

2017-2020 Transportation Improvement Program (TIP) Project Application Form

**Internal
Use Only**

Prop # _____

Mode _____

SECTION 1. GENERAL PROJECT INFORMATION *(Required)*

Project Name:

Applicant:

Project Location & Limits (attach required Map):

Implementing Agency (if different from Applicant):

Contact Person:

Title:

Organization:

Address:

Phone:

Fax:

E-Mail:

Municipality/County:

Is this project in the 2014-2017 TIP?

Yes

No

If "Yes", what is the TIP Number?

Project Type (check one):

Rehabilitation

Reconstruction

New Construction

Preventive Maintenance

Vehicle Replacement

Other

Project Description:

Describe existing versus proposed features and conditions. Highway and Bridge projects must include the number, length, and width of lanes.

Explain the need for this project.

How will this project address the specific issues that have created this need?

Primary Mode: (check only one)	Highway & Bridge	System Management & Operations
	Bicycle & Pedestrian	Goods Movement
	Public Transportation	Other (Water Transport, TDM, etc.)

Is the project multi-jurisdictional or on another jurisdiction's system? Yes No

If yes, has the applicant received concurrence from the other jurisdiction(s)? Yes No

If yes, please provide a copy of a letter of concurrence for the project.

If applicant is proposing multiple projects, what is this project's priority? (e.g., 1 = first priority)

Describe the recommendations of any specific plans or studies that the project will advance.

Describe any supportive local policies/regulations in place/pending that support the project's success.

Please describe how this project: increases the region's attractiveness to new and/or existing businesses; addresses the needs of seniors; supports the regional food system; promotes physical activity; mitigates the impacts of severe weather events; and/or reduces dependence on foreign oil.

Please provide other information that supports this project for potential inclusion in the TIP.

If you are proposing a Bridge Preventive Maintenance project, please answer questions 9 and 10, otherwise, skip to question 11. Note: in accordance with FHWA requirements, Preventive Maintenance funds cannot be used if the National Bridge Inventory (NBI) Superstructure rating or Substructure rating is less than 5 in the year the funds are programmed. If you plan to conduct Preventive Maintenance at multiple locations under this project, please use the Bridge Preventive Maintenance Project Information Summary worksheet to provide information on individual bridges.

9. What is the proposed treatment (e.g., joint repair, bearing repair, deck repair, painting, etc.)?

10. How many years will the treatment last before additional treatments are needed?

11. Will the project address a PIL, HAL, SDL** or other safety concern identified through an accepted safety priority ranking system? Yes No
 Identify safety ranking system and specific concern:

** PIL – Priority Incident Location information available from NYSDOT
 HAL – High Accident Location information available from NYSDOT
 SDL – Safety Deficiency Location information available from NYSDOT

(See TIP Guidebook Contact Page for NYSDOT contact information)

12. Describe how the project will improve safety and (if applicable) decrease crash-related fatalities.

13. Is the facility currently closed or restricted (e.g., weight, height, etc.)? Yes No
 If yes, what is the restriction?

14. Is the project located on or will it intersect with a transit route? Yes No
 If yes, which route(s)?

15. Is the project on a school bus or walking route(s)? Yes No

16. Will the project add travel lanes (capacity)? Yes No

17. Will the project include bicycle accommodations? Yes No
 If yes, please describe.

- | | | | |
|-----|--|-----|----|
| 18. | Will the project include pedestrian accommodations?
If yes, please describe. | Yes | No |
| 19. | Will the project include transit accommodations?
If yes, please describe. | Yes | No |
| 20. | Will the project include goods movement accommodations?
If yes, please describe. | Yes | No |
| 21. | Will the project involve new construction of a roadway on a new alignment one mile or longer? | Yes | No |
| 22. | Will the project involve widening a roadway to provide additional through traffic lanes one mile or longer? | Yes | No |
| 23. | Will the project involve widening a roadway to provide a new continuous turn lane two miles or longer, or affecting five or more signalized intersections? | Yes | No |
| 24. | Will the project involve widening or reallocation of lane use for or by High Occupancy Vehicles (HOV) one mile or longer? | Yes | No |
| 25. | Will the project involve adding grade-separated ramps or new interchanges? | Yes | No |
| 26. | Will the project involve any Break-in-Access, including those privately funded, requiring FHWA approval action? | Yes | No |
| 27. | Will the project involve coordinating or upgrading signal systems encompassing at least 10 signalized intersections and at least 2.5 miles of roadway? | Yes | No |

PUBLIC TRANSPORTATION PROPOSALS

(Complete only if you checked the "Public Transportation" mode category in SECTION 1)

1. Will the project (check one):
 - a. Replace existing vehicles?
 - b. Increase fleet size/capacity to serve new riders?
 - c. Provide public transportation amenities (e.g., shelters, signage, etc.)?
 - d. Other (e.g., operations, maintenance, etc.)

2. Will the project contribute to operating cost efficiencies? Yes No
If yes, please describe:

3. Will the project improve transit on-time performance? Yes No
If yes, please describe:

4. Will the project affect transit load factors? Yes No
If yes, please describe:

5. Will the project expand mobility options for persons traditionally not well served by the transportation system? Yes No
If yes, please describe:

6. Will the project enhance public transportation access to/from employment, education, services, and/or community facilities? Yes No
If yes, please describe:

7. Will the project address emerging trip-making patterns (e.g., intra-suburban, suburb-to-suburb, reverse commute)? Yes No
If yes, please describe:

- | | | | |
|-----|--|-----|----|
| 8. | Will the project contribute to cost-effective maintenance or use of existing capital assets (e.g., shelters, transfer facilities, etc.)?
If yes, please describe: | Yes | No |
| 9. | Will the project improve the convenience and attractiveness of the existing public transportation system?
If yes, please describe: | Yes | No |
| 10. | Will the project involve new bus service or extension of existing service five miles or longer? | Yes | No |
| 11. | Will the project involve purchasing new vehicles (not replacement) to support increased frequency or higher ridership? | Yes | No |
| 12. | Will the project involve new or expanded exclusive park and ride facilities resulting in at least 100 new parking spaces? | Yes | No |

7. Will the project improve connections with the existing transportation system? Yes No
Describe:
8. Is project located on or will it intersect with a transit route? Yes No
If yes, which route(s)?
9. Will the project improve the convenience and attractiveness of the bicycle and/or pedestrian network? Yes No
Describe the direct and material fashion in which this occurs:
10. If you are proposing a multi-use trail, is the project identified in the GTC Regional Trails Initiative? * Yes No

If yes, which implementation time frame is the project listed in?

Near-Term Mid-Term Long-Term

Please note that bicycle and/or pedestrian projects submitted for consideration in the TIP must have an integral relationship to the surface transportation system (i.e., projects cannot be stand-alone facilities which are not connected to the existing transportation system and their principal purpose must be for transportation, not solely for recreation).

* See TIP Guidebook Contact Page for source of information on the Regional Trails Initiative

6. Will the project contribute to regional energy conservation and/or environmental protection (e.g., reduce emission levels, reduce fuel consumption, etc.)? If so, how?

7. Is the project identified in the *Intelligent Transportation Systems Strategic Plan for Greater Rochester* and/or the Rochester Regional ITS Architecture? * Please describe.

8. Will the project support or advance existing and/or proposed ITS elements? If so, how?

* See *TIP Guidebook Contact Page* for source of information on the *Intelligent Transportation Systems Strategic Plan for Greater Rochester* and/or the Rochester Regional ITS Architecture

GOODS MOVEMENT PROPOSALS

(Complete only if you checked the "Goods Movement" mode category in SECTION 1)

1. If truck-related, is the project (check one):
- Maintenance related?
 - Capacity improvement?
 - Other project type (e.g., truck route designation, truck-only lane, etc.)?
- If rail-related, does the project (check one):
- Construct new railroad track?
 - Reconstruct/rehabilitate/upgrade existing railroad track?
 - Other project type (e.g., safety improvements, etc.)
2. Will the project address an existing safety concern? Yes No
Describe:
3. Will the project remove a physical barrier to or improve goods movement? Yes No
Describe:
4. Is the project identified in *Transportation Strategies for Freight and Goods Movement in the Genesee-Finger Lakes Region* (i.e., the freight plan for the region)?* Yes No
Describe.

** See TIP Guidebook Contact Page for source of information on the *Transportation Strategies for Freight and Goods Movement in the Genesee-Finger Lakes Region**

5. Will the project improve access to existing freight-intensive businesses that support the local and regional economies? Yes No
Describe:
6. Will the project supports the creation or expansion of freight-intensive businesses and associated employment? Yes No
Describe:
7. Will the project mitigate freight impacts to the community and environment? Yes No
Describe:

OTHER MODES (Water Transport, TDM, etc.)

(Complete only if you checked the "Other" mode category in SECTION 1)

Please use the space below to expand, if necessary, on the information provided in Sections 1 and 2.