

Request for

Multi-Modal Funds

FY

| GENERAL INFORMATION | | | | |
|---------------------|--------------------|------------|-------------------|--------|
| Transit System Name | | | | |
| Location | | | | |
| Sponsor | | | | |
| Address | | | | |
| City | | | State | ZIP |
| Prefix | Contact First Name | Mi. | Contact Last Name | Suffix |
| Title | | | | |
| Phone Number | | Fax Number | | |
| E-mail Address | | | | |

| COMMITTEE USE ONLY |
|-------------------------------|
| Recommend for Approval |
| Date: |
| By: |
| MM-: |

| |
|-------------------------------------|
| Not Recommended for Approval |
| Date: |

| MULTI-MODAL PROJECT DESCRIPTION |
|---------------------------------|
| |

| PROJECT ITEMS and COSTS <small>(ALL Numbers/Entries will be rounded to next whole \$)</small> | | |
|---|---|--------------------------------------|
| Capital Projects @ 100% | Operational Projects @ 100% | Applicants Federal Share @ 80% / 50% |
| Purchase Vehicles _____ | Consultant Fees _____ | (Capital @ 80% ; Operating @ 50%) |
| Rehab Vehicles _____ | Operating Costs <small>(attach budget)</small> _____ | |
| Equipment _____ | Other Costs <small>(attach budget)</small> _____ | |
| Construction / Other _____ | Insurance _____ | |
| Sub-Total Capital Cost _____ | Sub-Total Operational Cost _____ | |
| | | Total Applicant Federal Share _____ |
| Capital Projects _____ | | |
| Operational Projects _____ | | |
| Total Project Cost _____ | | |
| Total Federal Share _____ | | |
| Total Amount of _____ | | |
| Multi-Modal funds Requested _____ | | |

Calculation of Costs: Capital Projects + Operational Projects = Total Cost. Then, Total Cost – Federal Share = Total Amount of Multimodal Funds.
ALL Numbers/Entries will be rounded to the next whole \$

Justification

From the Intermodal Planning website, download the file in the Public Transit box titled “Project Justification Document” (Word document).

Open the file and provide your answers to the following questions.

| Questions | Point values |
|---|--------------|
| 1. Describe how the project directly relates to overall capital improvements or asset management program/efforts (e.g., replacement, refurbishing or rehabilitation of vehicles and capital equipment). | (0-20 pts) |
| 2. Describe how these funds will directly benefit the operation of the transit system. | (0-20 pts) |
| 3. Describe how the proposed project supports or encourages coordination and/or collaborated transportation services. | (0-25 pts) |
| 4. Provide an analysis of the return on investment or cost benefits to be derived from the project. (e.g., increased capacity, improved performance or increased operating efficiencies) | (0-15 pts) |
| 5. Provide detailed description of the impact resulting from failure to fund this request. | (0-15 pts) |
| 6. Any additional information the applicant would like for the Committee to consider in reviewing this request for funding. | (0-5 pts) |
| Maximum point value | 100 pts |

| AUTHORIZED REPRESENTATIVE | |
|---------------------------|---------------|
| Name | |
| Title | Phone Number: |
| Signature | Date Signed: |

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

Submit _____ of the Application Package by 4:00 pm on _____ to _____

Shirley Wilson, Director
 Public Transit Division, MDOT
 P.O. Box 1850 - MC: 61-01
 Jackson, MS 39215-1850

Phone: (601)359-7800
 Fax: (601)359-7777
 Email: swilson@mdot.ms.gov

| 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 | | | | |