

Application forMultimodal FundsFY

GENERAL INFORMATION	
Railroad	_____
Location	_____
Sponsor	_____
Address	_____
City, State, Zip	_____
Contact Person	_____
Phone Number	_____
Fax Number	_____
Email Address	_____

BRIEF SCOPE OF WORK/LOCATION

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:
1. The Project is directly related to capital improvements or the rebuilding or rehabilitation of basic infrastructure, <u>not</u> for routine maintenance, administrative or operational matters or expenses.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. The Project is directly related to the operation of the Railroad in its role as a rail transportation facility.	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. The Project is outside the normal operating budget of the Railroad.	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. The Project can be complete within 24 months of agreement execution by MDOT.	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Is the Railroad owned by a public body?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. A portion 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 Capital Improvement Fund.	<input type="checkbox"/> YES <input type="checkbox"/> NO

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:</p> <p>Total Project Cost</p> <p>Sponsor Share (1% of total project cost minimum)</p> <p>Total Amount of Multi-Modal Funds Requested (Total Project Cost less Sponsor Share)</p>

PROJECT BENEFIT

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. Project Description

- Provide a narrative for the project, including the project location (mile post to mile post) and geographical location.
- Provide a map of the project location.
- Provide a detailed project budget (cost estimate with cost per unit of quantities) that includes each proposed item for purchase and its cost.

2. Management Information

- Provide an organizational chart, including the rail operator and the applicant's relationship, if they are not the same.

3. Project Benefit

- What specific impact will this project have on the safety of the employees, rail users, and surrounding communities, if any?
- How will the project help the railroad increase the amount of freight traffic that traverses the rail line to promote economic development in the community?
- How many Mississippi residents are employed by the shippers on the line?
- What is the anticipated service life of the improvements? Include any calculations and assumptions that are made for the anticipated service life of the project.
- Provide the freight traffic by the commodity that originates and terminates on the improved segment.
- Provided a thorough cost-benefit analysis of the Project evidencing the net value of the Project to the Railroad and surrounding community?
- Provide a detailed schedule, by tasks, of the Project.

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

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:

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:

Mailing Address:

Traffic Engineering Division **OR**
MDOT
P.O. Box 1850
Jackson, MS 39215-1850

Physical Address

Traffic Engineering Division
MDOT
2567 N. West Street
Jackson, MS 39216
Phone: (601) 359-1454

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				