



### Current TIP Project Rollover Form

This form is for rollover eligible current FY 2020-2023 TIP projects only. Rollover projects must have obligated federal funds for a phase of project development. New TIP projects are to submit the FY 2023 – 2026 Call for Projects Application. Fiscal Year 2023 funds are available no earlier than January 1, 2023. Please read through the entire form prior to filling out any fields.

Please submit this rollover form along with any additional supporting materials via email to the Knoxville Regional TPO.

**ATTN: Craig Luebke**

By e-mail: [craig.luebke@knoxplanning.org](mailto:craig.luebke@knoxplanning.org) (include 2023 TIP Project Rollover in the subject line)

**DEADLINE: FRIDAY, FEBRUARY 25, 2022**

**CURRENT TIP PROJECT ROLLOVER FORM**

**FY 2023 – 2026 TIP**

<b>PROJECT NAME:</b>		
<b>LEAD AGENCY:</b>		
Existing TIP Project – Enter 2020-2023 TIP # here:		
<b>COUNTIES/MUNICIPALITIES:</b>		
<b>FACILITY NAME:</b>		
<b>TERMINI (If Applicable):</b> <b>Include a map</b>	FROM:	LENGTH:
	TO:	
<b>GENERAL DESCRIPTION:</b>		

**PHASES COMPLETED (SELECT ALL THAT APPLY):**

- |   |  |
|---|--|
| <input type="checkbox"/> PE - NEPA            | <input type="checkbox"/> All ROW Acquired        |
| <input type="checkbox"/> PE - Design          | <input type="checkbox"/> Portion of Construction |
| <input type="checkbox"/> Partial ROW Acquired |  |

**PERFORMANCE MEASURES (SELECT ALL THAT APPLY):**

*The TIP must link investment priorities to Mobility Plan targets and adopted Performance Measures. Check to indicate adopted Performance Measures (PMs)/Transit Asset Management Measures 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)
- Transit Rolling Stock
- Transit Equipment – Non-Revenue Vehicles
- Transit Equipment – Over \$50,000/Owned
- Transit Facilities – All Buildings or Structures

*Please utilize the box below to provide additional information about the project’s impact on the selected measure(s).*

**FY 2023 – 2026**

**TRANSPORTATION IMPROVEMENT PROGRAM**

**PROJECT COSTS, FUNDING, & TIMING**

**BUDGET WORKSHEET:**

**PREVIOUSLY OBLIGATED PROJECT COSTS:**

PHASE OF WORK	YEAR OBLIGATED	FEDERAL	STATE	LOCAL	OTHER/ PRIVATE	TOTAL
PE-NEPA						
PE-Design						
Right-of-Way						
Construction (Incl. CEI/TDOT ES)						
<b>TOTAL Previously Obligated</b>						

**COST BY PHASE: REQUEST FOR FY 2023-2026 TIP**

PHASE OF WORK	FISCAL YEAR	FEDERAL	STATE	LOCAL	OTHER/ PRIVATE	TOTAL
PE-NEPA						
PE-Design						
Right-of-Way						
Construction (Incl. CEI/TDOT ES)						
Transit Capital						
<b>TOTAL</b>						

**TOTAL PROJECT COST ESTIMATE IN YEAR OF EXPENDITURE DOLLARS: \$** \_\_\_\_\_

*Note: Total project cost includes previously obligated phase costs.*

**Current Federal Funding Source:** \_\_\_\_\_

**Source of Cost Estimate:**

- Rough Planning Est.
- Planning Report
- Preliminary Eng.
- TDOT Estimator Tool
- Other \_\_\_\_\_

**Are Matching Funds Available?**

- YES, Funds are locally programmed
- YES, Funds will be locally programmed
- NO
- Other \_\_\_\_\_

**Additional Federal Funding Source Requested:**

- Surface Transportation Block Grant (STBG)
- Surface Transportation Block Grant - Transportation Alternatives (STBG-TA)

**ANTICIPATED PROJECT SCHEDULE (ASSUME FUNDING IS AVAILABLE BEGINNING 1/1/2023)**

Project Initiation (Month/Year): \_\_\_\_\_  
 PE-NEPA Obligated (Month/Year): \_\_\_\_\_  
 PE-Design Obligated (Month/Year): \_\_\_\_\_  
 ROW Obligated (Month/Year): \_\_\_\_\_  
 CONST Obligated (Month/Year): \_\_\_\_\_  
 Transit Project Obligated (Month/Year): \_\_\_\_\_

**ABOUT YOU**

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Department: \_\_\_\_\_

Agency / Organization: \_\_\_\_\_

**ATTACHMENTS**

**Please include ALL relevant attachments with this application, including the following:**

Cost Estimate / Methodology

Map of Project (If Applicable)

Other: \_\_\_\_\_