

Multimodal Transportation Improvement Program

Do's

- Download and Save all files to your local PC
- Open PDF files with Acrobat (Reader or Pro)
- Use tab key (or mouse) to navigate PDF form
- Provide all requested information
- Upload completed files to MDOT via the Intermodal Planning webpage
- Deliver signed original package(s), as requested, no later than 4:00 pm on due date

Don'ts

- Convert PDF files to other formats
- Add information to files opened via a web browser
- Add fields to PDF files
- Delete fields from PDF files
- Replace PDF file pages with scanned pages
- Wait until the deadline to make your submission – early submissions are welcome!

Press the TAB key to begin filling out the application.

Call your Multimodal Division if you have other questions.

Application for Multimodal Funds FY

GENERAL INFORMATION				
Airport Name				
NPIAS Number 28- (last 4 digits)				
Sponsor				
Address				
City			State	ZIP
Prefix	Contact First Name	Mi	Contact Last Name	Suffix
Phone Number				
Fax Number				
e-mail Address				

PROJECT TITLE
BRIEF PROJECT DESCRIPTION
NOTE: Attach a sketch of the project area, if applicable

THRESHOLD CRITERIA	
An answer of "NO" to <u>any</u> of the following will result in the Project being deemed ineligible for funding	
	Please check one: YES NO
1. The Project is directly related to capital improvements or the rebuilding or rehabilitation of basic infrastructure.	
2. The Project is <u>not</u> for routine maintenance, administrative or operational matters or expenses.	
3. The Project is directly related to the operation of the Airport in its role as an air transportation facility.	
4. The Project can be completed within 24 months of agreement execution by MDOT.	
5. The Project is or should be outside the normal operating budget of the Airport.	
6. Is the Airport owned by a public body?	
7. A minimum of 1% of the projected cost of the Project has or will be funded from public or private sources, as a match to the grant sought from the Multimodal Transportation Fund. Have all sponsor share funds been secured or budgeted?	

PROJECT COST SUMMARY	
Project overruns: Please make note that grants issued for approved applications will contain a special condition requiring that all project cost overruns will be funded by the Applicants.	A detailed cost estimate to support the following figures MUST be attached: (ALL Numbers/Entries will round up to next whole \$)
Project under runs: If the final project cost is less than the Total Project Cost on this application, the Applicants receiving a grant will be required to contribute the percentage of the sponsor share to the Total Project Cost shown in the Application.	Total Project Cost
	Sponsor Share (1% min) min =
	Total Amount of Multimodal Funds Requested (Total Project Cost less Sponsor Share)

PROJECT JUSTIFICATION

The following list is based on the scoring criteria for the selection process. Please attach the responses to this application with each item numbered accordingly. The bullet points are items to take into consideration when completing the application and do not necessarily apply to all project requests.

1. Operational Impact on Airport

- Improve operational safety or security on the Airport?
- Enhance aviation service to the public?

2. Economic Impact of the Project

- Produce revenue or result in cost savings for the Airport?
- Benefit the economy of the surrounding community?
- Provided a thorough cost-benefit analysis of the Project evidencing the net value of the Project to the Airport and surrounding community?
- Create or support jobs, directly or indirectly, at the Airport or in the local community?

3. Airport Activity Supports the Proposed Project

- Support current operations or new operations at the Airport?

4. Funding

- Are funds necessary for the Project?
- Needed to complete an ongoing project or development?
- Be used as AIP matching funds or to leverage other funding?
- Are project costs and/or budget reasonable?

5. Consistency with Airport Layout

- Meets current design standards or allows for further development to meet future needs?
- Pertinent to the Airport's needs?

6. Any additional information the applicant would like for the Committee to consider in the competition for approval and funding of the project.

AUTHORIZED REPRESENTATIVE

Must be a City or County Official or an Airport Official – Signature and Date required on stapled originals ONLY

Certification Statement:

I do hereby certify that the information provided in this application package is correct and true, to the best of my knowledge.

Name

Title

Phone Number:

Signature

Date Signed:

Signature not required on upload file. DO NOT SCAN AND UPLOAD.

SUBMITTAL REQUIREMENTS

Application Package Checklist*

- This application form
- Attach an 8½ x 11 sketch of the project area (if applicable)
- Attach a Detailed Cost Estimate
- Attach the Project Justification as outlined above

Submit _____ of the Application
Package by _____ to:

Physical Address:

Aeronautics Division, MDOT
401 N. West Street, Suite 8100
Jackson, MS 39201
Phone: (601) 359-7850

Milestone	Projected Dates			Notes/Comments
	Construction	Equipment	Other	
Design Contract Awarded				
Design Complete				
RFP/IFB-Out for Bid				
Bids/Proposals Due				
Identify When Contract Awarded				
Construction Notice to Proceed				
Identify When Work Will Begin				
Equipment Ordered				
Quarterly Progress Reports & Request for Reimbursements	January,	April,	July,	October
Equipment Delivered and Inspected				
Project Complete				
Final Quarterly Report/ Reimbursement Request				