIGIBLE APPLICANT AGENCY – indicate ONE

- Municipality   
  County   
  State Agency   
  Federal Agency   
  Other

2. AGENCY NAME

3. ADDITIONAL SPONSORS OR CO-SPONSORS

4. CONTACT PERSON

TITLE

PHONE

5. AGENCY MAILING ADDRESS

CITY

STATE

ZIP

### PROJECT DESCRIPTION

6. PROJECT NAME

7. PROJECT LOCATION/ADDRESS

8. PROJECT PHYSICAL LIMITS (mileposts, intersecting roadways, rivers, other geographic features)

9. COUNTY

10. MUNICIPALITY

11. PROJECT LENGTH (distance)  
*if applicable*

12. 1-2 SENTENCE DESCRIPTION OF PROJECT

### ELIGIBILITY

13. PROJECT CATEGORY – check all that apply

#### PEDESTRIAN & BICYCLE/ NON-MOTORIZED TRANSPORTATION

- Bicycle & pedestrian / Non-Motorized transportation facilities
- Infrastructure related projects to provide safe routes for non-drivers
- Conversion of abandoned railway corridors to trails

#### ENVIRONMENTAL MITIGATION

- Mitigation of water pollution due to highway runoff
- Reduction of vehicle-caused wildlife mortality
- Vegetation management practices
- Archaeological activities relating to impacts from a transportation project

**HISTORIC / SCENIC TRANSPORTATION ACTIVITIES**

- Construction of turnouts, overlooks, and viewing areas
- Control and/ or removal of outdoor advertising
- Historic preservation and rehabilitation of transportation facilities

**OTHER**

Converting an interstate to a divided highway  
 Vulnerable road user safety assessment

**PLAN INTEGRATION**

14. Is your project defined in a regional plan? If yes, please identify the plan:  
 15. Is your project defined in a local plan? If yes, please identify the plan:

**FUNDING**

<b>PROJECT COST</b>	<b>FY24</b>	<b>FY25</b>	<b>FY26</b>	<b>TOTAL (\$)</b>
16. FEDERAL TAP FUNDS REQUESTED				
17. OTHER FUNDING SECURED*				
<b>18. TOTAL PROJECT COST</b>				

\*Please list all other funding sources.

**PREVIOUS TAP FUNDS AWARDED**

19. Has your agency previously received a TAP award? Y or N  
 (Circle One) If yes, please provide details and indicate if the project is completed or still in progress:

**REQUIRED INFORMATION**

20. REQUIRED ATTACHMENTS – please label attachments accordingly

- Attachment A – Description of proposed project
- Attachment B – Maps, plans and photographs
- Attachment C – Evidence of eligibility by project category
- Attachment D – Benefits of proposed project
- Attachment E – Environmental Review
- Attachment F – Cost estimate and project implementation schedule signed by CDOT
- Attachment G – Proposed maintenance plans, agreements, covenants
- Attachment H – Resolutions of community financial support and letters of approval
- Attachment I – Right-of-way or legal property description

21. AUTHORIZED AGENCY REPRESENTATIVE		TITLE
22. SIGNATURE		DATE
CDOT USE ONLY		
CDOT RTD OR DESIGNEE/TITLE/DATE	STIP #	PROJECT #
CDOT RESIDENT OR PROGRAM ENGINEER/TITLE/DATE	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	