



FEDERAL AID FUNDING REQUEST

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APPLICANT INFORMATION

APPLICANT AGENCY

SDDOT

Government Agency

Economic Development Corp.

City/County/Township

Other (Specify)

Airport

Transit Agency

APPLICANT NAME

DATE SUBMITTED

PROJECT NAME

PROJECT ZIP CODE

APPLICANT MAILING ADDRESS

CITY

STATE

ZIP CODE

CONTACT PERSON

TITLE

PHONE NO

CONTACT PERSON'S ADDRESS

CITY

STATE

ZIP CODE

E-MAIL ADDRESS

PROJECT DESCRIPTION

ROUTE NAME/FACILITY

LOCATION

SDDOT REGION

COUNTY

CITY

TYPE OF PROJECT

HIGHWAY

TRANSIT

OTHER (Specify): _____

IS THIS PROJECT ELIGIBLE FOR FEDERAL AID?

Yes

No

PROJECT DESCRIPTION (Provide brief description here and more detail in [Attachment A.](#))

PROJECT BENEFITS (Provide brief description here and more detail in [Attachment B.](#) i.e., Importance of project to community, how it promotes economic development.)

RISK ASSESSMENT (If agency does not receive loan, it may not (what?))

DOES THE PROJECT HAVE THE SUPPORT OF THE LOCAL GOVERNMENT UNIT(S) THAT ARE IMPACTED BY THE PROJECT?

Yes No

DOES THE PROJECT HAVE THE SUPPORT OF THE TRANSPORTATION AGENCY (e.g. County Road Commission, City Street Administration, Local Transit Agency, etc.) WITH JURISDICTION OVER THE FACILITY?

Yes No

IS THE PROJECT WITHIN A METROPOLITAN PLANNING ORGANIZATION (MPO) BOUNDARY?

Yes No

If yes, is the Project on an approved MPO Transportation Improvement Plan (TIP)?

Yes No

If No, is the Project on an approved State Transportation Improvement Plan (STIP)?

Yes No

IS THE PROJECT ON A STATE HIGHWAY

Yes No

If yes, is it on the STIP?

Yes No

PROJECT FINANCING

PROJECT STATUS (Please explain current status of the project, e.g. planning, design, project start and completion dates.)

ESTIMATE PROJECT CONSTRUCTION TIMELINE	START DATE	END DATE
TOTAL PROJECT COST	AMOUNT REQUESTED	

DESCRIBE ANY COSTS THAT MAY NOT BE ELIGIBLE

PROPOSED PROJECT FINANCING SOURCES

REQUESTED AMOUNT	\$ _____
OTHER FEDERAL AID	\$ _____
ASSESSMENTS	\$ _____
USER PAYMENTS/FEES	\$ _____
LOCAL FUNDS	\$ _____
OTHER (Specify) _____	\$ _____
TOTAL \$	_____

PROPOSED PROJECT FINANCING USES

PRELIMINARY ENGINEERING	\$ _____
DESIGN	\$ _____
RIGHT-OF-WAY ACQUISITION	\$ _____
CONSTRUCTION	\$ _____
OTHER	\$ _____
OTHER	\$ _____
TOTAL \$	_____

REPAYMENT TERMS	START DATE
REPAYMENT SOURCE FOR REQUEST	
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL \$	_____

CHECKLIST

CHECK ALL OF THE FOLLOWING ITEMS THAT ARE ATTACHED:

- A ATTACHMENT A - Description of Proposed Project
- ATTACHMENT B - Benefits of Proposed Project

CERTIFICATION

SIGNATURE	TITLE	DATE
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Completed Initial Project Application and all applicable attachments may be submitted for initiation of the review process to:

Federal Aid Funding Request
 South Dakota Department of Transportation
 Division of Finance and Management
 Laura Blotske, Transportation Specialist
 Becker-Hansen Building
 700 E. Broadway Ave.
 Pierre, SD 57501

ATTACHMENT A: DESCRIPTION OF PROPOSED PROJECT

In your description, include an explanation of the problem that this project is designed to address.
Please include a map. Attach additional pages if necessary.

ATTACHMENT B: BENEFITS OF PROPOSED PROJECT

Discuss how Federal Aid financing will help attract new public/private investment, reduce project costs and accelerate project completion. Identify other project benefits, e.g. access, mobility, economic, preservation, environmental.
Attach additional pages if necessary.
