



tpo

KNOXVILLE REGIONAL

FY 2026-2029

Transportation Improvement Program

Call for Projects Application Form

Mobility Plan 2050 Goals

The following goals, reaffirmed for the 2050 Mobility Plan, will guide the selection of projects for the FY 2026 – 2029 TIP.

Technical Advisory Committee (TAC) members were polled to assign weights of relative importance to these goals as they pertain to **small/local projects** and **large/regional projects**. The results are shared below (**small/local** / **large/regional**):

Safety & Security: (21 / 17) Reduce the rate of crashes with serious injuries and fatalities. Reduce the region’s vulnerability to incidents and threats.

Congestion Reduction:(15 / 19) Use our system more efficiently through technology like traffic signal coordination, real time traffic info, and emergency response vehicles.

Maintenance & Efficiency: (14 / 15) Preserve and maintain our existing infrastructure through repaving projects, bridge replacements, access management, sidewalk repairs, and intersection improvements.

Health & Environment: (13 / 12) Minimize negative impacts on the environment and people’s health, and increase access to active transportation / physical activity for all ages.

Equitable Access: (11 / 9) Connect communities to opportunities and services throughout the region, particularly areas with higher proportions of low income, senior, and minority populations.

More Options (mode choice): (10 / 6) Improve access to services and employment with bicycle and pedestrian facilities, and transit services.

Preservation of Place: (8 / 8) Preserve natural and cultural areas and places that make our region unique (e.g., mountains, open space, farmland, viewsheds, small communities).

Economy & Freight: (8 / 14) Improve intermodal connections to help move freight to and through the region. Reduce delay on major freight corridors

This application is for new TIP projects only. Eligible current FY 2023-2026 TIP projects are to submit the Call for Projects Rollover Form. Fiscal Year 2026 funds are available no earlier than January 1, 2026. Please read through the entire application prior to filling out any fields.

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

ATTN: Craig Luebke

By e-mail: craig.luebke@knoxplanning.org (include 2026 TIP Project Application in the subject line)

By mail: City/County Building, Suite 403 | 400 Main Street | Knoxville, TN 37902

DEADLINE: FRIDAY, FEBRUARY 28, 2025

KNOXVILLE REGIONAL TRANSPORTATION PLANNING ORGANIZATION

KnoxTPO.org | 400 Main Street, Suite 403 | Knoxville, TN 37902 | 865.215.2500



PROJECT APPLICATION FORM

FY 2026 – 2029 TIP

PROJECT NAME:		
LEAD AGENCY:		
	New Project	Existing Mobility Plan Project - Enter 2050 Mobility Plan ID# Here:
COUNTIES/MUNICIPALITIES:		
FACILITY NAME:		
TERMINI (If Applicable): Include a map	FROM:	LENGTH:
	TO:	
GENERAL DESCRIPTION:		

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 | |

PURPOSE & NEED

Utilize the box on the following page to address the purpose and need of the proposed project. Additional sheets can be attached, if necessary.

Purpose:

- The Purpose is analogous to the problem. It is the “what” of the proposal.
- The Purpose should be stated as the positive outcome that is expected.
- It should avoid stating a solution as a purpose—as in—the purpose of the project is to build a bypass. Rather, it should indicate what transportation problem(s) are being addressed.
- Where appropriate, it should be stated broadly enough so that more than one mode can be considered and multi-modal solutions are not dismissed prematurely. This should tie back to the “MPO strategy” in terms of modal options.

Need:

- Should establish the evidence that the problem exists, or will exist if projected population and planned land use growth are realized.
- Should be factually and numerically based, i.e. performance measures, latest planning assumptions, crash data, VMT, etc.
- Should support the assertion made in the purpose statement. For example, if the purpose statement is based on safety improvements, the need statement should support the assertion that there is or will be a safety problem to be corrected which would be supported by crash data/analysis.

Local Support / Consistency with Plans

Use the box below to answer the following questions.

- Is the project consistent with local, state, or other regional plans for growth and preservation (economic development, land use, natural features preservation, etc.)?
- Has the project been endorsed locally through the adoption of official instruments such as, but not limited to, a local major thoroughfare plan, transportation element of a comprehensive plan?
- If on a state route, is the project endorsed or supported by TDOT?

Please fill out one of the following Scope of Work sections: **Roadway**, **Transit**, or **Pedestrian and Bicycle**.

ROADWAY PROJECT SCOPE OF WORK

- Roadway Widening (Additional Through Lanes)
- Roadway Widening (No Additional Through Lanes)
- ITS Improvements and/or Operational
- Safety/Access improvements
- Intersection Improvements
- New Roadway / Roadway Extension
- Other _____

How are you accommodating bicyclists and pedestrians?

- | | |
|--|---|
| <input type="checkbox"/> Bicycle Lane* | <input type="checkbox"/> Sidewalk |
| <input type="checkbox"/> Ped. Refuge | <input type="checkbox"/> Ped. Indication (Signal) |
| <input type="checkbox"/> Marked Crosswalks | <input type="checkbox"/> Benches |
| <input type="checkbox"/> Greenway | <input type="checkbox"/> Bicycle Parking |
| <input type="checkbox"/> Other _____ | |

* Please follow [FHWA Bikeway Selection Guide document](#)

Land Uses Within ¼ Mile of Facility:

Below, check boxes **at left** to indicate if these land uses are present within ¼ mile of your proposed facility. Check boxes **at right** to indicate if there will be a direct pedestrian connection between your proposed facility and the land uses. If "Some," please explain in the additional information field below.

- | | | | |
|--|------------------------------|-----------------------------|-------------------------------|
| <input type="checkbox"/> Public park/greenway | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Some |
| <input type="checkbox"/> School | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Some |
| <input type="checkbox"/> Library | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Some |
| <input type="checkbox"/> Transit Stop | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Some |
| <input type="checkbox"/> Multifamily residential | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Some |

How are you accommodating transit users?

- Mixed-Traffic Transit Route
- Transit Landings or Bulb-Out
- Transit Shelters
- NA – transit service not available

Please utilize the box below to provide additional information about the proposed project’s scope of work. If applicable, provide the proposed cross-section, including current number of lanes, proposed number of lanes and proposed medians or center turn lanes proposed Improvements in the box below.

Roadway Project Performance Measures:

The TIP must link investment priorities to Mobility Plan targets and adopted Performance Measures. Check to indicate adopted 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)

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

TRANSIT PROJECT SCOPE OF WORK

Proposed Improvements:

- Transit Vehicle Purchase
- Facility Improvements
- Passenger Amenities
- Intelligent Transportation Systems (ITS)
- Other _____

Vehicle Use:

- Replacement
- Vanpool
- ADA Services
- Expand Vehicle Fleet
- Express Services
- Other _____

TYPE OF VEHICLE: _____

CAPACITY OF VEHICLE: _____

Please utilize the box below to provide additional information about the proposed project’s scope of work.

Transit Project Performance Measures:

The TIP must link investment priorities to Mobility Plan targets and adopted Performance Measures. Check to indicate adopted Transit Asset Management (TAM) Measures for which the project will provide a benefit.

- 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).

BICYCLE OR PEDESTRIAN PROJECT SCOPE OF WORK

Proposed Improvements:

- New Facility
- Extension/Connector
- Amenities/Upgrades
- Safety/ADA Improvements
- Safe Routes to School program
- Other _____

Type:

- Bicycle Lanes* Sidewalks
- Shared-Use Trail (Greenway)
- Education
- Other _____

Land Uses Within ¼ Mile of Facility:

Below, check boxes at left to indicate if these land uses are present within ¼ mile of your proposed facility.

- | | | | |
|---------------------------------------|------------------------------|-----------------------------|-------------------------------|
| <input type="checkbox"/> Public Park | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Some |
| <input type="checkbox"/> School | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Some |
| <input type="checkbox"/> Library | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Some |
| <input type="checkbox"/> Transit Stop | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Some |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Some |
| <input type="checkbox"/> Office | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Some |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Some |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Some |

Check "Yes, No, or Some" at right to indicate if there will be a direct Bike/Ped connection between your proposed facility and these land uses. If "Some," explain in the additional information field below.

* Please follow [FHWA Bikeway Selection Guide document](#)

Proposed Features:

- Pedestrian Refuge
- Marked Crosswalks
- Pedestrian Indication (Signal)
- Benches
- Bicycle Parking
- Other _____

Please utilize the box below to provide additional information about the proposed project's scope of work. Project must serve a transportation purpose.

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Bicycle or Pedestrian Project Performance Measures:

The TIP must link investment priorities to Mobility Plan targets and adopted Performance Measures. Check to indicate adopted 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)

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

PROJECT COSTS, FUNDING, & SCHEDULE

BUDGET WORKSHEET:

PREVIOUSLY OBLIGATED PROJECT COSTS:

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

COST BY PHASE: REQUEST FOR FY 2026-2029 TIP

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

Note: Programming requests should reflect the scheduled federal fiscal year (Oct. 1 – Sep. 30) of notice to proceed/obligation in FFY 2025 dollars. TPO staff will apply the appropriate inflation rate to project YOY costs.

TOTAL PROJECT COST ESTIMATE: _____

Note: Total project cost includes previously obligated phase costs, plus requested programming costs.

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Source of Cost Estimate:

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

Are Matching Funds Available?

- YES, Funds are locally programmed
- YES, Funds will be locally programmed
- NO
- Other _____

Federal Funding Source Requested:

- Surface Transportation Block Grant (STBG)
- Surface Transportation Block Grant Transportation Alternatives (STBG-TA)
- Carbon Reduction Program (CRP)
- Congestion Mitigation and Air Quality Improvement (CMAQ PM 2.5)

ANTICIPATED PROJECT SCHEDULE (ASSUME FUNDING IS AVAILABLE BEGINNING 1/1/2026)

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: _____