

**ILLINOIS DEPARTMENT OF TRANSPORTATION**

**CAPITAL ASSISTANCE  
APPLICATION**

July 2021

## **INTRODUCTION**

Required application items are listed on the attached checklist. The applicant will be advised of any missing or supplemental information required with respect to checklist items, or other supporting documentation. The Department considers the application as representing the applicant's intent to undertake the proposed project promptly, if approved.

In the course of its review and evaluation of an application, the Department may require the applicant to submit additional information in support of the proposed project. When the Department is satisfied that all information necessary for evaluation of the application has been submitted, a final review will be undertaken.

Once review of the application is complete, the Department will notify applicant of its intent to fund and program the selected projects.

## Application for Capital Assistance Grant

### Checklist

Instructions for this application are contained in Appendix E.

Below is a checklist provided to assist preparers of applications in meeting all of the requirements of the application process. All items are required unless otherwise indicated. Completed applications should be sent to the following email address:

DOT.CH.OIPITransitDocs@illinois.gov

#### Check List

1. Confirmation of project included in TAMS
2. Completed Application Form (PDF)
  - A. Project Description
3. Completed Excel Workbook (Excel)
4. Public Notice (Appendix A)
5. Historic Preservation (Appendix B)
6. Opinion of Counsel (Appendix C)
7. Applicant's Governing Board Resolution (Appendix D)

**Note: Include this checklist with the application submittal**



In support of this application, I offer the above data and attached supporting documents as required. I certify that the statements herein and in the supporting documents are correct and complete.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Authorized Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Attest

The \_\_\_\_\_ hereby applies to the Illinois Department of Transportation for a Capital Improvement Grant. Required resolutions, certifications and other documents in support of this grant request are attached and are considered a part of this application.

A. Project Description (attach additional pages if necessary)
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## Appendix A: Public Hearing Notice (Sample Language)

### Notice of Public Hearing (Name of Applicant)

RE: Capital Assistance Grant Application, Improvements to (*Description and Location of Project Facilities*)

I. Notice is hereby given that a public hearing will be held by the (*Name of Applicant*).

Date:

Time:

Room:

Place:

For the purpose of considering a project for which financial assistance is being sought from the Illinois Department of Transportation, pursuant to its Capital Grants Program. The project is generally described as follows:

- A. Project Description: (*Brief Description of the Project Including Nature, Size, Location and Limits*).
- B. Relocation: Relocation Assistance will not be required.
- C. Environment: This project is being implemented to minimize environmental impacts.
- D. Comprehensive Planning: This project is in conformance with comprehensive transportation planning in the area.
- E. Elderly and Handicapped: All new facilities included in this project will be accessible to the elderly and handicapped.

II. At the hearing, the (*Name of Applicant*) will afford an opportunity for interested persons or agencies to be heard with respect to the social, economic, and environmental aspects of the project. Interested persons may submit orally or in writing evidence and recommendations with respect to said project.

III. The (*Name of Applicant*) requests that any hearing impaired person wishing to attend this Public Hearing notify (*Applicant Contact Person & Telephone No.*) at least one week before the scheduled hearing date so that arrangements can be made to provide an interpreter.

IV. A copy of the application for a state grant for the proposed project will be made available for public inspection at (*Name & Address of Applicant*).

(*Contact Person Name*), (*Title*)  
(*Address*)  
(*Telephone*)

## **Appendix B: Historic Preservation For Fixed Facility Projects Only**

### **Basic Review Information Requirements**

If the project can be considered one of those projects shown in the attached list as having no effect on historic preservation, please simply indicate same.

On the other hand, in order to request the comments of the State Historic Preservation Officer concerning possible project effects on cultural resources for purposes of the National Historic Preservation Act or the Illinois State Agency Historic Resources Protection Act, the following information should be provided:

1. Description of proposed undertaking.
2. Name of managing, funding, or licensing agency (state or federal).
3. Name of satellite agencies involved in project (state and federal).
4. Project address(es); street, municipality, and county.
5. Map (USGS 7.5 minute series topographic) of project location, and project site plan, if applicable.
6. Current photos of all standing structures within the project area (no Xerox).
7. Project plans and specifications if applicable.
8. Participating federal, state, and local funding sources/programs.

This information should be addressed to:

Deputy Historic Preservation Officer  
Preservation Services Division  
Illinois Historic Preservation Agency  
Old State Capitol  
Springfield, IL 62701

## **Appendix B (Continued)**

### **Projects with no effect on Historic Preservation**

1. Purchase or rehabilitation of rolling stock.
2. Equipment purchases and installation.
3. Replacement / installation of railroad crossing signal systems.
4. Rebuild / resurface an existing parking lot as long as no enlargement occurs.
5. Construction of bus turnouts of less than one acre on existing right-of-way.
6. Construction of bus layover facilities of less than one acre on existing right-of-way.
7. Construction of passenger stations / shelters of less than one acre on existing property where no demolition occurs.
8. Construction of sidewalks on existing right-of-way.
9. Parking deck replacement or expansion (vertical).
10. Underground fuel storage replacement / installation on transit property.
11. Rehabilitation work done on existing facilities less than 40 years old (garages, stations, rail yards, buildings, structures, electrical, signal, and communication systems).
12. Replacement of ballast, ties, and rail on existing right-of-way.
13. Replacement of bridges less than 40 years old where no more than one acre of new right-of-way is required.
14. Construction of pedestrian canopies.
15. Engineering / planning studies for the classes of action included above.

## Appendix C: Opinion of Counsel (Sample Language)

### Opinion of Counsel

I, the undersigned, am an attorney, licensed by and duly admitted to practice law in the State of Illinois and counsel for and attorney for the (*Name of Applicant*). In this capacity, my opinion has been requested concerning the eligibility of the (*Name of Applicant*) for grant assistance under the provisions of the Civil Administrative Code of Illinois (Act), 20 ILCS 2705-305. You are hereby advised as follows:

1. The (*Name of Applicant*) is an eligible recipient as defined in state regulations.
2. There are no provisions in the (*Name of Applicant*)'s charter or by-laws or in the statutes of the State, the United States of America, or any other local ordinances that preclude or prohibit the (*Name of Applicant*) from making said application for or contracting with the State for the purpose of receiving a State capital improvement grant.
3. The undersigned has no knowledge of any pending or threatened litigation, in either Federal or State courts which would adversely affect this application, or which seeks to prohibit the (*Name of Applicant*) from contracting with the State for the purpose of receiving a State capital improvement grant.

Based upon the foregoing, I am of the opinion that the (*Name of Applicant*) is an eligible recipient under the provisions of the Act, and that it is fully empowered and authorized to apply for and to accept the grant from the State.

Signature: \_\_\_\_\_  
(Attorney's Name)

Attorney for: (*Name of Applicant*)

Date: \_\_\_\_\_

## Appendix D: Governing Board Resolution (Sample Language)

Resolution

No. \_\_\_\_\_

Resolution authorizing submittal of the application dated (*Date of Application*) for a Public Transportation Capital Assistance Grant under the Illinois Department of Transportation's general authority to make such Grants.

WHEREAS, The provision and improvement of public transportation facilities, rolling stock, equipment and services is essential to the development of safe, efficient, functional public transportation; and

WHEREAS, The Illinois Department of Transportation has the authority to make such Grants and makes funds available to offset eligible capital costs required for providing and improving public transportation facilities, rolling stock, equipment and services; and

WHEREAS, Grants for said funds will impose certain obligations upon the recipient.

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BOARD OF THE (*Name of Applicant*) :

Section 1. That an application be made to the Division of Public & Intermodal Transportation, Department of Transportation, State of Illinois (The Department), for a financial assistance grant under the Illinois Department of Transportation's general authority to make such Grants, for the purpose of off-setting eligible public transportation capital costs of the (*Name of Applicant*).

Section 2. That (*Designated Official*) of the (*Name of Applicant*) is hereby authorized and directed to sign and submit such application on behalf of the (*Name of Applicant*).

Section 3. That the (*Designated Official*) of the (*Name of Applicant*) is authorized to furnish such additional information as may be required by the Department in connection with the aforesaid application for said Grant.

Section 4. That (*Designated Official*) of the (*Name of Applicant*) is hereby authorized and directed to execute on behalf of the (*Name of Applicant*) the Grant Agreement or subsequent Grant Agreement Amendments resulting from aforesaid application.

Section 5. That (*Designated Official*) of the (*Name of Applicant*) is hereby authorized and directed to sign such documents as may be required by the Department to request payment for the project funding authorized under aforesaid Grant Agreement.

PRESENT and ADOPTED the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
(*Signature of Official*)

ATTEST: \_\_\_\_\_  
(*Signature*)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

## Appendix E: Instructions

These instructions have been developed to assist agencies in completing the application form and in complying with program requirements. Applicants should review the requirements carefully. Failure to comply with any requirements may delay or disqualify applications from consideration.

### CHECKLIST

Use this page as a check-off list of the items enclosed in the application package. Mark each item with a check as it is completed. Mark any item(s) not required with “N/A” (not applicable).

### PREPARING THE APPLICATION FORM

Applicant - Name of applicant organization, must be a municipality, county, or transit district or otherwise designated as eligible by state legislation.

Date of Application – Use anticipated application submittal date reflected on Page 3 of Application and referenced in Appendix D: Governing Board Resolution.

Address - Show the agency's complete mailing address.

Contact Person - Identify the name, title, and phone number of the person responsible for completing the application form.

Project Description - Describe the nature, size, location, and limits of all elements of the proposed project scope; for equipment, describe its use. If the scope-of-work proposed for grant funding is part of a larger project, describe its relationship to the larger project and whether this scope can function on a stand-alone basis. Indicate owners of record for all property required for the project. Explain any adverse impact the project may have on the environment. Attach site plans, conceptual plans, aerials, or photographs if available.

Project Justification - Indicate why the proposed improvements or equipment are necessary. Current conditions including any operational, design and capacity deficiencies should be discussed. Describe how the proposed improvement will ameliorate such conditions. Describe how the equipment will either expand current capabilities or replace other equipment. Emphasize as appropriate, accomplishment of program goals of improving access to, and reducing congestion at transit facilities. Applicants are advised to focus on project justification within the context of benefits to the transit system and its patrons.

Proposed Project Budget - Show line items with estimated costs by type of activity (appraisals; legal services; equipment procurement; land acquisition; demolition; contract and/or force account engineering, construction, construction management). Explain the basis for the cost estimate. A 10% contingency line item may also be included.

### PUBLIC NOTICE

For fixed facilities projects (acquisition and construction) use Appendix A; for all other types of capital projects, use Appendix B. For all capital projects funded through this program the applicant must afford the public an opportunity to comment on the proposed project. This may be accomplished by conducting a public hearing, or by placing an advertisement describing the project in a newspaper with local circulation to determine the public's interest in holding a public hearing. Submit certificates of publication, and if a public hearing is held, an attendance list, written comments, and report (transcript) of proceedings. Sample Opportunity for Public Hearing and Public Hearing notices are attached as Appendix A and B.

### HISTORIC PRESERVATION

Projects undertaken with state funding provided by the Illinois Department of Transportation are subject to the requirements of the Illinois State Agency Historic Resources Preservation Act [20 ILCS 3420/1 *et seq.*]. In compliance with this statute and appurtenant interagency agreements, applicants must either:

1. Identify the appropriate project which is considered to have no effect on historic, architectural or archeological resources and thus need not be reviewed under the Illinois State Agency Historic Resources Preservation Act; see Appendix C for a listing of those types of projects that are considered to have no effect; OR
2. Submit documentation from the Illinois Historic Preservation Agency (IHPA) that the undertaking will have no effect on historic, architectural, or archeological resources (information required by IHPA for its review is contained in Appendix C); OR
3. Submit documentation of an agreement between IHPA and the applicant regarding action that will be taken to accommodate any historic, architectural, or archeological resource.

### OPINION OF COUNSEL

An opinion of the applicant's legal counsel is required stating that the applicant is legally organized, is empowered (eligible) to apply for, and receive the requested grant, and that there is no pending or threatened litigation that would adversely affect the applicant's ability to receive the requested funds. A sample Opinion of Counsel is attached as Appendix D.

### GOVERNING BOARD RESOLUTION

A resolution must be passed by the applicant's governing board authorizing the filing of the application and execution of required grant agreement. A sample Governing Board Resolution is attached as Appendix D.