

# STATE INFRASTRUCTURE BANK INITIAL PROJECT APPLICATION

By using this form  
you are agreeing to  
our terms of use.  
**Please read:**

*Information required by South Dakota Department of Transportation, by authority of the  
National Highway System Designation Act of 1995, to apply for funding. SDDOT (6/2009)*

## APPLICANT INFORMATION

APPLICANT AGENCY			
SDDOT	Economic Development Corp.	Airport	
Government Agency	City/County/Township	Transit Agency	
	Other (Specify)		
APPLICANT NAME			DATE SUBMITTED
PROJECT NAME			PROJECT ZIP CODE
APPLICANT MAILING ADDRESS	CITY	STATE	ZIP CODE
CONTACT PERSON	TITLE	PHONE NO	
CONTACT PERSON'S ADDRESS	CITY	STATE	ZIP CODE
E-MAIL ADDRESS	<del> </del>		

## PROJECT DESCRIPTION

ROUTE NAME/FACILITY			
LOCATION			
SDDOT REGION	COUNTY	CITY	
TYPE OF PROJECT	HIGHWAY	TRANSIT	OTHER (Specify): _____
IS THIS PROJECT ELIGIBLE FOR FEDERAL AID?	Yes	No	

PROJECT DESCRIPTION (Provide brief description here and more detail in [Attachment A.](#))

PROJECT BENEFITS (Provide brief description here and more detail in [Attachment B.](#) i.e., Importance of project to community, how it promotes economic development.)

RISK ASSESSMENT (If agency does not receive loan, it may not (what?))

DOES THE PROJECT HAVE THE SUPPORT OF THE LOCAL GOVERNMENT UNIT(S) THAT ARE IMPACTED BY THE PROJECT?	Yes	No
DOES THE PROJECT HAVE THE SUPPORT OF THE TRANSPORTATION AGENCY (e.g. County Road Commission, City Street Administration, Local Transit Agency, etc.) WITH JURISDICTION OVER THE FACILITY?	Yes	No
IS THE PROJECT WITHIN A METROPOLITAN PLANNING ORGANIZATION (MPO) BOUNDARY?	Yes	No
If yes, is the Project on an approved MPO Transportation Improvement Plan (TIP)?	Yes	No
If No, is the Project on an approved State Transportation Improvement Plan (STIP)?	Yes	No
IS THE PROJECT ON A STATE HIGHWAY TRUNKLINE?	Yes	No
If yes, is it on the STIP?	Yes	No

**PROJECT FINANCING**

PROJECT STATUS (Please explain current status of the project, e.g. planning, design, project start and completion dates.)

ESTIMATE PROJECT CONSTRUCTION TIMELINE	START DATE	END DATE
TOTAL PROJECT COST	SIB LOAN AMOUNT REQUESTED	

DESCRIBE ANY COSTS THAT MAY NOT BE ELIGIBLE

PROPOSED PROJECT FINANCING SOURCES (Do not include SIB Repayment Source)

STATE INFRASTRUCTURE BANK	\$ _____
FEDERAL AID	\$ _____
ASSESSMENTS	\$ _____
USER PAYMENTS/FEES	\$ _____
LOCAL FUNDS	\$ _____
OTHER (Specify) _____	\$ _____
<b>TOTAL \$</b>	_____

PROPOSED PROJECT FINANCING USES

PRELIMINARY ENGINEERING	\$ _____
DESIGN	\$ _____
RIGHT-OF-WAY ACQUISITION	\$ _____
CONSTRUCTION	\$ _____
OTHER	\$ _____
OTHER	\$ _____
<b>TOTAL \$</b>	_____

LOAN REPAYMENT TERMS

START DATE

REPAYMENT SOURCE FOR SIB LOAN	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL \$</b>	_____

**CHECKLIST**

CHECK ALL OF THE FOLLOWING ITEMS THAT ARE ATTACHED:

A ATTACHMENT A - Description of Proposed Project

ATTACHMENT B - Benefits of Proposed Project

**CERTIFICATION**

SIGNATURE	TITLE	DATE
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Completed Initial Project Application and all applicable attachments may be submitted for initiation of the SIB review process to:

State Infrastructure Bank  
 South Dakota Department of Transportation  
 Division of Finance and Management  
 Chris Ott, Transportation Specialist  
 Becker-Hansen Building  
 700 E. Broadway Ave.  
 Pierre, SD 57501

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## **ATTACHMENT A: DESCRIPTION OF PROPOSED PROJECT**

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In your description, include an explanation of the problem that this project is designed to address.  
Please include a map. Attach additional pages if necessary.

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## **ATTACHMENT B: BENEFITS OF PROPOSED PROJECT**

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Discuss how SIB financing will help attract new public/private investment, reduce project costs and accelerate project completion. Identify other project benefits, e.g. access, mobility, economic, preservation, environmental.  
Attach additional pages if necessary.

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