Region 10 Regional Planning Affiliation (RPA 10) Application for Surface Transportation Block Grant (STBG) Funds

FY 2026-2029

General Information Applicant Agency:			
Contact (Name and Title):			
Complete Mailing Address: _			
		Street Address and/or PO Box I	No.
City	State	Zip	Daytime Phone No.
If more than one agency or or person, mailing address, and if more than two agencies are	telephone numb		
Agency:			
Contact (Name and Title):			
Complete Mailing Address:			
		Street Address and/or PO Box N	0.
City	State	Zip	Daytime Phone No.
Project Title:			
Proposed Federal Fiscal Year (October 1-September 30 fisc		FY 2026 FY 2027 FY 2028 FY 2029	
Project Description: (including			

Project Category

Check all boxes that apply to your project.

STBG	Proj	iects
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New road construct	ion	-	Road	replacement	or reconstruction
New bridge constru	ction	<u>-</u>	Bridge	e replacement	t or reconstruction
Expansion of transit	facilities	-	Purch	nase of transit	capital
Project Cost Indicate projected project	ect cost:				
Item		Cost		Explanation	า
Land/site acquisition co Construction/material of Engineering/consulting Capital acquisition (exp Other (explain) Total Cost	osts costs blain)	\$ \$ \$ \$ \$	d federal sh	are shall equ	ual the project cost
shown above):	Local Share		l Federal Sh	nare	l Total
	Local Offare		Requested		Total
Project Cost	\$		\$		\$
% of Project Cost					

Narrative Information

1. Write a brief narrative of the project. Describe the current conditions and an outline of the proposed project concept. In addition, describe the existing demand for the project (i.e. description of users, current service conditions, and anticipated service counts). Include a description of the anticipated time schedule for planning, design, and proposed completion of the project.

If your response exceeds the character limit, attach additional information on a separate sheet

2. Describe below why the sponsoring agency is applicated how this project will allow the sponsor to meet the stimprovements, improved economic development op consumption, development of alternative transportated public and/or persons with disabilities, enhanced distinter-regional cooperation). If your response exceeds the character limit, attach additional information on a state of the character limit, attach additional information on a state of the character limit, attach additional information on a state of the character limit, attach additional information on a state of the character limit, attach additional information on a state of the character limit, attach additional information on a state of the character limit, attach additional information on a state of the character limit.	tated need (i.e. transportation safety portunities, reductions in energy tion modes, improved mobility of the general stribution of regional products, or improved
Has any part of this project been started?	No Yes, explain below
Certification To the best of my knowledge and belief, all information accurate, including the commitment of all physical and been duly authorized by the participating local authorized by the participating local government(s) to assume any new or improved facilities.	nd financial resources. This application has prity. I understand that this endorsement
To the best of my knowledge and belief, all information accurate, including the commitment of all physical abeen duly authorized by the participating local authorized binds the participating local government(s) to assum	and financial resources. This application has brity. I understand that this endorsement he responsibility for adequate maintenance of the ent to secure a commitment of funds, and wa Department of Transportation (Iowa DOT) understand that any expenses incurred prior int. In addition, if the project contract with the
To the best of my knowledge and belief, all information accurate, including the commitment of all physical arbeen duly authorized by the participating local authorized binds the participating local government(s) to assumany new or improved facilities. I understand that although this information is sufficient executed contract between the applicant and the low is required prior to the authorization of funds. I also to said contract will not be eligible for reimbursement lowa DOT is not singed within three years of the original participation.	and financial resources. This application has brity. I understand that this endorsement he responsibility for adequate maintenance of the ent to secure a commitment of funds, and wa Department of Transportation (Iowa DOT) understand that any expenses incurred prior int. In addition, if the project contract with the
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