

Application for Port Multimodal Funds

FY 2014

GENERAL INFORMATION	
Port	_____
Location	_____
Sponsor	_____
Address	_____
City, State, Zip	_____
Contact Person	_____
Phone Number	()- - , ext _____
Fax Number	()- - _____
Email Address	_____

BRIEF PROJECT DESCRIPTION
<p>(NOTE: Attach timeline for project completion)</p>

THRESHOLD CRITERIA	
An answer of "NO" to <u>any</u> of the following may result in the Project being deemed ineligible for funding	
	Please check one:
1. The Project is directly related to capital improvements or the rebuilding or rehabilitation of basic infrastructure or purchase of major handling equipment, <u>not</u> for routine maintenance, administrative or operational matters or expenses.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. The Project is directly related to the operation of the port in its role as a water transportation facility.	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. The Project is outside the normal operating budget of the port.	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. The Project must be completed by June 30, 2015.	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Is the port owned by a public body – State, county, or municipality?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. A portion of the projected cost of the Project has or will be funded from public or private sources, as a match to the grant sought from the Multimodal Capital Improvement Fund.	<input type="checkbox"/> YES <input type="checkbox"/> NO

PROJECT COST SUMMARY							
<p>Project overruns:</p> <p>Please make note that grants issued for approved applications will contain a special condition requiring that all project cost overruns will be funded by the Applicants.</p> <p>Project under runs:</p> <p>If the final project cost is less than the Total Project Cost on this application, the Applicants receiving a grant will be required to contribute the percentage of the sponsor share to the Total Project Cost shown in the Application.</p>	<p>A detailed cost estimate to support the following figures MUST be attached:</p> <table border="1"> <tr> <td>Total Project Cost</td> <td>\$</td> </tr> <tr> <td>Sponsor Share (min 1%)</td> <td>\$</td> </tr> <tr> <td>Total Amount of Multimodal Funds Requested (Total Project Cost less Sponsor Share)</td> <td>\$</td> </tr> </table>	Total Project Cost	\$	Sponsor Share (min 1%)	\$	Total Amount of Multimodal Funds Requested (Total Project Cost less Sponsor Share)	\$
Total Project Cost	\$						
Sponsor Share (min 1%)	\$						
Total Amount of Multimodal Funds Requested (Total Project Cost less Sponsor Share)	\$						

PROJECT JUSTIFICATION

The following list is based on the scoring criteria for the selection process. Please attach the responses to this application with each item numbered accordingly. The bullet points are items to take into consideration when completing the application and do not necessarily apply to all project requests.

Operational Impact on port

- Improve current operational capability of the port?
- Provide a new operational capability for the port?
- Necessary to keep an existing client of the port?
- Necessary to acquire a new client for the port?

Economic Impact of the Project

- Produce revenue or result in cost savings for the port?
- Benefit the economy of the surrounding community?
- Provided a thorough cost-benefit analysis of the Project evidencing the net value of the Project to the port and surrounding community?
- Create or support jobs, directly or indirectly, at the port or in the local community?

Port Activity Supports the Proposed Project

- Support current operations or new operations at the port?

Funding

- Are funds necessary for the Project?
- Needed to complete an ongoing project or development?
- Be used as matching funds or to leverage other funding?
- Are project costs and/or budget reasonable?

AUTHORIZED REPRESENTATIVE

Certification Statement:

I do hereby certify that the information provided in this application package is correct and true, to the best of my knowledge.

Name

Title

Phone Number: (____)-____-____, ext ____

Signature

Date Signed:

SUBMITTAL REQUIREMENTS

Application Package Checklist

- This application form
- Attach an 8½ x 11 sketch of the project area (if applicable)
- Attach a Detailed Cost Estimate
- Attach the Project Justification and **Project Timeline** as outlined above
- 12 copies of the entire application package

Submit Application Packages to:

Mailing Address:

Ports & Waterways Division,
MDOT
P.O. Box 1850
Jackson, MS 39215-1850

OR

Physical Address:

Ports & Waterways Division,
MDOT
401 N. West Street
Jackson, MS 39201
Phone: (601) 359-7910