Project Summary 2012

SB-2012-LA-

**State Submission Date**

**Division Submission Date**

**State Priority**

This application must be completed online at [http://www.bywaysonline.org/grants/,](http://www.bywaysonline.org/grants/) and submitted electronically and in printed form.

# Application Checklist

The following statements are for informative purposes. Please read and check each statement.

* I understand that this is a reimbursement program - funds are not available up-front.
* I have reviewed and responded to the Complete Application statements as outlined in the Grants Guidance.
* I have been in touch with the State scenic byway coordinator and have responded to recommendations or requirements of the State.
* I have verified with the State byway coordinator that this proposed project can receive authorization to proceed from the State and FHWA division before the end of the fiscal year for which the application is made.

# Project Category

Which category best describes the location of this project?

* Project that is associated with a highway that has been designated as a National Scenic Byway, All- American Road, or one of America's Byways.
* Project along a State or Indian tribe scenic byway that is carried out to make the byway eligible for designation as a National Scenic Byway, an All-American Road, or one of America's Byways.
* Project that is associated with the development of a State or Indian tribe scenic byway program.
* Project along a State or Indian tribe scenic byway.

Choose from the following categories of eligible work the type that best fits your project.

* Byway Programs
* Corridor Management
* Safety Improvements
* Byway Facilities
* Access to Recreation
* Resource Protection
* Interpretive Information
* Marketing

Is this application a resubmission of an unfunded project from a previous year?

* Yes
* No

# Project Location

State(s) involved in project:

Indicate the byway's regional location within the State. Reference prominent landmarks such as parallel major highways, natural features, counties, or large cities, that makes the byway(s) easy to locate in a road atlas.

Briefly describe the project's location(s) on the byway using references to route numbers, byway gateway communities, project location communities and landmarks so any reviewer can identify the project sites.

## Associated Byways

|  |  |
| --- | --- |
| **State** | **Byway Name** |
|  |  |

Is this project consistent with the Corridor Management Plan(s) for the byway(s) involved?

* Yes
* No / CMP not available

## Congressional Districts

|  |  |  |
| --- | --- | --- |
| **State** | **District** | **Representative (at time of application)** |
|  |  |  |

**Abstract**

**Project Description**

Complete the sentence "This project will..." before adding remaining information.

## Byway Benefits

Complete the sentence "This project benefits the byway traveler by..." before adding remaining information.

# Narrative

## Project Summary

Completely describe all the major elements of your proposed project in a concise but complete summary.

## Benefit to Byway Traveler

Describe how the proposed project will benefit a byway traveler, add to their travel experience or fulfill an important objective of your CMP.

# Prior Projects

Describe any relationship between this project and previously funded National Scenic Byways Program grant projects. In addition, discuss how the proposed work relates to any multi-year work plan byway leaders have developed.

# Project Coordinator

Please provide contact information for a person responsible for this project.

Name:

Title:

Organization:

Address:

Phone:

Fax:

E-mail:

# Work Plan

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Milestone/Task** | **Start Date** | **Duration** | **Responsible Party** | | **Justification** |
| Establish funding agreement with State |  |  |  | |  |
| Establish funding agreement with State |  |  |  | | . |
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| **Milestone/Task** | **Start Date** | **Duration** | **Responsible Party** | **Justification** |
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* AAD = Actual Award Date (estimated to be May 01, 2012)

# Budget

## Cost Breakdown

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Description** | **Total Cost** | **Requested** | **Match** |
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| 29. |  |  |  |  |
| **Total** | |  |  |  |

**Matching Funds**

|  |  |  |  |
| --- | --- | --- | --- |
| **Source** | **Type** | **Description** | **Amount** |
|  |  |  |  |
| **Total** | | |  |

**Funding Allocation**

Do the byways involved in the project cross any Federal Lands? (Check all that apply)

* + Bureau of Indian Affairs
  + Bureau of Land Management
  + Fish and Wildlife Service
  + National Park Service
  + USDA Forest Service

If this project is selected for funding, please indicate your preference for carrying out the project (check one):

* FHWA allocates the funds for the project to the State DOT
  + FHWA allocates the funds for the project to one of the Federal Land Management agencies marked above (provide contact information below)
  + FHWA allocates the funds for the project to an Indian tribe or tribal government (provide contact information below)

If funding should be allocated to a Federal land management agency or Indian tribal organization, please provide contact information for that organization:

Name:

Title: Organization:

Address:

Phone: Fax:

E-mail:

# Attachments

Use this as a checklist to verify that all attachments are provided with your printed application.

# Signatures

## Application Completeness

I certify that this application is complete and correct, and is eligible for National Scenic Byways funding. (This should be completed by the State's scenic byways coordinator.)

|  |  |
| --- | --- |
| Please print name: | Title: |
| Signature: | Date: |

## Matching Funds Certification

I certify that the matching funds for this project are available for use at the time of application.

|  |  |
| --- | --- |
| Please print name: | Title: |
| Signature: | Date: |