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MEMORANDUM

To: Kingsport MTPO Member Jurisdictions
From: Lesley Phillips, Transportation Planner
Date: February 22, 2019
Subject: 2020-2023 TIP Call for Projects

Call for projects:

The Kingsport MTPO is in the process of developing a new Transportation Improvement Program (TIP) for fiscal years 2020-2023. The TIP is a four-year financially constrained priority list of projects within the MPO planning area funded with federal, state, and local dollars.

Please accept this notice as your opportunity to submit potential projects to be funded with Federal Surface Transportation Block Grant (STBG) funds. Most projects require a 20 percent local match and must be sponsored by a governmental entity that can demonstrate a financial commitment to the project. **Completed applications must be received by the MTPO no later than April 5, 2019.**

Pre-screening criteria:

To be eligible for funding, projects must be included in the 2040 Long Range Transportation Plan. Chapter 7 of the plan includes project recommendations and can be found on the MTPO's website by following this link: <https://www.kingsporttn.gov/city-services/kmtpo/plans-and-documents/long-range-plan/>

Programming:

Projects will be ranked according to scoring criteria noted in the attached TIP Project Application form. Keep in mind, the MTPO is committed to funding existing projects before taking on new projects. MTPO staff will review current projects, available funding, and applications for potential new projects. Unfunded projects will be listed in the appendix of the TIP as illustrative in case additional funds become available.

The TIP Project Application form is attached.

Completed applications must be received by the MTPO no later than April 5, 2019.

*KMTPO is a regional transportation planning agency representing all or portions of:
Kingsport, Sullivan County, Hawkins County, Greene County, Washington County, Scott County,
Church Hill, Mount Carmel, Gate City, Weber City*

**KINGSPORT MTPO
2020-2023 TIP PROJECT APPLICATION**



Project Sponsor/Contact Person: _____

Phone #: _____ **E-mail:** _____

Jurisdiction: _____

City: _____ **County:** _____

Project Description and Map: *Include project detail, proposed improvements, purpose, and need. Attach a detailed map for location clarification. If the project is a capital purchase give specific detail on the purchase, purpose, and need.*

Project History: *Describe any work that has already taken place on this project (such as studies regarding travel or other impacts of the project, preliminary engineering, public input, etc.).*

Estimated cost and schedule: *Include accurate and updated costs, preferably from an updated TIR or Technical Report and forecast 5% increase per year for inflation (attach the cost estimate documentation).*

<i>Fiscal Year</i>	<i>Phase of Work</i>	<i>Total Cost</i>	<i>Federal Dollars</i>	<i>State/Local Dollars</i>

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2020-2023 TIP PROJECT APPLICATION**



Project Evaluation:

A. System Maintenance

Does the project maintain or improve an existing roadway, highway, or transit operation (0-10 points)? Provide explanation.

B. System Efficiency:

Current ADT: _____

Projected ADT: _____ **Projected Year:** _____

Explain how this proposed project improves the efficiency of the regional transportation system (0-10 points).

C. Environmental Quality:

Describe how the project will decrease pollution such as air, water, noise, etc (0-5 points).

How will the project improve the quality of life for the user and/or community (0-5 points)?

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D. Mobility Options:

The submitted project contains the following features:

- | | | |
|----------------------------------|-----------------|-----------------------------|
| Pedestrian accommodations | No _____ | Yes (5 points) _____ |
| Bike accommodations | No _____ | Yes (5 points) _____ |
| Transit enhancement | No _____ | Yes (5 points) _____ |

Does the project improve or enhance the movement of freight (5 points)? Describe.

Describe any adverse or positive effects this project may have on the transportation of disadvantaged, including: minorities, elderly, and disabled residents (minus -10 to 5 points).

E. Regional Approach:

Explain how this project is supporting regional planning, future land uses, and economic development initiatives (0-15 points).

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F. Safety:

Explain how the project is improving the safety for all users (0-10 points).

**Is the site of the project considered a high incident location for your jurisdiction (5 points)?
Provide supporting documentation.**

G. Security:

**Does the project address or improve the security of the transportation system and its users
(0-10 points)? Provide explanation.**

H. Financial Investments:

Is the local match for this proposed project currently available (5 points)? Provide explanation.

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I. Performance Measures:

The TIP must link investment priorities to the Long Range Transportation Plan and adopted Performance Measures. Check to indicate the Performance Measures (PMs) for which the project will provide a benefit.

_____ **PM1 – Safety** (# of Fatalities, Fatality Rate, Number of Serious Injuries, Serious Injury Rate, # of Non-motorized Fatalities & Serious Injuries)

_____ **PM2 – Pavement and Infrastructure Condition** (While Interstate and NHS pavement condition and NHS bridge condition are the national PM2 Measures, please note if the proposed project will provide improvements outside the Interstate/NHS systems)

_____ **PM3 – System Performance** (Non-Interstate NHS Reliability, Freight Reliability, Traffic Congestion, Emissions Reductions)

Provide additional information about the project’s impact on the selected PMs.

J. Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973 Status:

Every city and county with fifty (50) employees or more must have an ADA Transition Plan and Self-Evaluation in order to receive Federal Transportation Funds. By the end of 2019, FHWA will require all Transition Plans be completed. All project sponsors are required to document their Transition Plan status with any application for funding.

_____ ADA Transition Plan Complete

_____ ADA Transition Plan Underway

_____ Exempt from ADA Transition Plan (fewer than 50 employees)

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To the best of my knowledge and belief, all information included in this application is true and accurate, including the commitment of all physical and financial resources. The participating local authority has duly authorized this application and is committed to completing this project within a reasonable timeframe.

Applicant Agency/Organization: _____

Signature: _____

Title: _____

Date: _____

Email completed form to:

MTPO@KingsportTN.gov

OR

Mail To:

Kingsport MTPo
201 West Market Street
Kingsport, TN 37660