

MDOT Prioritization Pilot
Sample Completed Application
Project Type: Transit Capacity

An asterisk () indicates a required field. Blue text signals branching logic (e.g., if an applicant answers X, ask question Y.). Red text represents a sample response.*

Introduction

The following application outlines the project information needed for the Maryland Department of Transportation's (MDOT's) new project prioritization process for evaluating surface transportation capacity enhancing projects requesting funding in the Consolidated Transportation Program (CTP). This process is intended only for projects that are located or operate on the state system or that provide benefits to the state system.

Please note that the current round of the prioritization process is a **pilot round** in which MDOT and applicants can test the application process. There is currently **no funding** associated with this pilot round, and it is not anticipated that any projects will be funded through it. The pilot will, however, help MDOT strengthen the system and enable applicants to understand and become familiar with it so that when funding becomes available in the future, the prioritization process and applicants are better prepared.

Application Due Date

Applications for the pilot round of the new prioritization process are due by 11:59 pm on February 18, 2025. Applicants are responsible for completing the application to provide the requested information and data to evaluate proposed projects.

New Transparency Provision

Submitted applications, excluding items such as personal data, will be made available for public review via the MDOT website. All application fields, unless otherwise marked, will be made public to allow elected officials, community members, businesses, and other interested stakeholders the opportunity to review and be better informed on potential surface transportation capacity enhancing projects. This will provide greater opportunity for these individuals to comment on potential projects being considered by MDOT for funding.

Applicant Resources

Applicants are encouraged to review the new prioritization process resources available via the MDOT website (www.mdot.maryland.gov/tso/pages/Index.aspx?PageId=83), including the technical guide, responses to frequently asked questions (FAQs), and information session recordings.

Further questions about the application or the new project prioritization process can be directed to prioritization@mdot.maryland.gov.

Section 1: Applicant Information

Full Name*

Hannah Jones

Title/Role*

Planner III

Organization*

ABC Metropolitan Planning Organization (MPO)

Organization Type*

[select one]

- County Government
- Municipal Government
- State Government Agency
- Independent City
- Metropolitan Planning Organization (MPO)
- Locally Operated Transit System (LOTS)

Address Line 1*

200 Monroe Street

Address Line 2

City*

Sample Town

State*

MD

Zip Code*

XXXXX

Applicant Point-of-Contact Email Address* *[Not shared with the public]*

Hannah.jones@ABCMPO.gov

Project Email Address* *[Public-facing, for questions about the project]*

planning@ABCMPO.gov

Applicant Point-of-Contact Phone Number* *[Not shared with the public]*

XXX-XXX-XXXX

Section 2: Documentation Screening

Project Name*

MD XYZ Bus Rapid Transit (BRT)

Project Type & Eligibility

Select the modal/facility type:*

[select all that apply]

Please select all that apply. For example, an applicant submitting a highway widening project that also includes the installation of a new bike lane should select both 'highway capacity project' and 'bike/pedestrian capacity project.' An applicant submitting a Complete Streets or Road Diet project with bike/pedestrian amenities should select 'bike/pedestrian capacity project.' As a reminder, eligible projects are surface transportation capacity enhancing projects for which the state funding request, including federal funding that MDOT controls, is at least \$5 million and less than \$400 million.

- Highway capacity project – adds new through or auxiliary lanes to a roadway, constructs a new roadway, constructs new interchange, modifies an existing interchange in a manner that allows it to move more people, or modifies an existing intersection in a manner that allows it to move more people.
- Transit capacity project – increases passenger capacity (e.g., adds a new rail platform, expands a park-and-ride, adds bus only lanes, or adds new routes; includes commuter rail)
- Bike/pedestrian capacity project – adds or expands bike or pedestrian facilities (including via Complete Streets or Road Diet efforts).
- Intercity passenger or commuter rail capacity project – increases passenger capacity (e.g., adds a new rail platform, adds new rail track, or otherwise results in increased service levels).
- Intelligent transportation systems project – increases highway capacity through a combination of technology and physical infrastructure.
- None of the above.

Select the scope type:*

[select one]

- Expansion project – adds capacity to existing transportation amenities or services. Examples include: highway widening, increased frequency of service on an existing bus route, or modification of an existing interchange.
- New road/service project – provides a transportation service where it did not previously exist. Examples include: the creation of a new bus route, the installation of a new bike lane or sidewalk, or the construction of a new transit station.
- Other

Is the total requested funding for the project, including both capacity expansion and State of Good Repair (SGR) components, as applicable, at least \$5 million?* *[Not shared with the public]*

[select one]

- Yes.
- No.

Is the total requested funding for the project, including both capacity expansion and State of Good Repair (SGR) components, as applicable, less than \$400 million?* *[Not shared with the public]*

[select one]

- Yes.
- No.

Does this project have a completed feasibility study or an equivalent document?* *[Not shared with the public]*

[select one]

- Yes.
- No.

IF APPLICANT ANSWERS “Yes.” TO “Does this project have a completed feasibility study or an equivalent document?,” ASK:

Upload the project’s completed feasibility study or the equivalent document.*

[upload file]
✓ Uploaded!

IF APPLICANT ANSWERS “Yes.” TO “Does this project have a completed feasibility study or an equivalent document?*,” ASK:

Which alternative and/or option do you want scored? Please describe any differences between the alternative described in the feasibility study (or the equivalent document) and the current proposed project.*

The proposed project is summarized in the attached feasibility study, beginning on p. 3. There are two key differences between the project as presented in the feasibility study and the current proposed project: (1) The proposed bike lane has been extended. In the version of the project presented in the feasibility study, the bike lane’s limits were: MD XYZ, from Cross Street 1 to Cross Street 5. In the current proposed project, the lane’s limits are: MD XYZ, from Cross Street 1 to Cross Street 7. (2) The project cost has been updated. For the version of the project presented in the feasibility study, the total cost estimate was \$895,000,000. For the current proposed project, the total cost estimate is \$905,000,000. This change is due to the expansion of the included bike amenities and increase in costs since the completion of the feasibility study. The state funding request has not changed. Please see below for documentation of the updated cost estimate.

Upload a concept plan of the project’s proposed improvements.*

The concept plan should provide an aerial view of the project location and clearly identify all proposed improvements and their limits. All roads and transportation facilities should be labeled, and map features (legend, scale, and north arrow) should be included. For transit facility projects, new routes and routes that will have an increase in frequency or speed should be identified.

[upload file]
✓ Uploaded!

[see <https://www.mdot.maryland.gov/tso/pages/Index.aspx?PageId=83> for sample concept plan]

Upload any other relevant supporting documentation.

[upload file]
✓ Uploaded!

[documentation of updated cost estimate]

IF APPLICANT ANSWERS “No.” TO “Is the total requested funding for the project at least \$5 million?*,” DISPLAY THE FOLLOWING MESSAGE: “This project is not eligible because the total requested funding is less than \$5 million.”

IF APPLICANT ANSWERS “No.” TO “Is the total requested funding for the project less than \$400 million?*,” DISPLAY THE FOLLOWING MESSAGE: “This project is not eligible because the total requested funding is \$400 million or more.”

IF APPLICANT ANSWERS “NO.” TO “Does this project have a completed feasibility study or an equivalent document?*,” DISPLAY THE FOLLOWING MESSAGE: “This project is not eligible because it does not have a completed feasibility study or equivalent document.”

Section 3. Project Prioritization Application (Part 1)

Project Scope, Budget, Purpose, and Need

In which jurisdiction(s) is the project located?*

[select all that apply]

- Allegany County
- Anne Arundel County
- Baltimore City
- Baltimore County
- Calvert County
- Caroline County
- Carroll County
- Cecil County
- Charles County
- Dorchester County
- Frederick County
- Garrett County
- Harford County
- Howard County
- Kent County
- Montgomery County
- Prince George's County
- Queen Anne's County
- Somerset County
- St. Mary's County
- Talbot County
- Washington County
- Wicomico County
- Worcester County
- Intersecting County A**
- Intersecting County B**

Provide the project limits:

Start*

MD XYZ, at Cross Street 1

End*

MD XYZ, at Cross Street 8

Total Cost*

\$905,000,000

The sum of local funding, private funding, discretionary federal funding, and state and state-controlled federal funding request must equal the total cost.

Local Funding

\$40,000,000

Private Funding

\$0.00

Discretionary Federal Funding

State and State-Controlled Federal Funding Request*

\$475,000,000

This should include both capacity expansion and State of Good Repair (SGR) components, as applicable.

\$390,000,000

Who developed the project’s total cost estimate?* *[Not shared with the public]*

- MDOT
- County or Municipality
- Metropolitan Planning Organization (MPO)
- Other: _____

In what year was the project’s total cost estimate developed?* *[Not shared with the public]*
If the estimate is more than 2 years old, MDOT will inflate costs to the expected start date.

2024

Describe the project’s purpose and need (in up to one paragraph).*

The proposed project will provide the following transit, bike, and pedestrian improvements on MD XYZ. It will provide Bus Rapid Transit (BRT) service on an existing bus route and improve bike and pedestrian accessibility on a key commercial corridor. The need for improved bus service on MD XYZ is identified in Plan 1 and Plan 2. The proposed bike and pedestrian facilities are consistent with Plan 3.

- (1) Install 5.68 miles of 13-foot dedicated bus lane on MD XYZ, from Cross Street 1 to Cross Street 8.**
- (2) Improve the following bus stops by installing one trash receptacle, one bike rack, and one bench per bus stop: MD XYZ, at Cross Street 2; MD XYZ, at Cross Street 3; MD XYZ, at Cross Street 5; MD XYZ, at Cross Street 6.**
- (3) Install 5.30 miles of 5-foot bike lane with a 2-foot buffer on both EB and WB MD XYZ, from Cross Street 1 to Cross Street 7.**
- (4) Install 0.95 miles of 5-foot sidewalk on EB MD XYZ, from Cross Street 2 to the existing sidewalk approximately 50 feet west of Cross Street 3. Install 1.33 miles of 5-foot sidewalk, on WB MD XYZ, from Cross Street 7 to Cross Street 8.**
- (5) Install crosswalks (2) at each of the following locations: across MD XYZ, at Cross Street 1, Cross Street 2, and Cross Street 6.**
- (6) Install a median on MD XYZ, from Cross Street 5 to Cross Street 8, with breaks at the following locations: Cross Street 6, Cross Street 7.**
- (7) Install roadway lighting along MD XYZ within the project limits.**

Section 4. Project Prioritization Application (Part 2)

Proposed Safety Improvements

Which of the following safety improvements are included in this project?*

Please select all that apply and provide the best available information.

[select all that apply]

- Widened shoulders

Route: _____

From (Starting Intersection): _____

To (Ending Intersection): _____

[+ Add another location for this improvement type]

- Dedicated turn lanes

Description of Improvement(s):

Route: _____

Cross Street or Equivalent: _____

[+ Add another location for this improvement type]

- Rumble strips

Route: _____

From (Starting Intersection): _____

To (Ending Intersection): _____

[+ Add another location for this improvement type]

- Improved road alignment

Description of Improvement(s):

Route: _____

From (Starting Intersection): _____

To (Ending Intersection): _____

[+ Add another location for this improvement type]

- Guardrail, median, or buffers

Route: **MD XYZ**

From (Starting Intersection): **Cross Street 5**

To (Ending Intersection): **Cross Street 8**

Breaks: **Cross Street 6, Cross Street 7**

[+ Add another location for this improvement type]

- New lighting

Route: **MD XYZ**

From (Starting Intersection): **Cross Street 1**

To (Ending Intersection): **Cross Street 8**

[+ Add another location for this improvement type]

- Other (please specify)

Improvement type: _____
Route: _____
From (Starting Intersection): _____
To (Ending Intersection): _____

[+ Add another location for this improvement type]

Proposed Major Improvements

Please complete the following sections for the major improvement types included in the proposed project. Do **not** enter details related to the following safety improvements: widened shoulders; dedicated turn lanes; rumble strips; improved road alignment; guardrail, median, or buffers; and new lighting. These should be described in the previous section, 'Proposed Safety Improvements.'

IF APPLICANT ANSWERS "Highway capacity project" TO "Select the modal/facility type:, " ASK THE FOLLOWING SERIES OF QUESTIONS:*

Highway Capacity Project Information

Please complete the following set of questions separately for each major proposed improvement.

Improvement Description (e.g., widening, intersection improvement, etc.) *

Lanes (Existing)*

Lanes (Proposed)*

Improvement Location

Route:*

Start:*

End:*

[+ Add another highway segment that will be modified by the proposed project]

IF APPLICANT ANSWERS "Transit capacity project" TO "Select the modal/facility type:, " ASK THE FOLLOWING SERIES OF QUESTIONS:*

Transit Capacity Project Information

Please complete the following set of questions separately for each major proposed improvement.

Please list of all of the project's station or stop locations.

1. MD XYZ, at Cross Street 1
2. MD XYZ, at Cross Street 2
3. MD XYZ, at Cross Street 3
4. MD XYZ, at Cross Street 4
5. MD XYZ, at Cross Street 5
6. MD XYZ, at Cross Street 6
7. MD XYZ, at Cross Street 7
8. MD XYZ, at Cross Street 8

What transit route(s) or line(s) does this project create or enhance?

Route/line name*

MD XYZ Rapid Transit

Weekday hours of service:

First trip on weekdays*

5:00 am

Last trip on weekdays*

9:00 pm

Weekday frequency of service (in minutes):

Peak*

5

Off-peak*

15

Travel time (end-to-end, in minutes):

Peak*

28

Off-peak*

26

New Weekday Transit Passengers*

For guidance on the development of an estimate, please email prioritization@mdot.maryland.gov to be connected with MTA. MTA will review applicant-provided estimates.

14,500

Who developed the project's new weekday transit passengers estimate?* [Not shared with the public]

ABC MPO

[+ Add another transit route/line that will be modified by the proposed project]

IF APPLICANT ANSWERS "Bike/pedestrian capacity project" TO "Select the modal/facility type:, " ASK THE FOLLOWING SERIES OF QUESTIONS:*

Bicycle/Pedestrian Capacity Project Information

Please complete the following set of questions separately for each major proposed improvement.

Improvement Description (e.g., new bike lane, new sidewalk, etc.)*

Installation of new bike lane

Improvement Location

Route:*

MD XYZ (EB & WB)

Start:*

Cross Street 1

End:*

Cross Street 7

Length of new bike lane (miles):*

10.60

Length of new sidewalk (miles):*

0

[+ Add another bike or pedestrian improvement]

+Added

Improvement Description (e.g., new bike lane, new sidewalk, etc.)*

Installation of new sidewalk

Improvement Location

Route:*

EB MD XYZ

Start:*

Cross Street 2

End:*

Existing sidewalk (~50 ft west of Cross Street 3)

Length of new bike lane (miles):*

0

Length of new sidewalk (miles):*

0.95

[+ Add another bike or pedestrian improvement]

+Added

Improvement Description (e.g., new bike lane, new sidewalk, etc.)*

Installation of new sidewalk

Improvement Location

Route:*

WB MD XYZ

Start:*

Cross Street 7

End:*

Cross Street 8

Length of new bike lane (miles):*

0

Length of new sidewalk (miles):*

1.33

[+ Add another bike or pedestrian improvement]

+Added

Improvement Description (e.g., new bike lane, new sidewalk, etc.)*

Installation of parallel-bar pattern crosswalks (2)

Improvement Location

Route:*

MD XYZ

Start:*

Cross Street 1

End:*

N/A

Length of new bike lane (miles):*

0

Length of new sidewalk (miles):*

0

[+ Add another bike or pedestrian improvement]

+Added

Improvement Description (e.g., new bike lane, new sidewalk, etc.)*

Installation of parallel-bar pattern crosswalks (2)

Improvement Location

Route:* MD XYZ Start:* Cross Street 2 End:* N/A

Length of new bike lane (miles):* 0 Length of new sidewalk (miles):* 0

[+ Add another bike or pedestrian improvement]
+Added

Improvement Description (e.g., new bike lane, new sidewalk, etc.)*
Installation of parallel-bar pattern crosswalks (2)

Improvement Location

Route:* MD XYZ Start:* Cross Street 6 End:* N/A

Length of new bike lane (miles):* 0 Length of new sidewalk (miles):* 0

[+ Add another bike or pedestrian improvement]
+Added

IF APPLICANT ANSWERS "Intercity passenger or commuter rail capacity project," TO "Select the modal/facility type:, " ASK THE FOLLOWING SERIES OF QUESTIONS:*

Intercity Passenger Rail Capacity Project Information

Please complete the following set of questions separately for each major proposed improvement.

What intercity passenger rail facilities or tracks does this project modify?

Facility or Track Name(s)*

New Weekday Passengers*

For guidance on the development of an estimate, please email prioritization@mdot.maryland.gov to be connected with MTA. MTA will review applicant-provided estimates.

Who developed the project's new weekday transit passengers estimate?* [Not shared with the public]

Description of Proposed Improvements*

IF APPLICANT ANSWERS "Intelligent transportation systems project – increases highway capacity through a combination of technology and physical infrastructure." TO "Select the modal/facility type:, " ASK THE FOLLOWING SERIES OF QUESTIONS:*

Intelligent Transportation Systems (ITS) Project Information

Please complete the following set of questions separately for each major proposed improvement.

Improvement Description*

Lanes (Existing)*

Lanes (Proposed)*

Improvement Location

Route:*

Start:*

End:*

[+ Add another ITS improvement]

Would the proposed project increase pedestrian accessibility in or around the project location?*

- Yes.
- No.

*IF APPLICANT ANSWERS "Yes." TO "Would the proposed project increase pedestrian accessibility in or around the project location? *," ASK THE FOLLOWING:*

How would the proposed project increase pedestrian accessibility?

The proposed project includes the installation of sidewalks on EB MD XYZ, from Cross Street 2 to just west of Cross Street 3, and on WB MD XYZ, from Cross Street 7 to Cross Street 8. This will facilitate access to commercial amenities and other key destinations on MD XYZ, including School A, Shopping Center B, and Park C. The project also includes the installation of crosswalks at three intersections, which will facilitate pedestrian access to destinations on either side of MD XYZ, including creating connections between Residential Neighborhood A, north of MD XYZ, and University Complex B, south of MD XYZ.

Does the proposed project include replacement of a transportation facility or reconstruction of a transportation facility with a remaining useful life of 20 years or less?*

If you are not sure on the remaining useful life but believe it is 20 years or less, please select 'maybe,' and SHA or MTA, as appropriate, will validate the remaining useful life of the asset(s). The purpose of this information is to give credit to the project in the prioritization process by reducing the costs considered for purposes of the 'score to cost ratio' used to rank projects.

- Yes.
- No.
- Maybe.

IF APPLICANT ANSWERS "Yes." or "Maybe." TO "Does the proposed project include replacement of a transportation facility or reconstruction of a transportation facility with a remaining useful life of 20 years or less?" ASK THE FOLLOWING:*

Please identify mile posts and bridge numbers (available here:

<https://data.imap.maryland.gov/datasets/maryland::bridge-structure-location/explore?showTable=true>) for each included asset, as applicable. Please note the in-kind

replacement cost estimate for each included asset. Please include a date and source for each estimate.

Section 5. Submit

Signed Resolution or Letter

All applicants must have a resolution or letter signed by their elected or governing body sponsoring the project. Please upload a PDF of your signed resolution or letter below.

[+ Upload Signed Resolution or Letter]

✓ Uploaded!

[see <https://www.mdot.maryland.gov/tso/pages/Index.aspx?PageId=83> for endorsement letter template]

To the MDOT Prioritization Team:

On behalf of ABC MPO, I affirm MD XYZ Bus Rapid Transit (BRT) has the support and endorsement of ABC MPO for the Maryland Department of Transportation's (MDOT's) Project Prioritization process. Please do not hesitate to be in touch should any additional information be of use.

Sincerely,

[Entity Executive's Signature]

[Entity Executive's Name]

[Entity Executive's Title]

Submit

I attest that I am authorized to submit this application on behalf of my organization and that all information contained within is true and correct to the best of my knowledge.

Signature

[select one]

Text Draw

Hannah Jones

Your Name

Hannah Jones