



**APPLICATION INSTRUCTIONS
FOR
QUAD CITIES TRANSPORTATION ALTERNATIVES SET-ASIDE PROGRAM
(TA SET-ASIDE) FUNDING**

This application form shall be used to submit a Quad Cities Transportation Alternatives (TA) Set-Aside Program project proposal.

1. Two copies, one of which is reproducible electronic copy (Adobe Acrobat format), must be submitted, by the stated deadline, by mail/delivered and email. Information must be clear, concise, and accurate. Photocopies of this form may be used or requested in an electronic format. Additional pages may be attached if the space provided is inadequate. [*This application is modeled from the Iowa Department of Transportation statewide application for consistency and will become part of the documentation for the project development process if a project is awarded funds.*]
2. Complete the attached Minority Impact Statement (Form 105101) for the proposed Transportation Alternatives project. [*This will be used by the respective Department of Transportation if a project is awarded funds.*]
3. All information submitted as part of this application, as well as any additional information requested by the Bi-State Regional Commission staff, will be used to evaluate the application.
4. Submit the completed application and all attachments by **7/31/26 4:30 p.m.** to:

Attn: Bryan Schmid, Principal Planner
Bi-State Regional Commission
1504 Third Avenue, Third Floor
Rock Island, IL 61201
(309) 793-6300 (General Phone)
(309) 793-6305 (Fax)
bschmid@bistateonline.org

If there are questions related to the application process, contact:

Gena McCullough at (309)793-6300, extension 1146,
gmccullough@bistateonline.org or

Bryan Schmid at (309) 793-6300, extension 1123, bschmid@bistateonline.org



**REQUEST FOR QUAD CITIES METROPOLITAN AREA
TRANSPORTATION ALTERNATIVES (TA) SET-ASIDE PROGRAM
FUNDS**

General Information

Applicant Agency: _____ e-Mail: _____

Contact Person (Name & Title): _____

Complete Mailing Address: _____
Street Address and/or Box No.

City State Zip Daytime Phone

If more than one agency or organization is involved in this project, please state the name, contact person, mailing address, and telephone number of the second agency. (Attach an additional page if more than two agencies are involved.)

Applicant Agency: _____ e-Mail: _____

Contact Person (Name & Title): _____

Complete Mailing Address: _____
Street Address and/or Box No.

City State Zip Daytime Phone

Project Information

Project Title: _____

Project Description(including length, if applicable) required: _____

If this project includes land acquisition, how many acres or square feet (units)? _____

Estimated Project Development Schedule:

Design Start Date _____ Completion Date _____

Land Acquisition Start Date _____ Completion Date _____

Construction Start Date _____ Completion Date _____

Has any part of this project been started? Yes No

Will this project be open to the public? Yes No

Do you intend to charge a fee to users? Yes No

If yes, how much? \$ _____

What will it be used for? _____

Required Documentation and Narrative Information

The following documents and narratives must be attached to this application. In the upper right-hand corner of each document or narrative, write the corresponding letter shown below.

A. A NARRATIVE assessing existing conditions, outlining the concept of the proposed project, and providing adequate project justification. Transportation alternatives must have a direct relationship to the multi-modal transportation system, either as it exists or as it is planned. Assess your project in regard to the transportation system relative to its functional relationship, proximity, or impact to an existing or planned transportation facility. Assess the value of this project from a statewide, regional and/or local perspective and how it will be a functional addition to the transportation system and the state as a whole if no additional development funds are received. Refer to the evaluation criteria as part of the scoring process for additional points of explanation.

B. A MAP identifying the location of the project.

C. A SKETCH-PLAN of the project, including cross-section for bicycle, pedestrian, overlooks, and structural facilities.

D. An ITEMIZED BREAKDOWN of the total project costs. This documentation does not need to be a detailed line-item type estimate. It must show the method by which the cost estimate was prepared; and it must allow the reviewer to determine if the cost estimate is reasonable. This will depend on the type, scope and complexity of the project. Identify whether there are land acquisition costs, preliminary design/engineering, utility relocation, construction engineering, construction costs, in-kind contribution costs, and indirect costs (if applicable).

E. A TIME SCHEDULE for the total project development. Funding for projects which fail to make satisfactory progress may be rescheduled or removed from the program by the respective Department of Transportation. There should be an indication of estimated timeframe of letting or construction/start in relation to the potential programmed year of funding that is awarded/available. To support project readiness, documentation should include supporting information of the project identified in a capital improvement program or resolution/statement by the jurisdiction supporting project timing and readiness.

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- F. An OFFICIAL ENDORSEMENT of the project from the authority to be responsible for its maintenance and operation. The authority must provide written assurance that it will adequately maintain the completed project for its intended public use for a minimum of 20 years following project completion (10 years for Safe Routes to Schools projects).
- G. A NARRATIVE discussing the public input process that was followed and the extent to which adjacent property owners and others have been informed of the proposed project and an assessment of their acceptance. Letters of support and/or documentation of this input should accompany the application.
- H. Completed Minority Impact Statement attached to application.

The award of Quad Cities Transportation Alternatives (TA) Set-Aside Program funds; any subsequent funding or letting of contracts for design, construction, reconstruction, improvement, or maintenance; and the furnishing of materials for this project shall not involve direct or indirect interest of any state, county, or city official, elective or appointive per the respective state code of conduct. Any award of funding or any letting of a contract in violation of the foregoing provisions shall invalidate the award of Federal Transportation Alternative (TA) Set-Aside Program funding and authorize a complete recovery of any funds previously disbursed.

Certification

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 participating local authority. I understand the attached OFFICIAL ENDORSEMENT(S) binds the participating local governments to assume responsibility for adequate maintenance of any new or improved facilities.

I understand that, although this information is sufficient to secure a commitment of funds through the Bi-State Regional Commission Quad Cities MPO Transportation Policy Committee, an executed contract between the applicant and the respective state Department of Transportation is required prior to the authorization of funds.

Representing the _____

_____	_____
Signature	Date
_____	_____
Typed Name and Title	Date



Form 105101 (03-09)

MINORITY IMPACT STATEMENT

Pursuant to 2008 Iowa Acts, HF 2393, Iowa Code Section 8.11, all grant applications submitted to the state of Iowa that are due beginning January 1, 2009 shall include a Minority Impact Statement. This is the state's mechanism for requiring grant applicants to consider the potential impact of the grant project's proposed programs or policies on minority groups.

Please choose the statement(s) that pertains to this grant application. Complete all the information requested for the chosen statement(s). Submit additional pages as necessary.

- The proposed grant project programs or policies could have a disproportionate or unique **positive** impact on minority persons.

Describe the positive impact expected from this project.

Indicate which group is impacted:

- Women Persons with a disability Blacks Latinos Asians
- Pacific Islanders American Indians Alaskan Native Americans Other

- The proposed grant project programs or policies could have a disproportionate or unique **negative** impact on minority persons.

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Describe the negative impact expected from this project.

Present the rationale for the existence of the proposed program or policy.

Provide evidence of consultation with representatives of the minority groups impacted.

Indicate which group is impacted:

- Women Persons with a disability Blacks Latinos Asians
- Pacific Islanders American Indians Alaskan Native Americans Other

- The proposed grant project programs or policies are **not expected to have** a disproportionate or unique impact on minority persons.

Present the rationale for determining no impact.

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I hereby certify that the information on this form is complete and accurate, to the best of my knowledge:

Name:

Title:

Definitions

"Minority Persons," as defined in Iowa Code Section 8.11, means individuals who are women, persons with a disability, Blacks, Latinos, Asians or Pacific Islanders, American Indians, and Alaskan Native Americans.

"Disability," as defined in Iowa Code Section 15.102, subsection 7, paragraph "b," subparagraph (1):

b. As used in this subsection:

- (1) "*Disability*" means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of physical or mental impairment that substantially limits one or more of the major life activities of the individual, or being regarded as an individual with a physical or mental impairment that substantially limits one or more of the major life activities of the individual.

"*Disability*" does not include any of the following:

- (a) Homosexuality or bisexuality.
- (b) Transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments or other sexual behavior disorders.
- (c) Compulsive gambling, kleptomania, or pyromania.
- (d) Psychoactive substance abuse disorders resulting from current illegal use of drugs.

"State Agency," as defined in Iowa Code Section 8.11, means a department, board, bureau, commission, or other agency or authority of the state of Iowa.