

Local MMOF Project Application - 2024

Complete and submit this form-fillable application **electronically!** Any printed, scanned or converted files will not be accepted. Answer all questions fully.

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:

Capital, Rolling Stock

Equipment

Operations

Facility

Planning

Transportation Demand Management program

Multimodal Mobility project enabled by new technology

Multimodal Transportation Study

Bicycle or Pedestrian Project

Transportation Modeling

GHG Mitigation Project

Project Physical Location & Limits (Briefly describe the routes, mileposts, endpoints, address, boundaries, or description of the service area of the project, including intersecting roadways.)

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)

Match Funding Required

Total Project Cost:

Required Match Rate (50% default): (Review the Match policy and approved match rate tables)

Minimum Match Funding Required:
(auto calculated)

Match Rate Explanation (not required of Counties or Municipalities):
Provide a brief description of your agency's service area to justify the match rate claimed above.

Project Funding

Identify below all the sources and amounts of funds proposed for use on the proposed project, including the amounts and years of *MMOF funding requested*, and whether other project funds are *already secured* (through an award or a formal agency's budget) or are *unsecured funds* required and being sought through other award programs or contributors.

MMOF Funding Request - Indicate the amount of funds requested by State Fiscal Year (FY), based on the year anticipated to be spent on the project. (NOTE: The FY is July 1 - June 30, with FY2025 beginning July 1, 2024)

FY2025:

FY2026:

FY2027:

FY2028:

Total MMOF Requested:
(auto-calculated)

Other Secured Funding - Provide the Sources, Types, Year(s) and Amounts of project funding that has already been secured by an award or a formal budget or commitment (attached all formal documentation).

Source (agency and program name):	Type	Year(s)	Amount (\$)

*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):	Type	Date anticipated	Amount (\$)

Total Project Funding:
(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 the following specific benefits (n/a if not applicable):

1. **Network/Modal Connectivity** - 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. **Greenhouse Gas (GHG) Mitigation** - Project reduces GHG by reducing Vehicle Miles Traveled (VMT) or increasing multimodal travel.
4. **Equity** - Project benefits Disproportionately Impacted (DI) communities or other underserved and disadvantaged community members.
5. **Quality of Life and Public Health** - Project provides access to medical facilities and services or to recreation areas, increases active transportation or provides other quality-of-life benefits.
6. **Economic Impact** - 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:

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 Review & Recommendations

CDOT Review Lead:

Date:

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