



# Southwest Ohio Regional Transit Authority

## Application for Financial Assistance—Round 4 (2024)

IMPORTANT: Please consult "Metro Transit Infrastructure Fund Applicant Guidelines Rules & Regulations" for guidance in completion of this form.

Applicant

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

Date: \_\_\_\_\_ Contact: \_\_\_\_\_  
(The individual who will be available during business hours and who can best answer or coordinate the response to questions)

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Project

Project Name: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Subdivision Type	Project Type	Funding Request Summary
(Select one)	(Select single largest component by \$)	(Automatically populates from page 2)
<input type="checkbox"/> 1. County	<input type="checkbox"/> 1. Road	Total Project Cost: _____ .00
<input type="checkbox"/> 2. City	<input type="checkbox"/> 2. Bridge/Tunnels	Funding Requested _____ .00
<input type="checkbox"/> 3. Township	<input type="checkbox"/> 3. Sidewalks	
<input type="checkbox"/> 4. Village	<input type="checkbox"/> 4. Other	

(Select one)  
 This is a Multi-Jurisdiction Project  
 This is a Single-Jurisdiction Project

(Select one)  
 This is a Multi-Year Funding Request

### For Transit Authority Use Only

\_\_\_\_\_ Grant Amount: \_\_\_\_\_ .00

Project Number: \_\_\_\_\_ Total Funding: \_\_\_\_\_ .00

Local Participation: \_\_\_\_\_ %

Release Date: \_\_\_\_\_ Transit Authority Participation: \_\_\_\_\_ %

Approval: \_\_\_\_\_ Date Construction End: \_\_\_\_\_

## 1.0 Project Financial Information

### 1.1 Project Estimated Costs (All Costs Rounded to Nearest Dollar)

Construction:	a) _____	.00	
Construction Contingencies:	b) _____	.00	_____ %
Total Estimated Costs:	c) _____	.00	

### 1.2 Project Financial Resources

#### Applicant Resources

Local Revenues:	d) _____	.00	
Other Revenues:	e) _____	.00	
Subtotal Local Resources:	f) _____	.00	_____ %

#### Transit Authority Funds (Enter Requested Amount)

Grant:	g) _____	.00	_____ %
Total Financial Resources:	h) _____	.00	_____ %

### 1.3 Availability of Local Funds

Attach a statement signed by the Chief Financial Officer listed in section 5.2 certifying all local resources required for the project will be available on or before the earliest date listed in the Project Schedule section. The Transit Authority Agreement will not be executed until the local resources are certified. Failure to meet local share may result in termination of the agreement. Applicant needs to provide written confirmation for funds coming from other sources.

## 2.0 Project Schedule

### 2.1 Engineering / Design / Right of Way

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### 2.2 Bid Advertisement and Award

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### 2.3 Construction

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Unless this is a project that has been approved by the Transit Authority in a previous year, as a multi-year project, reimbursement of construction costs cannot begin prior to release of executed Project Agreement and issuance of Notice to Proceed.

Failure to meet project schedule may result in termination of agreement for approved projects. Modification of project milestones must be requested in writing by project official of record and approved by the Transit Authority once the Project Agreement has been executed.

## 3.0 Project Information

If the project is multi-jurisdictional, information must be consolidated in this section.

### 3.1 Useful Life / Cost Estimate / Age of Infrastructure

Project Useful Life: \_\_\_\_\_ Years      Age: \_\_\_\_\_ (Year built or year of last major improvement)

*Attach Registered Professional Engineer's statement, with seal or stamp and signature confirming the project's useful life indicated above and detailed cost estimate.*

### 3.2 User Information

Road or Bridge:      Current ADT \_\_\_\_\_ Year \_\_\_\_\_      Projected ADT \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_ Number of Weekday Bus Trips

### 3.3 Project Description

A: SPECIFIC LOCATION (Supply a written location description that includes the project termini; a map does not replace this requirement.) Additionally, provide a GIS shapefile (lat/long) of the project location.

B: PROJECT COMPONENTS (Describe the specific work to be completed; the engineer's estimate does not replace this requirement)

C: PHYSICAL DIMENSIONS (Describe the physical characteristics of the existing facility and the proposed facility. Include length, width, typical section, quantity and sizes, capacity, etc in detail.)

## 4.0 Project Officials

Changes of Project Officials must be submitted in writing from an officer of record.

### 4.1 Chief Executive Officer (Person authorized in legislation to sign project agreements)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### 4.2 Chief Financial Officer (Cannot also serve as CEO)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### 4.3 Project Manager

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## 5.0 Attachments / Completeness review

Confirm in the boxes below that each item listed is attached (Check each box)

- A certified copy of the legislation by the governing body of the applicant authorizing a designated official to sign and submit this application and execute contracts. This individual should sign under 7.0, Applicant Certification, below.
- A certification signed by the applicant's chief financial officer stating the amount of all local funds required for the project will be available on or before the dates listed in the Project Schedule section.
- A registered professional engineer's detailed cost estimate and useful life statement, as required in 164-1-13, 164-1-14, and 164-1-16 of the Ohio Administrative Code. Estimates shall contain an engineer's seal or stamp and signature.
- A cooperative agreement (if the project involves more than one applicant) which identifies the fiscal and administrative responsibilities of each participant.
- Supporting Documentation: Materials such as additional project description, photographs, economic impact (temporary and/or full-time jobs likely to be created as a result of the project), accident reports, impact on school zones, and other information to assist SORTA in ranking your project.

## 6.0 Applicant Certification

The undersigned certifies: (1) he/she is legally authorized to request and accept financial assistance from the Southwest Ohio Regional Transit Authority; (2) to the best of his/her knowledge and belief, all representations that are part of this application are true and correct; (3) all official documents and commitments of the applicant that are part of this application have been duly authorized by the governing body of the applicant; and, (4) should the requested financial assistance be provided, that in the execution of this project, the applicant will comply with all assurances required by Ohio Law, including those involving Buy Ohio and prevailing wages.

**Unless this is a project that has been approved by the Transit Authority in a previous year, as a multi-year project, the applicant certifies that physical construction on the project as defined in the application has NOT begun, and will not begin until a Project Agreement for this project has been executed with the Southwest Ohio Regional Transit Authority. Action to the contrary will result in termination of the agreement and withdrawal of Southwest Ohio Regional Transit Authority funding from the project.**

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Certifying Representative (Printed form, Type or Print Name and Title)

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Original Signature / Date Signed