

Notification and Letter of Support Request Form for Political Subdivisions Submitting Federal or State Grant Applications or Earmark Requests

SCDOT owns and maintains approximately 97% of the federal-aid eligible highway system in the State of South Carolina. SCDOT also coordinates a comprehensive regional planning process with the Metropolitan Planning Organizations (MPOs) and Councils of Governments (COGs) to identify transportation projects to benefit the unique requirements of South Carolina's communities. Maintaining integrity of the State Highway System and existing transportation planning process is essential to effectively apply for and administer awarded competitive grants and/or earmarked funds.

To that end, political subdivisions must coordinate with SCDOT at least 45 calendar days before submitting a <u>state or federal grant application or earmark request</u> if any of the following apply:

- The project impacts the State Highway System;
- The project impacts the coordinated statewide transportation planning process;
- The project impacts SCDOT operations;
- Project impacts to SCDOT, the State Highway System, or coordinated statewide transportation planning process are unknown; or
- A Letter of Support is being requested.

The attached form must be completed in its entirety and provided to SCDOT at least 45 calendar days before submitting a grant application or earmark request.

Failure to adhere to the 45 calendar day requirement may result in a lack of grant or earmark support from SCDOT.

Please return the fully completed form and reach out to Roxanne Ancheta, Director of Grants, AnchetaRM@scdot.org or (803) 737-1232 with any questions.

The information provided here is for informational and educational purposes and current as of the date of publication. The information is not a substitute for legal advice and does not necessarily reflect the opinion or policy position of the Municipal Association of South Carolina. Consult your attorney for advice concerning specific situations.



Grant / Earmark Synopsis

Please complete and submit to AnchetaRM@scdot.org

| Applicant's Name | | |
|--|----------------------------|--|
| Applicant's Point of Contact / Email Address / Phone Number | | |
| Grant Program (i.e., BUILD, BRIC) | (Select one) State Federal | Grant Program Title: |
| Earmark | (Select one)StateFederal | |
| Grant Application / Earmark Due Date | | |
| Requesting a Letter of Support from SCDOT? | (Select one) Yes No | To Whom Should it be Mailed? Name / Address: |
| Amount of Funding Requested | | |
| Total Project Cost Include funding requested + applicable match | | |
| Project Title | | |
| Project Scope | | |
| | | |



| Project Location | |
|---|---|
| Who will the project benefit? Why is it important? | |
| How does the project address needs not already being met? | |
| How, specifically, will the grant / earmark funds be used? | |
| Applicant's commitment to providing match and cover any cost overruns. | (Select one) The applicant will provide all match and cover all cost overruns. The applicant is unable to provide all match and/or cover all cost overruns. |
| Is the project in the TIP, STIP, or other planning document? | TIP STIP Other. Explain: |
| Project status (i.e., conceptual, shovel-ready)? | |
| Has there been any project coordination with SCDOT? If yes, explain. | (Select one)NoYes; Explain: |
| Have any approvals been received (i.e., SCDOT, NEPA)? If yes, explain. | (Select one)NoYes; Explain: |
| Additional Information | |

