

PART G – CHECKLIST AND CERTIFICATION

Before certifying the accuracy of this application, please review Section 5 of the program guidance to verify you have complied with all requirements for your application to be considered complete. The below is a list of minimum requirements to be submitted as part of a complete application for all TA Set-Aside programs; however, applicants applying to a Regional TA Set-Aside program are encouraged to contact their local MPO or RPA for any additional requirements.

- A. An **APPLICATION FORM** (in Word format) with all parts completed:
- B. A **DETAILED MAP** identifying the location of the project
- C. A **SKETCH PLAN** of the project, including cross section (construction projects only)
- D. **DIGITAL PHOTOGRAPHS** (limit to five)
- E. An **ITEMIZED BREAKDOWN** of the total project costs
- F. An **OFFICIAL ENDORSEMENT** of the project from the project sponsor
- G. A **LETTER OF SUPPORT** from the local byway organization board (if applicable)
- H. A **LETTER OF CONSENT TO SUBMIT** the application from the Iowa DOT District Engineer (if applicable)
- J. **FUNDING SOURCE DOCUMENTATION** for each funding source identified as secured by the applicant
- K. This **CERTIFICATION** (in PDF format) signed by an official authorized by the project sponsor
- L. A completed **MINORITY IMPACT STATEMENT** (in PDF format) as required by Iowa Code section 8.11

The undersigned is an official authorized to represent the applying organization. The person signing this document must have the authority to contractually bind the organization.

Certification

I certify that all proposed activities will be carried out; that all grant money received will be utilized solely for the purposes for which it is intended; that records documenting the planning process and implementation will be maintained and submitted when requested, and the Iowa DOT is hereby granted access to inspect project sites and/or records.

To the best of my knowledge and belief, all information included in this application is true and accurate, including the commitment of all physical and financial resources. This application has been duly authorized by the applying organization. I understand that the attached official endorsement(s) binds the participating authority to assume responsibility for adequate maintenance of any new or improved facilities.

The award of Transportation Alternatives Set-Aside program funds; any subsequent funding or letting of contracts for design, construction, reconstruction, improvement, or maintenance; or the furnishing of materials shall not involve direct or indirect interest, prohibited by Iowa Code 314.2, 362.5, or 331.342, of any state, county, or city official, elective or appointive. Any award of funding or any letting of a contract in violation of the foregoing provisions shall invalidate the award of funding and authorize a complete recovery of any funds previously disbursed.

If funding assistance is approved for the project described in this application, I understand that an executed agreement between the applicant and the Iowa DOT is required before the project can be started, costs incurred, or such funding assistance authorized for use in implementing the project.

Printed Name _____ **Title** _____

Signature _____ **Date** _____