

# 2019 NFRMPO Multimodal Options Fund (MMOF) Call for Projects Application



## Applicant Information

|  |                 |            |                |
|--|-----------------|------------|----------------|
| Project Sponsor Agency:                        | Agency Contact: | Telephone: | Email Address: |
| Mailing Address:                               | City:           | State:     | Zip Code:      |
| Additional Financial Sponsors (if applicable): |                 |            |                |

## Project Description

|   |                         |
|---|-------------------------|
| Project Name (60-character limit):  | Jurisdiction(s):        |
| Project Limits (to and from):   | Project Length (miles): |
| Is this part of an ongoing project? If so, please describe:   |                         |
| <p>Project Type (select all that apply):</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Operating cost for fixed-route transit<br/> <input type="checkbox"/> Capital cost for fixed-route transit<br/> <input type="checkbox"/> Operating cost for on-demand transit<br/> <input type="checkbox"/> Capital cost for on-demand transit         </div> <div style="width: 50%;"> <input type="checkbox"/> Transportation Demand Management (TDM) program<br/> <input type="checkbox"/> Multimodal mobility project enabled by new technology<br/> <input type="checkbox"/> Multimodal transportation study<br/> <input type="checkbox"/> Bicycle and pedestrian project         </div> </div> |                         |
| Project Pool (select one): <input type="checkbox"/> Transit <input type="checkbox"/> Bicycle and Pedestrian <input type="checkbox"/> Mobility/Multimodal/Other  |                         |
| Project Description (Address project's impact, if any, on the scoring criteria related to safety, network connectivity, recreational opportunities, quality of life, public health, and/or transportation equity):  |                         |

## MMOF Goals

The MMOF is for projects that contribute to a complete and integrated multimodal system. Does this project:

- |  |  |
|--|--|
| Benefit seniors (60+) by making aging in place more feasible for them?                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Benefit residents of rural areas by providing them with flexible public transportation services? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Provide enhanced mobility for persons with disabilities?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Provide safe routes to school for children?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Increase access to and/or usage of transit or multi-use facilities?                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## 2045 Regional Transportation Plan (RTP)

Which, if any, *2045 RTP* corridor(s) is(are) impacted by the project?

If applicable, how does the project fit with the *2045 RTP* Corridor Vision(s)?

## 2045 RTP Goals and Performance Measures

The project must impact at least one 2045 RTP goal and at least one *2045 RTP* performance measure. Support for the *2045 RTP* Goals and Performance Measures is worth up to 10 points in the scoring criteria.

| MPO Goal(s)                               | Project Impact |
|---|----------------|
| Economic Development /<br>Quality of Life |                |
| Mobility                                  |                |
| Multi-Modal                               |                |
| Operations                                |                |

Identify the Performance Measure(s) impacted by the project. Describe the extent of impact for each selected measure in the Performance Measure Impacts attachment.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Number of fatalities                                    | <input type="checkbox"/> Carbon Monoxide Reduction  | <input type="checkbox"/> Population and essential destinations within paratransit and demand response service area within the MPO boundary |
| <input type="checkbox"/> Rate of fatalities per 100M VMT                         | <input type="checkbox"/> Nitrogen Oxides Reduction  | <input type="checkbox"/> Non-motorized facility miles  |
| <input type="checkbox"/> Number of serious injuries                              | <input type="checkbox"/> Percentage of non-revenue vehicles that have met or exceeded their Useful Life Benchmark (ULB)     | <input type="checkbox"/> Percent of non-single occupant vehicle commute trips  |
| <input type="checkbox"/> Rate of serious injuries per 100M VMT                   | <input type="checkbox"/> Percentage of revenue vehicles within a particular asset class that have met or exceeded their ULB | <input type="checkbox"/> Fixed-route revenue hours per capita within service areas   |
| <input type="checkbox"/> Number of non-motorized fatalities and serious injuries | <input type="checkbox"/> Percentage of assets with condition rating below 3.0 on FTA TERM Scale                             | <input type="checkbox"/> Daily VMT per capita  |
| <input type="checkbox"/> VOC Reduction   |   | <input type="checkbox"/> Travel Time Index on RSCs   |

## Integration with Other Plans

Integration with Plans and community documented support is worth up to 10 points in the scoring criteria. List any planning documents that identify the project:

## Funding and Phase by Year

| Funding Source   |  | Status<br>S = Secured<br>U = Unsecured                | FY 2020 | FY 2021                              | FY 2022 | FY 2023 | Total |
|--|--|---|---------|--------------------------------------|---------|---------|-------|
| <b>MMOF Request</b>  |  | U   |         |                                      |         | N/A     |       |
| <b>Match / Overmatch</b><br>(Match is 50% unless requesting match relief)  |  | <input type="checkbox"/> S <input type="checkbox"/> U |         |                                      |         |         |       |
|  |  | <input type="checkbox"/> S <input type="checkbox"/> U |         |                                      |         |         |       |
|  |  | <input type="checkbox"/> S <input type="checkbox"/> U |         |                                      |         |         |       |
|  |  | <input type="checkbox"/> S <input type="checkbox"/> U |         |                                      |         |         |       |
|  |  | <input type="checkbox"/> S <input type="checkbox"/> U |         |                                      |         |         |       |
|  |  | <input type="checkbox"/> S <input type="checkbox"/> U |         |                                      |         |         |       |
| <b>Phase(s) Initiated:</b> Choose from Design, ENV, ROW, CON, Study, Service, Equip. Purchase, Other   |  |   |         |                                      |         |         | N/A   |
| <b>Match Relief:</b> If requesting match reduction or exemption, identify eligibility:<br><br><input type="checkbox"/> N/A <input type="checkbox"/> Eligible <input type="checkbox"/> Eligible with evidence of extraordinary need or disadvantage (attach evidence) |  |   |         | <b>Total Project Cost</b>            |         |         |       |
|  |  |   |         | <b>Total Match / Overmatch</b>       |         |         |       |
|  |  |   |         | <b>Match / Overmatch Percentage</b>  |         |         |       |
|  |  |   |         | <b>Total Local Contribution</b>      |         |         |       |
|  |  |   |         | <b>Local Contribution Percentage</b> |         |         |       |

## Contingencies: Partial Awards, Funding Alternatives, and Scalability

If a partial award is acceptable, what is the minimum amount of MMOF funding the project would accept?

If the project receives a partial award, unsecured funding is unsuccessful, and/or if a match relief request is denied, identify if and how the project could proceed (e.g. extent of scope reduction, source(s) of alternative funding, timeline adjustments, etc.):

For projects with multiple unsecured funding sources, if more funding is requested and received than required, which funding source would be reduced/returned?

## Operations and Maintenance

If the completed project will generate the need for operational and/or maintenance funds, identify the estimated annual cost and the status and source of funding:

## Partnerships

Partnership contributions of at least 2% of the total project cost are worth 10 points in the scoring criteria. If other agencies or organizations are partnering with you on this project, describe each agency's role, list the monetary value of their contribution, and identify the status of any agreements (e.g. ROW donations or easements):

## Intelligent Transportation System (ITS)

If this project is ITS, is the ITS Equipment identified in the Region 4 ITS Architecture Plan and Region 4 ITS Strategic Implementation Plan? ☐ Yes ☐ No ☐ N/A

If this project is ITS, identify how the equipment will be operated/maintained, the entity responsible for operations/maintenance, and how the equipment will interface with other ITS equipment:

## Environmental Considerations

Which type of clearance (Categorical Exclusion, Environmental Assessment, or Environmental Impact Statement) is anticipated and what is the status of the environmental clearance?

## Anticipated Project Milestone Dates

|   | Month-Year |
|---|------------|
| Advertisement Date or Notice to Proceed |            |
| Project Completion                      |            |

## Attachments

### Required for all projects:

- ☐ Project location map
- ☐ Performance Measure(s) Impacts
- ☐ Detailed cost estimate per unit and by phase
- ☐ Letter of support from mayor/town administrator\*

### Required for some projects:

- ☐ CDOT letter of support
- ☐ Applicant's project prioritization by pool
- ☐ Evidence of extraordinary need or disadvantage

### Optional:

- ☐ Additional letters of support

\*A resolution of support from the local government council/board may be submitted in lieu of a letter if preferred by the project sponsor.

**Submit draft applications without attachments to Karen Schneiders at [karen.schneiders@state.co.us](mailto:karen.schneiders@state.co.us) by January 13, 2020.**

**Submit final applications with attachments to both Becky Karasko at [bkarasko@nfrmpo.org](mailto:bkarasko@nfrmpo.org) and AnnaRose Cunningham at [arcunningham@nfrmpo.org](mailto:arcunningham@nfrmpo.org) by 5:00 PM on January 31, 2020.**