



RTC STP Rural Project Application

Instructions

Complete application in the space provided. Applicants are limited to application form and 5 pages of attachments, including vicinity map. Submit completed application and attachments electronically to dale.robins@rtc.wa.gov. If you have questions contact Dale Robins at 564-397-5212.

General Information

Project Title: _____

Project Location and Limits: _____

Project Length (miles): _____ Federal Functional Class: _____

Agency: _____

Contact Person: _____

Telephone: _____ Email: _____

Certified Acceptance Agency: _____

Project Screening Criteria

Check all that apply.

- Project is consistent with the MTP and local land use plans (Capacity projects must be listed in MTP)
- Project is federally classified as Rural Major Collector or above
- Project is an improvement project
- Project is administered by a Certification Acceptance (CA) agency
- Project has a reasonable timeline and cost estimate

Cost Summary

Project Phase	Start Date	STP-Rural Funds	Other Funds	Total Cost
Design				
Right of Way				
Construction				
Totals				
Overall Match Ratio:				


Funding Partners

List all "Other Funds" contributing to the project: (Must match Other Funds from Cost Summary Table)

Funding Source	Amount

Project Information

1. Project Description - Explain the nature of the project, indicate major work involved, and brief comparison of existing and proposed conditions. (Attach 8.5" X 11" vicinity map):



Project Need

Project Need - Describe the need for project and problem project addresses:



24-Hour Traffic Volume: _____ ADT (Attach copy of count or list source of count below)

Source of Traffic Count: _____

Safety

Accident Analysis Sheet – Annual Benefit: _____ (Attach Accident Analysis Worksheet)

Describe other safety benefits (Sight Distance, Drainage, Skewed Intersection, School Zone, Sidewalk, Railroad Crossing, Control Access/Parking, Obstruction, Lighting, Turn Pockets, Adjacent Terrain, etc.):

Road Condition

Pavement Condition Rating: _____

Source of Pavement Condition Rating: _____

Existing and Proposed Conditions:

	Existing Condition	Proposed Condition
Pavement width in feet		
Minimum road standard width		
Number of travel lanes		
Center turn lane/turn pockets	__ Yes	__ Yes
Shoulder width in feet		
Paved shoulder	__ Yes	__ Yes

Truck Route: __ Yes __ No Estimated number of daily Trucks: _____

Bus Route: __ Yes __ No Estimated number of daily Buses: _____

Economic Development

Freight Generators

- Improves existing access
- Creates new access

Describe how the project will improve access to existing employment, freight generators, distribution center, and CTR Employers:

Financial/Implementation

Connectivity: *(check all that apply)*

- Central Business District
- Commercial Development
- Industrial Area
- Schools
- Senior Housing

Please Describe Connectivity:

Previous Completed Work - Prior to application submittal: *(check all that apply)*

- | | |
|--|-----------------------|
| <input type="checkbox"/> Environmental permits approved | Date completed: _____ |
| <input type="checkbox"/> PS&E package complete | Date completed: _____ |
| <input type="checkbox"/> Right of way acquisition completed/No RW needed | Date completed: _____ |