Preapplication for HSIPR Program

OMB No. 2130-XXXX

Preapplication instructions:

- Please complete this document electronically.
- For each question enter the appropriate information in the designated gray box.
- For a Multi-State project/program, States are encouraged to identify a lead applicant.
- Applicants should email the completed template (as an attachment) and direct questions to: <u>HSIPR@dot.gov</u>

A. Who Are You?

(1)	(1) Select applicant type, as defined in Appendix 1.1 of the HSIPR Guidance (Check the appropriate box from the list): State Amtrak If one of the following, please append appropriate documentation as described in Section 4.3.1 of the HSIPR Guidance: Group of States Interstate Compacts Public Agency established by one or more States Amtrak in cooperation with a State or States							
(2)	(2) Name of lead State or organization applying:							
(3)	(3) Name(s) of additional States and/or organizations applying in this group (if applicable):							
(4)) Application Point of Contact (POC):		POC Title:					
	Street Address:	City:	State:	Zip Code:	Telephone Number:			
	Fax:		Email:					
	. What Is Your Project	t?						
(5)	Project/Program Name:							
(6)	(A) Describe the purpose(s) of and nee	, , ,						
	(A) Describe the high-speed and interc	ity passenger rail ser	vice(s) that will benefit f	rom the project/p	rogram and expected			

outcome(s) (e.g., delay reduction, trip-time improvements, frequency increases, etc.) (less than 1,000 characters):

(7) Project/Program Type Information:
(A) Types of capital investments contemplated (Check all that apply):
Structure (bridges, tunnels, etc.)
Track-Rehabilitation
Track-New Construction
New Right-of-Way
Major Interlocking
Communications, Signaling, Control
Electric Traction
Rolling Stock Refurbishment
Rolling Stock Acquisitions
Stations, Terminals
Support Facilities (Yards, Shops, etc.)
Grade Crossing Improvements
Other (Please describe):
(B) Describe the types of proposed improvements (e.g., new passing tracks, interlocking reconfigurations, station
improvements, equipment acquisitions, etc.) (less than 1,000 characters):
(C) Service Attributes (Check all that apply):
Additional Frequencies on Existing Route
Improved Reliability/On-Time-Performance on Existing Route
New Service
Increased Average Speed/Shorten Trip Times
Other (Please describe):
(8) Location Information
(A) Describe the location of the proposed project/program, including any use of existing railroad assets or rights-of-way
and potential use of public lands and property (less than 1,000 characters):
(B) State(s) in which the project/program investment is/are located:
(C) State(s) in which the benefiting service(s) is/are located:
(9) Anticipated FRA Funding Track (Click on the appropriate option from the dropdown menu):
Track 1 (Projects) FD/Construction
If unsure, please specify:
(10) Total Anticipated Project/Program Cost (in year-of-expenditure dollars (YOE)):
(10) Total Anticipated Project/Program Cost (iii year-or-expenditure donals (TOE)).
C. Who Are Your Partners?
(11) Will your project/program proposal include matching funds?
(11) with your project/program proposal metade matering runds:
(A) Yes If yes, as what percentage of total costs?

FORM FRA F6180.132

Page 2

No						
(B) Proposed source(s) of capital matching funds (Please check all that apply):						
State Local Private Other (Please Specify)						
(12) If an in-kind match is expected	ed, provide a brief description of the asset and a	a documented estimate of the monetary				
value of any such contribution	n, and its eligibility under 49 CFR §18.24 (less	s than 500 characters).				
` '	ions with railroad owners that own or will own	9 , 11 1				
	o railroad owners. If more than two railroads,	please include additional information in				
question 18 below.						
Railroad owner 1 (Name):						
Status of railroad owner 1:	Master Agreement in place					
Railroad owner 2 (Name):						
Status of railroad owner 2:						
(14) If applicable, provide the status of negotiations with partner that will operate the benefitting high-speed rail/						
intercity passenger rail services (e.g., Amtrak) (Check the appropriate box).						
Final executed agreemen	Preliminary executed agreement/MOU					
Operating partner consul	Operating partner not yet consulted					
No agreement, but opera	No operating partner involved					
Operations being compet						

D. What Preparation Work Have You Done?

(15) The following is a list of components that will help identify project/program eligibility. Please indicate the project/program's status by providing information on the documents and activities below. Although applicants are asked to respond to all components, please note that <u>not</u> all components are required for all tracks.

	Current Status						
	No study exists	If no study exists, are you applying for HSIPR funds to complete study?	Study underway	Study completed? (year)	Unsure/Not Applicable		
Service Development Plan Planning Studies/Documents							
Purpose & Need/Rationale							

FORM FRA F6180.132

Page 3

Current Status					
No study exists	If no study exists, are you applying for HSIPR funds to complete study?	Study underway	Study completed? (year)	Unsure/Not Applicable	
S					
General Plan Components Studies/Documents					
	exists	No study exists are you applying for HSIPR funds to complete study?	No study exists are you applying for HSIPR funds to complete study?	No study exists If no study exists, are you applying for HSIPR funds to complete study?	

E. What Help Do You Need?

FORM FRA F6180.132

Page 4

(16) Describe any areas in which you could use technical assistance, best practices, advice	e or support from others (less than 1000
characters):	

(17)	Please	provide an	y additiona	l comments	or comp	lementary	notes:
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FORM FRA F6180.132

Page 5