TRANSPORTATION ALTERNATIVES SET-ASIDE PROGRAM (TA) FUNDING APPLICATION

A continuation of the Surface Transportation Block Grant, TA funding is by contract authority from the Highway Trust Fund, subject to the overall federal-aid obligation limitation determined by the Federal Highway Administration (FHWA). Projects must support surface transportation, be competitively solicited, and comply with the provisions of the FDOT Work Program Instructions and the Bipartisan Infrastructure Law (BIL), enacted as the Infrastructure Investment and Jobs Act (IIJA) [§ 11109; 23 United States Code (U.S.C.) 133(h)]. District representatives may be contacted for guidance.

PART 1 – APPLICANT INFORMATION

1. **Applicant Agency Sponsor Type.** Select the box indicating the agency of the person who can answer questions about this project proposal. Then complete applicable text fields. Note: State-recognized non-profit agencies may partner with an eligible governmental entity but are not eligible as a direct grant recipient.

Checkbox next to each of the following types of agencies that do not indicate text field. Document allows one selection.

- ● Local government (e.g., county, city, village, town, etc.).
- ○ Regional transportation authority or transit agency.
- ○ Natural resource or public land agency.
- ○ School district, local education agency, or school (may include any public or nonprofit private school). Projects should benefit the public and not just a private entity.
- ○ Recognized Tribal Government.
- ○ Other local or regional governmental entity with oversight responsibility for transportation or recreational trails, consistent with the goals of 23 U.S.C. 133(h).
- ○ Metropolitan / Transportation Planning Organization / Agency (collectively MPO) (only for urbanized areas with less than 200,000 population).
- ○ FDOT (only by request of another eligible entity, then enter the requesting entity). If “checked”, enter the requesting entity in the space provided. (Word limit 5)

2. **Agency name of the applicant.** (Word limit 5).
   Town of Century
3. **Agency contact person’s name and title.** (Word limit 5).
   Mallory Walker - Administrative Assistant
4. **Agency contact person’s telephone number and email address.** (Word limit 5).
   mwalker@centuryflorida.us -(850)256-3208