

Reconnecting Communities Pilot (RCP) Discretionary Grant Program FY2022

ii. Key Information Table

Lead applicant name and organization type. (Please select one.)	<input type="checkbox"/> State <input type="checkbox"/> Unit of local government <input type="checkbox"/> Federally recognized Tribal government <input type="checkbox"/> Metropolitan Planning Organization <input type="checkbox"/> Nonprofit organization <input type="checkbox"/> Facility Owner
If a joint application, please provide organizational names of sub-recipients that will receive funds and other key partners.	
Indicate the annual budget and staffing of lead applicant organization and partner organization(s), if applicable. For non-profits, also indicate how long your organization has been in operation.	
Does the lead applicant have experience delivering Federally funded projects? If yes, please indicate granting Federal agency.	
Application type: (Please select one.)	<input type="checkbox"/> Planning Grant <input type="checkbox"/> Capital Construction Grant
If interested in receiving DOT technical assistance, which of the following topics are of most interest for your organization? (Please select all that apply.)	<input type="checkbox"/> Transportation Planning <input type="checkbox"/> Community Engagement <input type="checkbox"/> Environmental Compliance and Permit Approvals <input type="checkbox"/> Equitable Economic Revitalization <input type="checkbox"/> Place-Making and Urban Design <input type="checkbox"/> Community Stabilization <input type="checkbox"/> Data, Performance, and Mapping <input type="checkbox"/> Location-efficient Affordable Housing <input type="checkbox"/> Other _____

<p>Eligible Facility Type. (Please select all that apply.)</p>	<p> <input type="checkbox"/> Interstate highway <input type="checkbox"/> State highway <input type="checkbox"/> Arterial roadway <input type="checkbox"/> Other street or road <input type="checkbox"/> Bridge or viaduct <input type="checkbox"/> Transit <input type="checkbox"/> Rail <input type="checkbox"/> Airport <input type="checkbox"/> Port <input type="checkbox"/> Gas pipeline Other infrastructure – <i>please describe</i> </p>
<p>Location of eligible facility and project area: State and County, place name of the city, town, or jurisdiction.</p> <p>Provide Census FIPS codes or other geographic code identifiers for the facility location and project area.</p> <p>Provide geographic coordinates for the facility (bounding box comprised of four pairs of coordinates that create a rectangle around the facility).</p>	
<p>Are the eligible facility and project area located in an economically disadvantaged community? See Section H - Definitions. (Please select one.)</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
<p>Is the project located in a rural area? See Section H - Definitions. (Please select one.)</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
<p>For Capital Construction Grant applicants: Is the lead applicant the Facility Owner? (Please select one.)</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
<p>Pre-requisite for Capital Construction Grant applicants: Is the proposed project already included in the STIP, TIP, or equivalent? For transit projects, is the project in the TAM Plan? (Please select one and provide a link or include as a supplemental document.)</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No (Please provide additional details in the Project Readiness portion of the application describing how the project will be in such plan by the time of obligation of the award.) </p>