

FY2022-2027 TIP PROCESS: REQUEST FOR PEER AGENCY SUPPORT

Complete the sections with green headers below, then provide this form to the agency you are requesting support from. That agency will complete the blue section and return the form. Providing additional project materials and attending meetings of the agency/forum from whom support is requested is encouraged.

☐ 22-25 Regional Call ☐ 22-25 Subregional Call ☒ 24-27 Regional Call ☐ 24-27 Subregional Call

APPLICANT INFORMATION

1. Who is requesting support? Subregional Forum: Boulder County Local Agency: Boulder County	
2. Project Sponsor: Boulder County	3. Current Supporting Agency(ies): Boulder, Erie, Lafayette, Broomfield, Thornton, Adams County, Brighton, CDOT R4
4. Contact Person: Kathleen Bracke, AICP Email: kbracke@bouldercounty.org	Title: Deputy Director, Community Planning & Permitting- Transportation Planning Phone: 970-219-6765

PROJECT DESCRIPTION

5. Project Title: CO7 Bus Rapid Transit Starter Service (Boulder to Brighton)		Total Project Cost: \$9.264M
Project Location: CO7 corridor		Project Limits: (mileposts, intersecting roads, rivers, etc.) Downtown Boulder Station to US 85/Bridge Street Park-n-Ride
County: Boulder County, City and County of Broomfield, Adams County	Municipality(ies): Boulder, Lafayette, Erie, Thornton, Brighton	Project Length: 26.6 miles
Brief Description of Project: CO7 Bus Rapid Transit Starter Service: new fixed-route, fixed headway, limited stop regional transit service running Monday through Friday 6am to 8pm with 30-minute headways (year one) with service expansion to seven days a week (year two).		

SUPPORT REQUEST

6. Based on who is requesting support (see #1), from whom are you are requesting support? *If you are requesting support from multiple forums or local agencies, please fill out and send a separate form to each.*

☒ Subregional Forum, Specify: Adams County

☐ Local Agency, Specify:

7. Type of Support Requested:

☐ Support Only

☒ Financial Pledge: ☒ Subregional Funds: Amount: \$100,000

☐ Local (non-DRCOG) Funds: Amount:

8. Please type your name and date below which certifies the above information is accurate and complete:

Name: Kathleen Bracke Date: 09/16/22

RESPONSE (to be completed by agency/subregion from whom support is requested)

9. The forum/agency in #1 above has requested for you to support their project. Who are you?		
Subregional Forum:	Local Agency:	
10. Contact person at supporting forum/agency:		
Title:	Email:	Phone:
11. Does your subregion/agency support this project? <input type="checkbox"/> Yes <input type="checkbox"/> No		

12. Does your subregion/agency pledge financial support to this project, if requested?

☐ Yes ☐ No ☐ N/A

If yes, provide amount: \$ Fiscal year(s) funds are provided in:

If yes, where are funds coming from:

☐ Local Agency (i.e., non-DRCOG funds)

☐ Subregional Funding Target (forum must approve)

13. Please enter your name and date below which certifies the above information is accurate and complete, and your subregion/agency will honor any financial commitments made above:

Name:

Date: