



SCDOT USE ONLY
Received: _____

**TRANSPORTATION ALTERNATIVES SET-ASIDE
PROGRAM (TAP) APPLICATION**

Due Friday, March 15, 2024

Please review the application in its entirety. Responses must fit in the space provided. All required attachments must be provided at time of application submittal.

Applicant Name and Address: _____

Contact Person and Title: _____

Email: _____ **Phone:** _____

UEI Number: _____

Project Title: _____

Project Location (i.e., County; Road name; address; You must attach a detailed map of the exact project location, including project termini.)

Project Budget:

TAP Request \$ _____ (Min. Request = \$400,000; Should be no more than 80% of total project cost)

Match Amount \$ _____ (All match sources and amounts to be provided on Page 7)

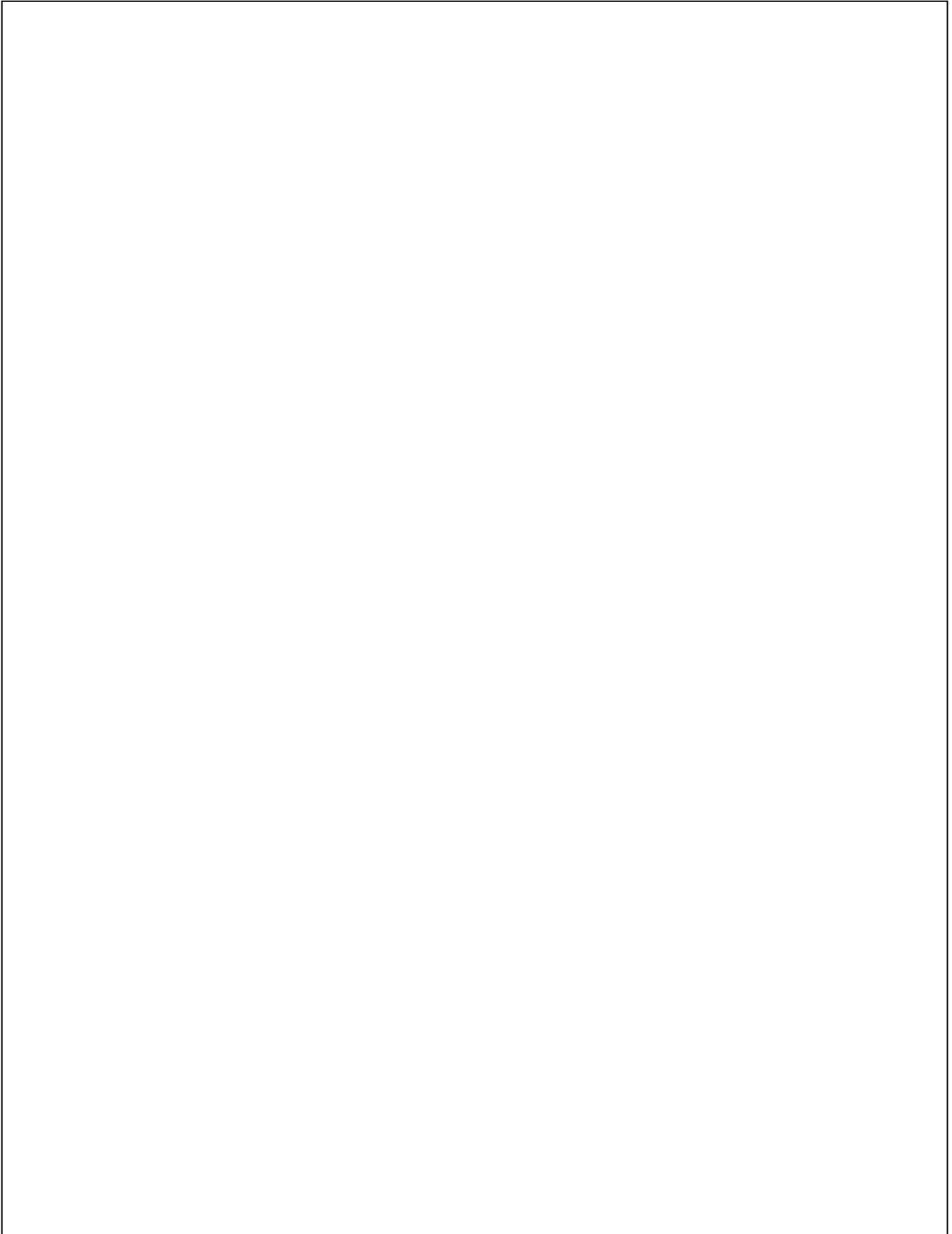
Total Cost \$ _____

Note: Please see pages 6 and 7 for additional information on cost estimate requirements and matching funds.

Email application to: AStewart@greenvillecounty.org

Detailed Project Description (Also include all work phases needed to complete the project (i.e., ROW, PE.))

Existing Conditions (i.e., Nearby land uses – schools, neighborhoods, businesses; Existing bike/pedestrian facilities; Existing utilities; You may attach photos of existing conditions to support your narrative.)



Project Purpose and Need (Why is the project needed? Who and how many will it benefit?)

[Empty rectangular box for project details]

Completed Project Phases (Leave blank if not completed; must attach documentation if required.)

Item	Date Completed	Supporting Documentation Required
Planning		
Preliminary Design		Yes
Environmental Review / Permitting*		Yes
Final Design		Yes
Right-of-Way Acquisition		Yes
Utility Relocation		Yes
Other (Describe)		

* If no previously approved environmental documentation is available, the applicant must complete applicable studies and have them approved prior to project implementation. This requirement does not apply if the application is for planning or feasibility studies only.

If no environmental documentation is available, indicate in the table below any potential impacts the project is expected to cause.

Item	Impact	
	YES	NO
Displacement of residences or businesses		
Disruption of neighborhoods		
Impacts agricultural or recreational lands		
Impacts historical or archaeological sites		
Impacts wetlands, streams, lakes, floodplains, or floodways		
Within coastal zone		
Endangered species		
Air / water quality		
Noise		
Hazardous waste site		
Other (Describe)		

Property Ownership: Attach documentation listing ownership of ALL property involved in the project. If additional property must be acquired to complete the project, identify ownership and value of property. Acquisitions must comply with applicable state and federal laws.

For all projects on SCDOT rights-of-way, attach either a copy of the approved SCDOT Encroachment Permit, a letter from the appropriate SCDOT County Maintenance Office, or a letter from the appropriate SCDOT District Office indicating that the project appears feasible in concept with specific details to be approved in an Encroachment Permit.

Project Schedule (If a phase has been completed or is not part of the project, please leave the row blank.)

Phase	Estimated Start Date	Estimated End Date
Planning		
Preliminary Design		
Environmental Review / Permitting		
Final Design		
Right-of-Way Acquisition		
Utility Relocation		
Construction		
Other (Describe)		

Who will administer the project?*: ___SCDOT ___Applicant will apply to be Local Public Agency (LPA)

*SCDOT may utilize external entities to administer the project. Allowable and allocable oversight and administration costs will be charged. Application to become an LPA does not guarantee approval. If not approved, SCDOT will administer the project.

Cost Estimate

Attach a detailed cost estimate that itemizes all project elements and costs. Cost estimates over a year old **will not** be accepted. The estimate must list item, description, quantity, unit price, amount, etc. To ensure that the costs will satisfactorily complete all of the work anticipated, please include an appropriate contingency. Also include the costs for project oversight, including project administration and management, engineering, inspection, and testing in accordance with state and federal requirements.

The cost estimate **must** be developed or reviewed by a Professional Engineer certified in the State of South Carolina. Documentation certifying/confirming this **must** be attached. Please remember that all TAP funds must be obligated within 4 years of their awarded federal program year, or they will lapse.

Matching Funds

Typically, the TA Set-Aside program may fund up to 80% of a project’s future eligible costs, with the applicant funding at least 20% in non-federal funds, i.e. local, state, or private funds. Applicants will be required to demonstrate that they have their match available upon award, as the applicant will be required to pay their match up front before work on their project may begin. “In-kind” matches are not acceptable.

SCDOT recognizes that the capacity to provide matching funds varies among communities statewide, especially rural, high need areas. Therefore, SCDOT may provide up to 100% of the non-federal share for projects located in [Tiers III and IV counties](#). SCDOT may also consider providing match for projects located in Tiers I and II counties on a project-by-project basis. If you have been tentatively approved to receive SCDOT match assistance, please list the SCDOT match below, as well as provide documentation of preliminary approval from SCDOT.

Local Match Source*	Amount	Percentage
	\$	
	\$	
	\$	
TOTAL	\$	

*Total must be the same amount listed on page 1 “Match Amount.” You **must** attach a letter of commitment from each source listed. The commitment letter should specify the amount of funds being provided, when the funds are available, and any restrictions or conditions for the use of the funds. For the applicant’s commitment, attach a letter from the chief executive (or resolution, council minutes, etc. if a county or city council is committing the funds) specifying the source of funds, when the funds are available, and any restrictions or conditions for the use of the funds.

Maintenance (What agency will maintain the infrastructure (if SCDOT, provide supporting documentation)? Describe level of maintenance. How will maintenance be funded on an ongoing basis?)

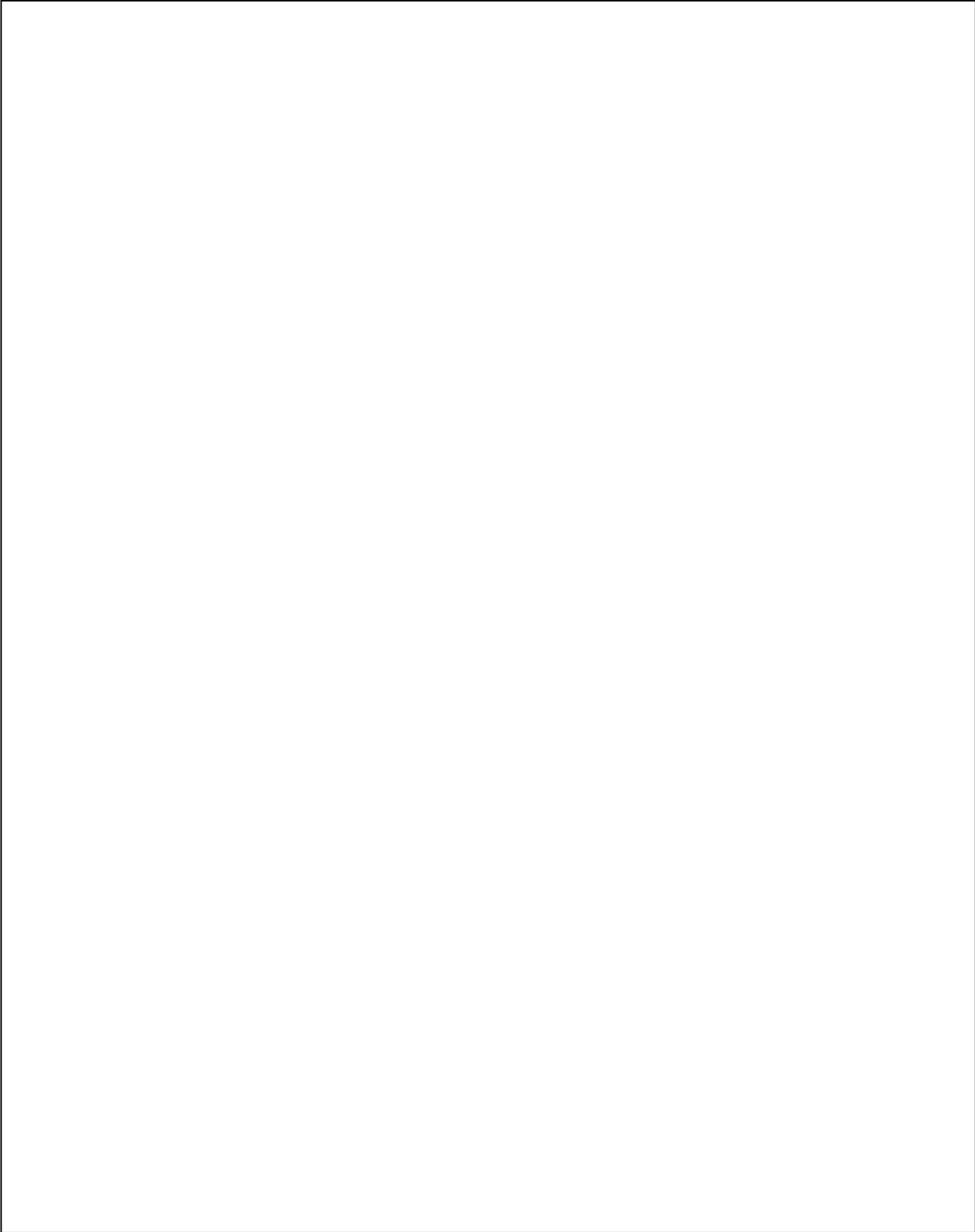
GPATS TAP Applications will be scored based on the [GPATS TAP Ranking Criteria](#)

Please hyperlink or attach relevant supporting documentation when referencing items such as the STIP, LRTP, bike / plan study, etc. Responses (minus supporting documentation) must fit within the space provided for each Competitive Factor. All questions below must be answered.

How does the project address Safety? (Is it a documented safety issue? Does it align with [SCDOT's Complete Streets Policy](#), and if so, how? How will the project significantly reduce serious and fatal injuries?)

Discuss the project's feasibility. (What level of engineering has occurred? Are certain project components currently being funded? How will the project be successfully completed on time and within budget?)

Describe the project's planning and connectivity elements. (Is the project in the TIP, STIP, LRTP, or other planning document? Does the project connect to an existing network of sidewalks or trails? Does the project fill a gap, complete a corridor, and have logical beginning and ending points?)



Describe previously-awarded TAP, TAP-eligible, or TAP-like projects. (What TAP or TAP-like projects have you successfully completed on time and within budget in the past 5 years? What TAP or TAP-like projects are you currently maintaining? Have you terminated/cancelled a TAP or other federally-funded project in the past 5 years? If so, please explain.)

Describe public involvement related to the project. (How have you engaged community members and other relevant stakeholders in the development of the project? Describe community support, including any partnerships.)

Explain how the project positively impacts a high-need area. (How will the project provide far-reaching economic and community impacts, including access to educational and employment opportunities? How will the project enhance livability and improve quality of life?)

CERTIFICATION:

The undersigned has authority to sign on behalf of the applicant and certifies that the applicant has legal authority to enter into an agreement to implement this project and that all information provided is complete and accurate to their best knowledge.

Signature

Date

Print Name

Title

For SCDOT Staff Use Only

SC House District _____	Population _____	County Tier (I, II, III, or IV) _____
US Senate District _____	Less than 5,000	
US Congressional District _____	5,000 – 49,999	
	50,000 – 199,999	

Project Category (Check all that apply)

_____ Provisions for bicyclists	_____ Provisions for Safe Routes to Schools infrastructure
_____ Provisions for pedestrians	_____ Traffic calming projects
_____ Provisions for streetscaping/lighting	_____ Transit-related projects
_____ Other (Describe _____)	

Staff Notes