

(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)):

C. Who Are Your Partners?

(11) Will your project/program proposal include matching funds?

(A) Yes If yes, as what percentage of total costs?**FORM FRA F6180.132**

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<input type="checkbox"/> No	
(B) Proposed source(s) of capital matching funds (Please check all that apply):	
<input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Private <input type="checkbox"/> Other (Please Specify)	
(12) If an in-kind match is expected, provide a brief description of the asset and a documented estimate of the monetary value of any such contribution, and its eligibility under 49 CFR §18.24 (less than 500 characters).	
(13) Provide the status of negotiations with railroad owners that own or will own the right-of-way (Check the appropriate box. Space is provided for two 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:	Master Agreement in place
(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).	
<input type="checkbox"/> Final executed agreement on project scope/outcomes/commitments	<input type="checkbox"/> Preliminary executed agreement/MOU
<input type="checkbox"/> Operating partner consulted, awaiting support commitment	<input type="checkbox"/> Operating partner not yet consulted
<input type="checkbox"/> No agreement, but operating partner supports project	<input type="checkbox"/> No operating partner involved
<input type="checkbox"/> Operations being competitively bid	

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 not 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	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/Operating Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prioritized Capital Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ridership/Revenue Forecast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operating Cost Forecast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tier 1 Programmatic (or “service”) NEPA (Identify Document)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Impact Statement (EIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment of Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Plan Components Studies/Documents					
Preliminary Engineering (PE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Tier 2 (project-level) NEPA (Identify Document)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Environmental Impact Statement (EIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Detailed Capital Cost Estimates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Assessment of Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
General Plan Components Studies/Documents					
Project Management Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Financial Plan (capital & operating – sources/uses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

E. What Help Do You Need?

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

(17) Please provide any additional comments or complementary notes:

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