

Application for Multimodal Funds 'FY

GENERAL INFORMATION				
Port Name				
Location				
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

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 or purchase of major handling equipment, <u>not</u> for routine maintenance, administrative or operational matters or expenses.	
2. The Project is directly related to the operation of the port in its role as a water transportation facility.	
3. The Project is outside the normal operating budget of the port.	
4. The Project can be completed within 24 months of agreement execution by MDOT.	
5. Is the port owned by a public body?	
6. 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 Improvement Fund.	

PROJECT COST SUMMARY	
<p>Project overruns:</p> <p>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.</p> <p>Project under runs:</p> <p>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.</p>	<p>A detailed cost estimate to support the following figures MUST be attached: (ALL Numbers/Entries will round up to next whole \$)</p>
	<p>Total Project Cost</p>
	<p>Sponsor Share (min 1%)</p> <p>min =</p>
	<p>Total Amount of Multimodal Funds Requested</p> <p>(Total Project Cost less Sponsor Share)</p>

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.

Operational Impact on Port

- Improve current operational capability of the port?
- Provide a new operational capability for the port?
- Necessary to keep an existing client of the port?
- Necessary to acquire a new client for the port?

Economic Impact of the Project

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

Port Activity Supports the Proposed Project

- Support current operations or new operations at the Port?

Funding

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

AUTHORIZED REPRESENTATIVE

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 and Project Timeline as outlined above

Submit _____ of the Application Package

by 4:00 pm on _____ to:

Physical Address:

Ports and Waterways Division, MDOT
 401 N. West Street, Suite 8100
 Jackson, MS 39201
 Phone: (601) 359-7910

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				