# Local MMOF Project Application - version Dec2024

Complete and submit this form-fillable application **electronically!** Any printed, scanned or converted files will not be accepted. Answer all questions fully in the form fields - do not answer on separate attachments.

Transportation Planning Region:	
Applicant Information Sponsor Agency Name:	
Applicant Contact (name & title):	
Email:	
Phone:	
Project Manager (name & title):	
Email:	
Phone:	
Project Description Project Name:	
Project Type (select all that apply):	
	Fixed-route or On-demand Transit:
County(ies):	Municipality(ies):
County(ies):	Municipality(ies):

Project Scope of Work: List and describe the actual Work and Tasks/Deliverables that will be done. (Do not include why it's being done or its benefits - see Project Benefits section below)				
	atch Funding Required			
10	otal Funding Requested:		(must r	match requested amount below)
Re	equired Match Rate (50% default):	(Review the	Match policy a	nd approved match rate tables)
	nimum Match Funding Required: uto calculated)			
	atch Rate Explanation (not required of Coun ovide a brief description of your agency's se	•	,	rate claimed above.
ld ar ar	oject Funding entify below all the sources and amounts of mounts and years of MMOF funding requested award or a formal agency's budget) or are a ograms or contributors.	, and whether o	ther project fu	nds are <i>already secured</i> (through
	MOF Funding Request - Indicate the amount ticipated to be spent on the project. (NOTE:			
FΥ	2025:			
F١	2026:			
F١	2027:			
F١	2028:			
	otal MMOF Requested: uto-calculated)			
	ther Secured Funding - Provide the Sources, ready been secured by an award or a formal			
	Source (agency and program name):	Туре	Year(s)	Amount (\$)
			, ,	` ,

Туре	Year(s)	Amount (\$)
	Туре	Type Year(s)

<sup>\*</sup>Provide evidence of all Secured Funding in Attachment C (resolutions, adopted budgets, award notifications, letters, etc.)

Other Funding Required, but not yet secured - Provide the Sources, Types and Amounts of other required project funding that is being sought but is not yet secured by a formal award or commitment, and the date

anticipated to be secured. NOTE: In-kind funding must be pre-approved by CDOT.

Source (agency and program name):	Туре	Date anticipated	Amount (\$)

Total	<b>Project</b>	Funding:
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(Must equal Total Project Cost above)

## **Project Timeline**

Provide the expected month and year for each of the following stages of the project.

**Projected Date to Advertise:** 

**Projected Start Dates** 

Planning:

Design:

Construction:

# **Projected Completion Date:**

## **Project Readiness:**

Right of Way (ROW) - Is the ROW for this project secured? Describe and explain the status/issues below and attach referenced documents in Attachment G:

Environmental: Briefly describe what environmental review or clearances have been completed and attach referenced documents in Attachment E:

# **Project Benefits**

Briefly describe how the project provides tl	he following specific benefits	(n/a if not applicable):
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1.	<b>Network/Modal Connectivity</b> - how the project contributes to a complete bicycle, pedestrian, transit and/or other multimodal system.
2.	Safety - Project improves roadway safety for non-motorized users.
3.	<b>Greenhouse Gas (GHG) Mitigation</b> - Project reduces GHG by reducing Vehicle Miles Traveled (VMT) or increasing multimodal travel.
4.	<b>Equity</b> - Project benefits Disproportionately Impacted (DI) communities or other underserved and disadvantaged community members.
5.	<b>Quality of Life and Public Health</b> - Project provides access to medical facilities and services or to recreation areas, increases active transportation or provides other quality-of-life benefits.
6.	<b>Economic Impact</b> - Project increases access to/from/within employment or economic centers, bolsters tourism or commerce, or decreases the burden on local resources.
7.	Cost-Benefit - Project provides substantial benefits relative to the total cost of the project.

# Planning & Support Describe relevant planning, studies and history related to the project: Describe the local, regional, statewide, public and private support for the project and provide evidence in Attachment C. List all Local, Regional and/or Statewide Plans supporting and/or identifying the project:

Local Agency Capacity. Demonstrate below the capacity of both the agency and the staff leading the project to successfully deliver this project. Include details for ALL of the following considerations, including: The experience and knowledge required to deliver the specific proposed project, financial stability, financial systems and financial experience to control and manage public grant-funded projects, and the available capacity and resources of the staff and agency to maintain progress and deliver the project in a timely manner. Describe also your past performance in successfully completing and managing similar projects and funding sources.

Supplemental Attachments Required - please label attachments accordingly.

## Required of All Projects:

Attachment A - Cost estimate and project implementation schedule (for Transit: outline the capital, operating and equipment costs and timelines separately)

Attachment B - Evidence of Secured Funding, including sponsor and contributing agency resolutions, Award Notifications, commitment letters, etc.

Attachment C - Evidence of supporting planning, studies and local/regional/statewide support

## Required of Infrastructure Projects:

Attachment D - Maps, plans and photographs

Attachment E - Environmental Review

Attachment F - Proposed maintenance plans, agreements, covenants

Attachment G - Right-of-way, easements, legal property description

# **CDOT Draft Review & Recommendations**

CDOT Review Lead: Date:

	Comments/Concerns/Questions	Recommendations
Eligibility		
Budget/ Funding		
Readiness/ Timeline		
Scope & Feasibility		
Other		

# **CDOT FINAL Application Review & Recommendations**

CDOT Revie	
	Comments/Concerns/Recommendations
Eligibility	
Budget/ Funding	
Readiness/ Timeline	
Scope & Feasibility	
Other	