

Coastal Region Metropolitan Planning Organization

THE CORONAVIRUS RESPONSE AND RELIEF SUPPLEMENTAL APPROPRIATIONS ACT, 2021 (CRRSAA) Funds

Application

august 2021

**Send the electronic copy**

**of the completed application by:
5:00 p.m. on September 30, 2021**

**to:**

Wykoda Wang, Transportation Administrator

Chatham County-Savannah Metropolitan Planning Commission

110 E. State Street

Savannah, GA 31401

**Contact info:**

912-651-1466

wangw@thempc.org

Coastal Region Metropolitan Planning Organization

THE CORONAVIRUS RESPONSE AND RELIEF SUPPLEMENTAL APPROPRIATIONS ACT, 2021 (CRRSAA)

CHECkList for Applicants

|  |  |
| --- | --- |
| □ | Have you answered all applicable questions in the application? |
| □ | Has the appropriate person signed the application? |
| □ | Have you filled out the detailed budget table on the last page of this application? |
| □ | Please indicate the sources of funding you are requesting for this project.  |
|  | □ Z230 □ CRRSAA  |
| □ | Have you attached a project location map? |
| □ | Have you attached information demonstrating the basis of your project’s cost estimate? |
| □ | Have you attached other information that is applicable to the answers in your application? |

THE CORONAVIRUS RESPONSE AND RELIEF SUPPLEMENTAL APPROPRIATIONS ACT, 2021 (CRRSAA) Funds

AUGUST 2021 Call for Projects

The Coastal Region Metropolitan Planning Organization (CORE MPO) is conducting a competitive project selection process to award the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) funds.

* **Expected Available Funds:** **$2,112,897**
* **Maximum Award = $2,112,897**
* **Minimum Award for a Project = $200,000 (federal portion)**
* **Minimum Award for a Planning Study = $100,000 (federal portion)**
* **This funding is 100% federal with no local or state match required.**
* **Federal Requirements**

Applicants should keep in mind that using the CRRSAA funds involves adherence to federal requirements, as applicable, such as the National Environmental Policy Act (NEPA), prevailing wage rates (Davis-Bacon), Buy America, competitive bidding, and other contracting requirements, regardless of whether the projects are located within the right-of-way of a Federal-aid highway.

* **Projects funded through this selection process must be located within the CORE MPO’s Metropolitan Planning Area (MPA) boundary.**

The CORE MPO - administered CRRSAA funds can only be spent within the MPO’s Metropolitan Planning Area which includes all of Chatham County, the portion of Effingham County and Bryan County located within the Savannah Urbanized Area, as well as Richmond Hill.

* **Projects, if awarded funds, will be amended into the CORE MPO’s FY 2021 – 2024 Transportation Improvement Program (July 1, 2020 – June 30, 2024). If an eligible transportation study is awarded the CRRSAA funds, it must be included in the funded section of the CORE MPO’s FY 2022 Unified Planning Work Program (UPWP).**

The CRRSAA funds are obligation ready. Once the project/study is programmed in the TIP and UPWP in a specific fiscal year, the awarded federal funding can be authorized in that year as long as the project development/study procurement process meets all milestone dates. All of the CRRSAA funds must be authorized by September 30, 2024. Otherwise, the funds will lapse.

Please see CORE MPO CRRSAA Grant Program Manual for additional information.

Applicant and Project Information

Eligible Entities

Please indicate which type of eligible entity is the primary project sponsor: (Select one.)

|  |  |
| --- | --- |
| □ | Local government |
| □ | Regional transportation authority |
| □ | Transit agency |
| □ | Other local or regional governmental entity with responsibility for oversight of transportation improvements that the State of Georgia determines to be eligible.  |

Eligible Projects

Please indicate **all** applicable categories your proposal falls under. Please see CORE MPO CRRSAA Grant Program Manual for information on project eligibility.

|  |  |
| --- | --- |
| □ | Highway Improvements |
| □ | Bridge Improvements |
| □ | Transit Improvements |
| □ | Operational/Safety Improvements |
| □ | Bicycle / Pedestrian /Non-Motorized Improvements  |
| □ | Planning Studies  |
| □ | Other  |

|  |
| --- |
| Applicant Information |
| Agency Name (i.e. agency that will manage implementation) | Date |
| Street Address | City, State | Zip Code |
| Contact Person’s Name | Title |
| Contact Person’s Phone Number | Contact Person’s Email Address |
| Project Manager’s Name (if awarded) | Title |

|  |
| --- |
| Project Overview |
| Project Name |
| Project Location Description (please also attach a location map) |
| County (or counties) in which project is located | City (or cities), if any, in which project is located |
| Proposal Description Summary |
| Total Estimated Project Cost\* $ | Federal CRRSAA Funds Requested$ | Local Match Available (optional)$ |
| *\*Please also be sure to fill out the Budget Detail Table at the end of this application.* |

**Has your agency managed and completed other federal-aid transportation projects before**? (Choose one)

|  |  |
| --- | --- |
| □ | 0 completed federal-aid projects  |
| □ | 1 completed federal-aid project |
| □ | 2 completed federal-aid projects |
| □ | 3 or more completed federal-aid projects |

Please list as many as three federal-aid projects completed by your agency, ***preferably for projects that are similar to your proposal***:

|  |  |  |
| --- | --- | --- |
| P.I. No. | Project Name  | Sponsor’s Project Manager |
|  |  |  |
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**What agency will maintain the project after completion?**

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**If a maintenance agreement is necessary, has it been executed?** (Chose one) Y / N / NA

If yes, please attach the agreement.

**If the completed project will generate the need for operational funds, please describe the estimated annual cost and the status and source of funding for operations.**

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| --- |
|  |

**Will your project require purchase(s) or easement(s) for right-of-way** (Choose one) Y / N / Maybe

Additional information:

|  |
| --- |
|  |

**If other agencies or organizations are partnering with you on this application or on implementation of your proposal, please list and describe the nature and the status of any agreements** (e.g. ROW donations or easements):

|  |
| --- |
| Organization #1 |
|  |
| Contact Name | Contact Phone |
|  |  |
| Contact Email: |
| Status of Agreement |
|  |

|  |
| --- |
| Organization #2 |
|  |
| Contact Name | Contact Phone |
|  |  |
| Contact Email: |
| Status of Agreement |
|  |

|  |
| --- |
| Organization #3 |
|  |
| Contact Name | Contact Phone |
|  |  |
| Contact Email: |
| Status of Agreement |
|  |

**If funding were available today, how much time do you estimate would be needed for any phases of your project that would be funded by this request:**

|  |  |
| --- | --- |
| Phase(s) to be CRRSAA-funded | No. of Months |
|  |  |
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**Please list any necessary preliminary work that already *has been completed*, and provide dates (e.g. GDOT concept approval, FHWA environmental approval or categorical exclusion, etc.):**

|  |  |
| --- | --- |
| Steps Completed | Date |
|  |  |
|  |  |
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**Please describe status of any non-CRRSAA funded work that *still needs to be completed before* *the project or phase that would be funded by this request can begin* (e.g. if CRRSAA funds will fund only the construction phase, what is the status and schedule for the incomplete preliminary engineering and ROW phases?).**

|  |  |
| --- | --- |
| Status of Steps to be carried out before CRRSAA-funded work begins | Estimated completion date |
|  |  |
|  |  |
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**In 500 words or less, please describe what public benefits and efficiencies would be provided to our area by your proposed project/study. (**For example, how does your project match the project ranking criteria such as freight connection, truck traffic, bridge rating, transit ridership, non-motorized connection, etc.? (Please reference the CORE MPO CRRSAA Grant Program Manual for project or study ranking criteria.**)**

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**Project Sponsor Signature**

SPONSOR

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Signature (on hard copy) Date

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Print Name Title

Please remember:

* To fill out the Detailed Budget Table, to the extent applicable, on the following page;
* To attach a letter from your governing board or other official who can commit the agency to the stated local match (if you wish to provide a local match to boost your application).
* To attach a Project Location Map;
* To attach information showing the Basis of your Cost Estimate.

|  |
| --- |
| Budget Detail for Proposal |
| **Project Name:**  |
| **Activity** | **Desired Fiscal Year for TIP Programming** (GDOT Fiscal Year) \* | **Total Estimate** | **Requested CORE MPO CRRSAA Federal Funds** (Maximum allowed is 100% of your total eligible costs.) | **Local Match** (if you wish to provide a local match to boost your application.) | **Local Match Breakdown (by source)** |
|  |  |  |  |  | Amount A | Source A | Amount B | Source B | Amount C | Source C |
| PE |  |  |  |  |  |  |  |  |  |  |
| ROW |  |  |  |  |  |  |  |  |  |  |
| Utilities |  |  |  |  |  |  |  |  |  |  |
| Construction |  |  |  |  |  |  |  |  |  |  |
| Other activitySpecify: |  |  |  |  |  |  |  |  |  |  |
| Other activitySpecify: |  |  |  |  |  |  |  |  |  |  |
| Other activitySpecify: |  |  |  |  |  |  |  |  |  |  |
| **Total Amounts** |  |  |  |  |  |  |  |  |  |  |
| Please use this area to explain whether other grants or sources (not already shown above) are dedicated either to the proposed phase or to future phases, of your project. |

\*The first GDOT fiscal year in the MPO’s current TIP is FY 2021, which begins July 1, 2020. The last year of the next TIP is FY 2024, which begins July 1, 2023.