**SCDOT USE ONLY**

Received:

**SCDOT Transportation Alternatives Set-Aside Program (TAP)**

**2024 Round 1 Letter of Intent**

Email completed form and all required attachments to [BlinsonAL@scdot.org](mailto:BlinsonAL@scdot.org) by May 3, 2024 at 4:00pm

Applicants may submit only 1 project per round

**Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Person and Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(This person will be in direct contact with SCDOT and must be able to answer questions about the project)*

**Email:** **Phone:**

**Type of Applicant: *Local Government* *MPO/COG* *School/District* *Other* (**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**)**

**Who will administer the project: *SCDOT* \_\_\_ *Applicant will apply to be a Local Public Agency (LPA)* \_\_\_\_\_\_**

**Project Title:**

**Project Budget: *Are you requesting match assistance? Yes\_\_\_ No\_\_\_ If so, how much? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

|  |  |  |
| --- | --- | --- |
| **Total Project Cost** | **80% TAP Request\*** | **20% Local Match\*\*** |
| $ | $ | $ |

\*Must be at least $400,000 \*\*Match assistance *may* be available for towns under 5,000 population and projects located in Tier III and IV counties. You must be prepared to cover all match requirements if SCDOT funding assistance is not provided.

**You must attach a detailed, itemized licensed engineer’s cost estimate to support your request**

**Project Location:** (street names, where the project begins and ends, and the linear feet) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Also attach a detailed map highlighting the information above.

**Project description:** (Responses must fit in the spaces provided)

**Need for the project:**

**Who the project will serve:**

**Project components requested** (i.e., design, right-of-way, acquisition, construction):

**Current project phase (i.e., conceptual design, ROW acquisition, etc.): (**Please attach any preliminary engineering or other documentation that supports your project status)

**Proposed project timeline:** Identify the timeframe for each major project phase needed. Check the appropriate boxes for the quarter(s) during which the activity will take place (beginning to end). Please remember that the awarded TAP funds *must be obligated within 4 years* of their program year, or the funds will lapse.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **2024** | | | | **2025** | | | | **2026** | | | | **2027** | | | |
| Phase | | **1Q** | **2Q** | **3Q** | **4Q** | **1Q** | **2Q** | **3Q** | **4Q** | **1Q** | **2Q** | **3Q** | **4Q** | **1Q** | **2Q** | **3Q** | **4Q** |
|  | *Example: Utilities* |  |  | *X* | *X* | *X* |  |  |  |  |  |  |  |  |  |  |  |
| 1 | **Prelim Eng.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 | **Right of Way** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 | **Utilities** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | **Construction** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 | **Close-out** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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Signature of Chief Elected or Administrative Official Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Date

If you have any questions, please call Amy Blinson, TAP Manager, at (803) 737-1952.

Late/incomplete forms will not be accepted