

# INSTRUCTIONS FOR SUBMITTING PROJECT PROPOSALS FOR THE HOCTS 2020-2025 TIP

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## All project proposals must include the following:

1. A brief cover letter that includes a list of prioritized projects (if submitting more than one proposal) for proposals submitted.
2. Completed Project Proposal Worksheet for each project submitted.
3. An 8 ½ x 11 map, illustrating project location and boundaries for each project.
4. All proposals must be signed (electronically or written) and received by the deadline.
5. Proposals may be mailed, hand delivered, or e-mailed prior to the closing date. Faxed applications will not be accepted.

## Please note:

If your municipality has submitted a transportation project for funding in the past four (4) years to any agency (NYS or Federal) and has not been awarded funding you may submit that application, in its entirety, in lieu of the Project Proposal Worksheet. This includes but is not limited to project applications submitted for BridgeNY, PaveNY, TAP, CFA, TIGER/BUILD, Transit, or similar NYS and Federal funding programs.

An electronic copy of the instructions for submitting and Project Proposal Worksheet are available for download at the following web site: [www.hocts.org](http://www.hocts.org)

Complete project proposals must be submitted to:

Alexander M. Turner, Planning Specialist  
Herkimer-Oneida Counties Transportation Study  
Boehlert Center at Union Station  
321 Main Street  
Utica, New York 13501  
[aturner@ocgov.net](mailto:aturner@ocgov.net)  
315-798-5004 (p)

**Project proposals are due by 4:30 p.m. on March 1, 2019.**

# Project Proposal Worksheet for the HOCTS 2020-2025 TIP

PROJECT NAME:	
PHYSICAL LOCATION:	
COUNTY:	
APPLICANT:	
MUNICIPALITY:	
AGENCY (IF APPLICABLE)	
PROJECT CONTACT:	
TITLE/POSITION:	
ADDRESS:	
PHONE:	
E-MAIL:	

**Please complete pages 3 – 6 and attach a map illustrating project location, boundaries, and the nearest intersecting roadways for the project.**

By signing below, I acknowledge that I am authorized to act as the applicant for the above named. Furthermore, I guarantee to the best of my knowledge all information provided in this application is complete and accurate.

Applicant's Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

**Project Description** (Please be as specific as possible; attach additional pages if needed):

**Project Justification/ Problem Identification** (Please attach additional pages if needed):

**Consistency with the HOCTS LRTP Update 2035 – Priority Areas: Goals is critical. Please check the priority areas that you believe benefited by the proposed project.**

***Mobility & Accessibility*** – An approach to develop a transportation network that meets the growing needs of all users. **Goal:** Provide a mobility management based strategic approach that provides mobility and accessibility opportunities to address the transportation needs and gaps in the network.

***System Preservation*** – Focus on transportation projects that preserve and enhance existing transportation facilities and/or build from the existing facilities. **Goal:** Ensure that capital investment in the transportation system makes the most efficient use of existing facilities, services and resources and prepare for future investments.

***Economic Efficiency*** – A system is efficient when available inputs (capital) maximize desired outputs (improvements). **Goal:** Invest conservatively in a manner, which maximizes the potential benefit to the user and the economic resources utilized in developing the improvement.

***Land Use*** – Encourage compatibility with local and regional land use plans. **Goal:** Develop a transportation system, which is supported by and supports the regional land use plan and local land use plans.

***Environmental Impact/ Mitigation*** - Plan and develop a transportation system that enhances and protects the regions natural and built environment. **Goal:** Plan and develop a transportation system that enhances and protects the regions natural environment, built environment, and public facilities from potential threats of extreme weather and climate change while avoiding and/or mitigating negative social, environmental and economic impacts.

# ESTIMATED PROJECT COST AND SCHEDULE

Phase	Total Project Cost (\$)*	Federal Funds Requested (\$)*	Local Match Funds Requested (\$)*
SCOPING	\$	\$	\$
PRELIMINARY DESIGN	\$	\$	\$
DETAILED/FINAL DESIGN	\$	\$	\$
RIGHT-OF-WAY INCIDENTALS	\$	\$	\$
RIGHT-OF-WAY ACQUISITION	\$	\$	\$
CONSTRUCTION	\$	\$	\$
CONSTRUCTION INSPECTION	\$	\$	\$
TOTAL	\$	\$	\$

\*ALL PROJECT COST SHOULD BE CALCULATED WITH A MINIMUM FUNDING SPLIT OF 80% FEDERAL FUNDING, 20% LOCAL FUNDING, HIGHER RATES OF LOCAL FUNDING ARE ACCEPTABLE.

Estimated project duration (in months): \_\_\_\_\_

Estimated project start and end date (mo/year): \_\_\_\_\_

Source Of Matching Funds (more sources may be used)	Dollar Amount
	\$
	\$

Estimated Project Cost and Schedule is based on:

- PROFESSIONAL JUDGEMENT
- SCOPING REPORT
- PRELIMINARY ENGINEERING REPORT
- PLAN, SPECIFICATIONS & ESTIMATE REVIEW (PS&E)
- PROJECT COST ESTIMATES PREPARED BY CONSULTANT
- OTHER \_\_\_\_\_

**1) Does the project advance the recommendations of a recently completed plan or study?**

YES

NO

a) If yes, please describe in the space provided (include date of recommendation):

**2) Does the project enhance the region's attractiveness to new and/or existing businesses?**

YES

NO

a) If yes, please describe how this occurs in the space provided:

**3) Does the project address a specific or potential safety problem?**

YES

NO

a) If yes, please describe how this project addresses a specific or potential safety problem:

**4) In the space provided, describe any supportive local policies/regulations in place/pending that supports potential inclusion of this project in the TIP:**

**5) In the space provided, include any additional information that supports potential inclusion of this project in the TIP:**