

DUTCHESS COUNTY TRANSPORTATION COUNCIL
- Application for Transportation Planning Assistance -

General Information

Proposed Project Name: _____

Applicant/Lead Agency: _____

Other Involved Agencies: _____

Contact Person and Title: _____

Address: _____

Phone: _____

E-Mail: _____

Requested Start Date: _____

Desired Completion Date: _____

Primary Transportation Focus Area (e.g. safety, traffic congestion, walking/biking, transit, etc.): _____

Project Details

Provide a brief description of the project, including its goals and objectives:

Proposed Study Area (attach a map if needed):

List the project's anticipated accomplishments and final deliverables (guidelines, ordinances, recommendations, concept plans, public consensus, etc.):

Explain how the completed project and its recommendations and deliverables will be applied, implemented, or carried forward:

Project Support

Identify the level of support from elected officials and local decision makers:

Identify local in-kind services available for this project (e.g. volunteers, meeting space, municipal staff/equipment, etc.). If required, would your organization be able to provide financial support for this project?

Board Resolution attached (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Board Resolution forthcoming (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Chief Elected Official or Appointed Representative:

Name/Signature: _____

Date: _____