# Siouxland Interstate Metropolitan Planning Council

# Metropolitan Planning Organization

**FY 2024**

**Surface Transportation Block Grant Program**

**Request for Proposals**

#### Due Date: February 7, 2020

Return To:

Gabriel Appiah, Regional Planner I

Siouxland Interstate Metropolitan Planning Council

1122 Pierce St. P.O. Box 1077

Sioux City, Iowa 51102

Fax 712.224.8910

Gabriel@simpco.org

Please note that it is not the intention of SIMPCO to complete this Request for Proposals for the applicant agency(ies). **This selection process is not an exercise in grantsmanship**, but rather a comparison of project facts.

All Surface Transportation Block Grant Program Projects proposed must be consistent with the *SIMPCO MPO 2045 Long Range Transportation Plan*.

MPO staff will be available to answer any questions about the Request for Proposals and offer input to assist you. If you desire additional information or would like to discuss the application, please contact:

Gabriel, Regional Planner I, at 712.223.8683

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**Proposal for**

# Siouxland Interstate Metropolitan Planning Council

# Metropolitan Planning Organization

**FY 2024 Surface Transportation Block Grant Program**

**CHECKLIST:** The following items must be provided for all Surface Transportation Block Grants.

\_\_\_\_\_ This project will utilize SWAP dollars

\_\_\_\_\_ Surface Transportation Block Grant Proposal

\_\_\_\_\_ Surface Transportation Block Grant Location Map(s)

\_\_\_\_\_ Resolution from a Sponsoring Governmental Entity

- commitment of funds

- statement on project maintenance

Applicant Agency:

Sponsor (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact (name & title):

Complete Mailing Address:

City: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** State: **\_\_\_** Zip: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Fax:

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Agencies if Multi-Jurisdictional:

Project Title:

Project Description:

Land Acquisition: \_\_\_\_\_\_\_\_ acres

1. Is this project currently in the Long Range Transportation Plan? (Priority Criteria 1)  Yes No
2. Were other modes of transportation and/or safety components considered for inclusion in the scope of this project? (Priority Criteria 2)

⬜Yes ⬜ No

If yes, please explain:

**3.** Provide a brief description of the project area. Include a map with the area proposed to be improved showing any existing and future structures. (Priority Criteria 3)

**4.** Project Budget (Priority Criteria 4&5):

**Item Cost**

Estimated Land Cost $**\_\_\_\_\_\_\_\_\_\_**

Estimated Engineering Cost $**\_\_\_\_\_\_\_\_\_\_**

Estimated Construction Cost $**\_\_\_\_\_\_\_\_\_\_**

Other Costs $**\_\_\_\_\_\_\_\_\_\_**

Estimated Total Cost $**\_\_\_\_\_\_\_\_\_\_**

Local Share $**\_\_\_\_\_\_\_\_\_** Surface Transportation Fund Request $**\_\_\_\_\_\_\_\_\_\_**

Local % of Project **\_\_\_\_\_\_\_\_\_\_** Federal % of Project **\_\_\_\_\_\_\_\_\_\_\_**

**5.** Describe to what extent other components of the project have been completed or implemented and the funding to date for those components. (Priority Criteria 5)

**6.** List state, regional, or local plans or processes which have recognized this project as a priority. (Priority Criteria 6)

**7.** Describe tourism, economic and environmental impacts of the project, listing benefits and drawbacks to the region. (Priority Criteria 7)

**8.** Work plan and schedule for project completion including a current project status. (Priority Criteria 8)

**9a.** Is there a need to coordinate with another planning region in the programming and/or implementation of this project?

⬜ Yes ⬜ No

**9b.** If yes, list other counties involved:

**9c.** If yes, please describe the interaction needed and steps taken in that direction.

1. What are the most recent Average Annual Daily Traffic and the projected Average Annual Daily Traffic?

20\_\_\_ AADT 20\_\_\_ AADT

AADT % Trucks AADT % Trucks

1. What is the Federal Functional Classification(s) for each termini(s)?
2. What is the Iowa Department of Transportation Sufficiency Rating(s) and Volume to Capacity Ratio(s) for each termini(s)?
3. What is the Million Entering Vehicle Accident Rate(s) at each intersection?