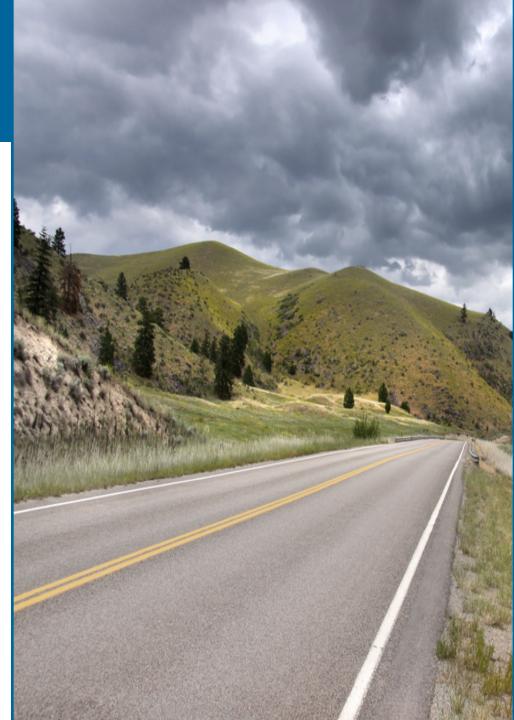


## Using Montana Webgrants for Obtaining Local Funds

HB 473 – Bridge and Road Safety and Accountability Act

Katy Callon MDT Rail, Transit and Planning Division



## What is Webgrants?

















Montana Fish, Wildlife & Parks



## Why Use Webgrants for Request Process?

- Streamlines and Automates the Process
- Consistency and Familiarity with Users
- Paperless
- Data Access
- Transparency

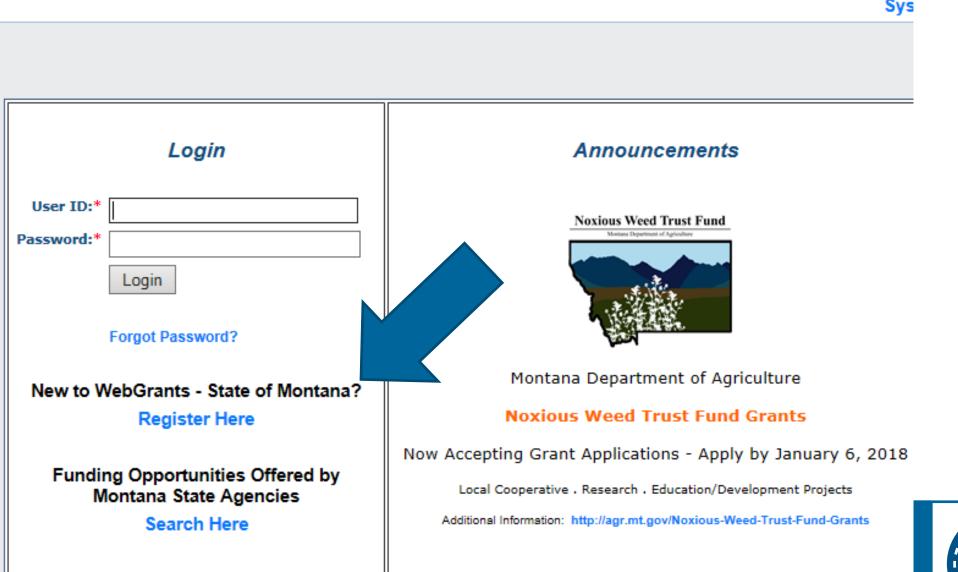


Webgrants

# https://fundingmt.org/index.do



## User and Organization Registration

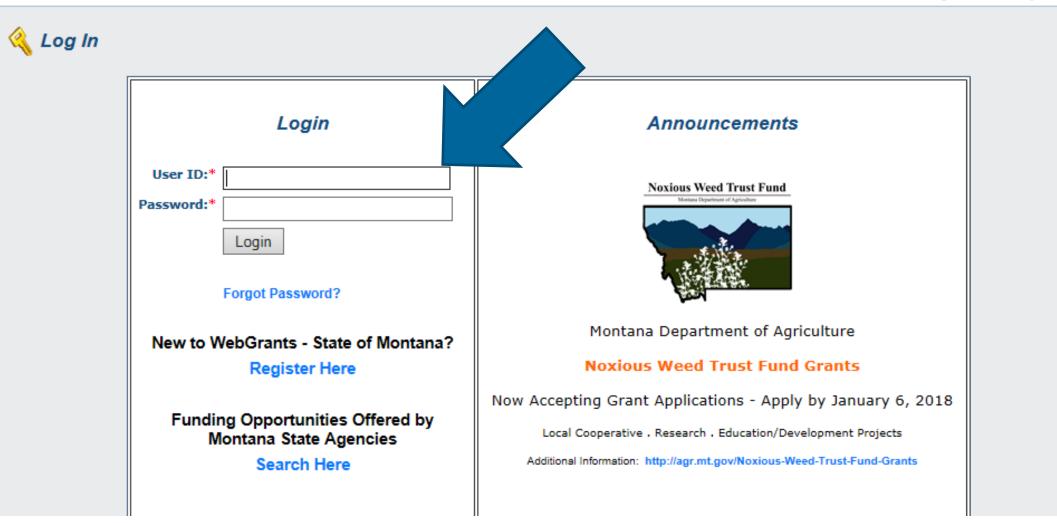


**VISION ZER®** zero deaths · zero serious injuries MONTANA DEPARTMENT OF TRANSPORTATION

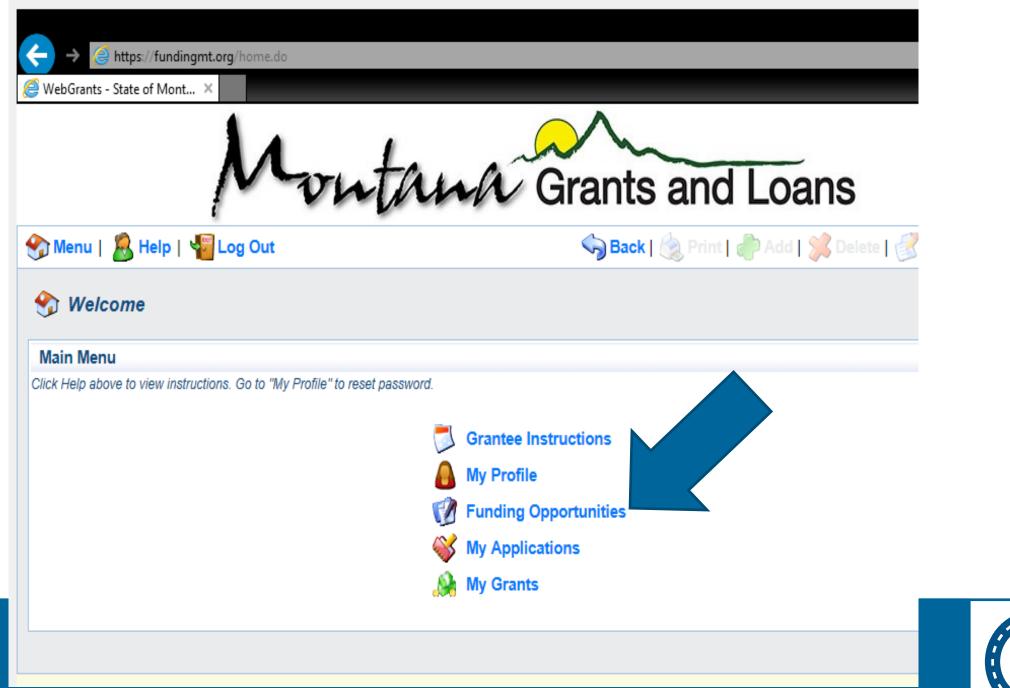
| Name:* Image: Salutation   Salutation   First Name     Email:*   Confirm Email   Alternate Email     Address:*   Image: City   Phone:*   Phone:*   Phone:*   Ext.     Alternate Phone   Ext.     Alternate Phone   Ext.     Alternate Phone   Ext.     Must Agency's Grant Programs are you     What Agency's Grant Programs are you   |  |   | Register |
|--|--|---|----------|
| what Agency's Grant Programs are you   Organization Information   Name:   Organization Type: City State/Province State/Province Phote: City State/Province Petral Code/Zip Petral Code/Zip Phote: City State/Province Phote: City State/Province Petral Code/Zip Petral Code/Zip Phote: City State/Province Petral Code/Zip Petral Code/Zi   | Personal Information   |   |          |
| Enail* Confirm Enail* | Name:*   |   |          |
| Alternate Enail Address: Address: Address: Address: Atternate Phone: Fax   | Email:*  | Salutation First Name Middle Name Last Name |          |
| Alternate Email<br>Address:<br>  | Confirm Email*   |   |          |
| Address:*  Address:*  Montana  Montana  Montana  Materiate Phone  Mone  Materiate Phone  Ma |  |   |          |
| Image: State Province     Phone:   Proces  |  |   |          |
| Image: State Province     Phone:   Proces  | Addroccu*  |   |          |
| iv State/Province   Pone   Pone   Pone   Pone   Pone   Fax:   ssssssss      What Agency's Grant Programs are you   Image: Imag   | Address.   |   |          |
| iv State/Province   Pone   Pone   Pone   Pone   Pone   Fax:   ssssssss      What Agency's Grant Programs are you   Image: Imag   |  |   |          |
| Phone:     Phone:        Phone:     Fax:              What Agency's Grant Phone      Fax:                 What Agency's Grant Phone      Fax:                       What Agency's Grant Phone:  What Agency's Grant Phone: <th>*</th> <th></th> <th></th>  | *  |   |          |
| Alternate Phone<br>Fax:<br>  | Phone:*  |   |          |
| Fax:   What Agency's Grant Programs are you most interested in?:    Organization Information  Organization Type:  Organization Website:  Address:  City  State/Province  City  Potela Code/Zip  Phone:  Ext:  Alternate Phone  Fax:  Ext:  Alternate Phone  Fax:  Ext:  Alternate Email address:  City   |  | Phone Ext.                                  |          |
| What Agency's Grant Programs are you<br>Organization Information  Name:  Organization Type:  Organization Type:  Address:  Address:  City  Phone:  City  Phone:  City  Phone:  City  City City   | Alternate Phone  |   |          |
| What Agency's Grant Programs are you most interested in?: Organization Information Name:* Organization Website: Address:* Address:* City State/Province Phone:* Ext. Ext. Ext. Ext. Ext. Ext. Ext. Ext.  | Fax:   |   |          |
| most interested in?:   Organization Information   Name:*   Organization Type:   Organization Website:    Organization Website:  Organization Website:    Organization Website:    Organization Website:    Organization Website:    Organization Website:    Organization Website:  Organization Website:  Organization Website:  Organization Website:    Organization Website:  Organization Website:  Organization Website:  Organization Website:  Organization Website:  Organization Website:  Organization Website:  Organization Website:  Organization Website:    Organization Website:  Organization Website:  Organization Website:  Organization Website:  Organization Website:  Organization Website:  Organization Website:  Organization Website:  Organization Website:  Organization Website:  Organi   |  |   |          |
| Name:*   Organization Type:   Organization Website:   Address:*   Address:*     City   Phone:*   City   State/Province   Postal Code/Zip   Postal Code/Zip Find: Ext.  | what Agency's Grant Programs are you<br>most interested in?: | ✓   |          |
| Organization Type:   Organization Website:   Address:*   Address:*   City   State/Province   Phone:*   City   State/Province   Postal Code/Zip   Fax:   Ext:   Ext:   Fax:   Email address   Alternate Email   | Organization Information                                     |   |          |
| Organization Website:<br>Address:*<br>Address:*<br>City Montana V<br>City State/Province Postal Code/Zip<br>Phone:*<br>Ext.<br>Alternate Phone<br>Fax:<br>Ext.<br>Alternate Email address<br>Etxt.<br>Alternate Email  | Name:*   |   |          |
| Address:* Ext. Ext. Ext. Ext. Ext. Ext. Ext. Alternate Phone Fax: Ext. Ext. Ext. Ext. Ext. Ext. Ext. Ext.  | Organization Type:   | ✓   |          |
| Final address   Image: City Montana   City State/Province   Postal Code/Zip   Postal Code/Zip Postal Code/Zip Image: City Image:   | Organization Website:  |   |          |
| Montana   City   State/Province   Postal Code/Zip   Postal Code/Zip Fostal Code/Zip Fax:   Ext.   Alternate Phone   Fax:   | Address:*  |   |          |
| Montana   City   State/Province   Postal Code/Zip   Postal Code/Zip Fostal Code/Zip Fax:   Ext.   Alternate Phone   Fax:   |  |   |          |
| Montana   City   State/Province   Postal Code/Zip   Postal Code/Zip Fostal Code/Zip Fax:   Ext.   Alternate Phone   Fax:   |  |   |          |
| Phone:*   image: image                              | *  | Montana 🗸                                   |          |
| Ext.   Alternate Phone   Fax:   ###-###-#####   Email address   Alternate Email  | Dhanau*  | City State/Province Postal Code/Zip         |          |
| Ext. Alternate Phone Fax: Email address Alternate Email  | Filone.  | ***-***                                     |          |
| Alternate Phone   Fax:   ###-#################################   | Ext.   |   |          |
| Fax:   ###-#################################   | Alternate Dhone  | Ext.  |          |
| Email address Alternate Email  |  |   |          |
| Alternate Email  | Fax:   |   |          |
|  | Email address  |   |          |
| Register   | Alternate Email  |   |          |
|  |  | Register                                    |          |



### System Compatibility









| <b>Opportunity Details</b> | C | )p | portu | nity | Detai | ils |
|----------------------------|---|----|-------|------|-------|-----|
|----------------------------|---|----|-------|------|-------|-----|

Copy Existing Application | Start a New Application

### 60764-TEST Bridge and Road Safety Accountability Act

#### MDT Test Program Area

#### Application Deadline: 11/01/2018 12:00 AM

| Award Amount<br>Range: | Not Applicable | Program Officer: | Kraig McLeod    |
|------------------------|----------------|------------------|-----------------|
| Project Start Date:    |                | Phone:           | 405-444-6256 x  |
| Project End Date:      |                | Email:           | krmcleod@mt.gov |
|                        |                |                  |                 |

Award Announcement Date:

This Opportunity is recurring Categorical Area(s) To be Addressed by Program Transportation

#### Description

#### Introduction:

The Bridge and Road Safety and Accountability Act (BARSAA) program provides funding to eligible local governments for construction, reconstruction, maintenance and repair of rural roads, city or town streets and alleys, and bridges under [HB 473 Section 1], MCA. A portion of motor fuel tax revenues generated within the state of Montana provides the funding for this program, and allows local governments to participate in revenue sharing.

The department allocates and distributes BARSAA funds to local governments, and maintains a project reporting website under the BARSAA program. The department does not monitor or oversee local government projects included in the local government's request for distribution.

#### Eligibility:

Any local government in Montana is eligible to receive BARSAA program funds.

BARSAA revenue collected in the previous calendar year must be allocated by the department and held in the BARSAA restricted account for the benefit of local governments.

#### Timeframes:

Allocations must be made by the department by March 1st of each year.

The local government requestor may request a distribution of allocated funds by submitting a request to the department between March 1st and November 1st of the calendar year the funds were allocated.



## **Distribution Request Submittals**

- Process for new distributions or notification of additional projects with unused funds.
- Amount of funding sought Can't exceed the amount allocated for that year plus any prior reserved funds.
- Adopted Resolution:
  - Identify the source of matching funds.
  - Identify signature authority for webgrants submittal.



## **Distribution Request Submittals**

- Project Description:
  - Project name
  - Project location
  - Type of work (construction, reconstruction, maintenance, repair, match for federal funds)
  - Total project cost estimate
  - Source of match
  - Estimated completion date



## **Reservation Request Submittals**

- Adopted Resolution:
  - -May reserve up to the allocated amount for up to two years.
  - -Statement that reservation is necessary due to local government's inability to match funds.
  - -Identify signature authority for webgrants submittal.



## 🏀 Menu | 🤱 Help | 🍟 Log Out



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### Instructions

Fill out the form below and click "Save". Once completed and saved, click on the "Go to Application Forms" link to continue completing the rest of the application. Pick the appropriate Primary, Additional and Authorized Officials. If additional contacts or authorized officials have not been registered in the system, submit a registration request on the main fundingmt.org page. Once the registration has been approved, have the primary contact person add them to the organization.

Enter a BRIEF project title, you will have the opportunity to detail your project further in the application.

To save or edit this form, click "Save" or "Edit" in the upper right hand corner of the screen. Information entered into this form will be lost unless the "Save" icon is selected before moving on to the next form. If you wish to move back a screen, select the "Back" icon. Do not click on the main browser's back arrow. Doing so could cause the data you entered to be lost.

| General Information                            |                                       |
|--|---------------------------------------|
| Primary Contact:*                              | Kraig McLeod TEST V                   |
| Project Title:<br>(limited to 250 characters)* | Name of Entity-2018 BARSAA Allocation |
| Authorized Official:*                          | Kraig McLeod TEST V                   |
| Organization:*                                 | MDT Test Applicant Organization V     |
|  | Return to Top                         |



## 🌑 Menu | 🧟 Help | 📲 Log Out



## Section 44 Section

### Application: 61649 - Name of Entity-2018 BARSAA Allocation

Program Area: MDT Test Program Area

Funding Opportunities: 60764 - TEST Bridge and Road Safety Accountability Act

Application Deadline: 11/01/2018

### Instructions

The required application forms appear below. Please note: Clicking "Mark as Complete" does not submit the application component or prevent further editing. The check mark beside the form is only an indicator that the form has been completed. All application components must be marked as complete in order to submit. To submit the application click the Submit button.

| Application Forms                              | Application Details   Submit   Withdraw |             |
|--|---|-------------|
| Form Name                                      | Complete?                               | Last Edited |
| General Information                            | 1                                       | 09/08/2017  |
| BARSAA Requestor Information                   |   |             |
| BARSAA Distribution & Reservation Request Form |   |             |



## **BARSAA Requestor Information**

| Project Identification               |  |                    |                   |
|--------------------------------------|--|--------------------|-------------------|
| Project Manager/Point of Contact (i  | ndividual responsible for day-to-day activities) |                    |                   |
| Name                                 |  |                    |                   |
|                                      | First Name Last Name                             |                    |                   |
| Title                                |  |                    |                   |
| Agency/Organization                  |  |                    |                   |
| Mailing Address                      |  |                    |                   |
| Hailing Address                      |  |                    |                   |
|                                      |  | ×                  |                   |
|                                      | City   | State              | Zip Code          |
| E-mail Address                       |  |                    |                   |
| Phone Number                         |  |                    |                   |
|                                      |  |                    |                   |
| Authorized Official for Local Govern | ment as Designated in Adopted Resolution         |                    |                   |
| Name*                                | Kraig McLeod                                     |                    |                   |
|                                      | First Name Last Name                             |                    |                   |
| Title*                               | Local Requestor ×                                |                    |                   |
| Agency/Organization*                 | MDT  |                    |                   |
|                                      |  |                    |                   |
| Mailing Address*                     | 123 Street 1                                     |                    |                   |
| *                                    |  |                    | 50000             |
|                                      | Helena<br>City                                   | Montana V<br>State | 59602<br>Zip Code |
|                                      |  | State              | Zip Code          |
| E-mail Address*                      | krmcleod@mt.gov                                  |                    |                   |
| Phone Number*                        | 406-444-6256                                     |                    |                   |
|                                      |  |                    |                   |



### 🏤 Menu | 🧏 Help | 📲 Log Out

🥱 Back | 🚵 Print | 🦛 Add | 🎉 Delete | 🧭 Edit | 🔚 Save

### Section 44

### Application: 61649 - Name of Entity-2018 BARSAA Allocation

Program Area: MDT Test Program Area

Funding Opportunities: 60764 - TEST Bridge and Road Safety Accountability Act

Application Deadline: 11/01/2018

Requested Total: \$0.00

### Instructions

Click HERE for the Montana Department of Transportation Webgrants Grant Application Instructions.

Click HERE for a link to the Montana Code Annotated pertaining to BARSAA Funds.

Click HERE for a link to the Administrative Rules pertaining to BARSAA Funds.

All fields are required.

To add data in the BARSAA Project Information section, select the blue "add" link, located on the right side of the section. When you have completed an entry for all the fields, select "Save". Repeat this process for each project until all data has been entered into the section.

When you have completed the entire form, be sure to "Mark as Complete".

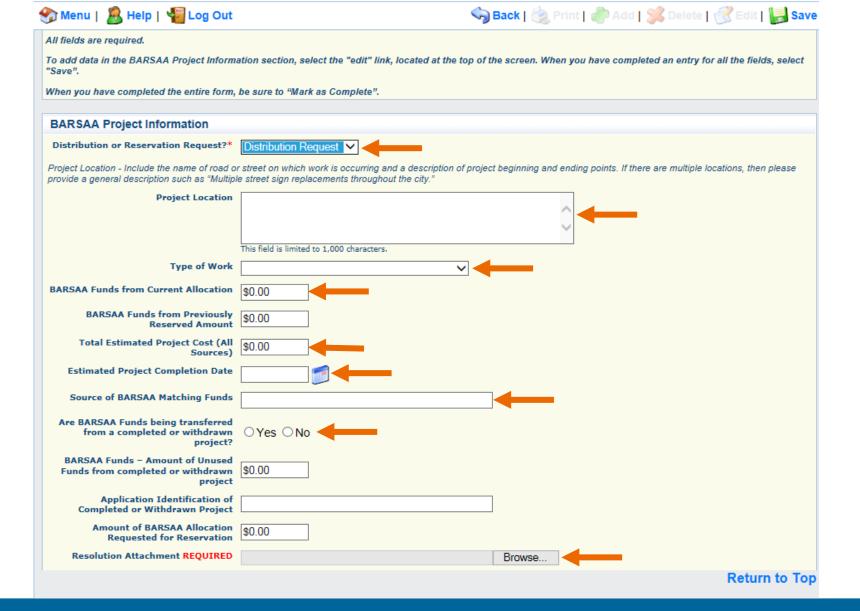
### BARSAA Project Information

Distribution or Reservation Request?\*

Distribution Request Reservation Request

**Return to Top** 







### Instructions

Click HERE for the Montana Department of Transportation Webgrants Grant Application Instructions.

Click HERE for a link to the Montana Code Annotated pertaining to BARSAA Funds.

Click HERE for a link to the Administrative Rules pertaining to BARSAA Funds.

### All fields are required.

To add data in the BARSAA Project Information section, select the blue "add" link, located on the right side of the section. When you have completed an entry for all the fields, select "Save". Repeat this process for each project until all data has been entered into the section.

When you have completed the entire form, be sure to "Mark as Complete".

| BARSAA Project Information   |  |
|--|--|
| Distribution or Reservation Request?*  | Reservation Request V  |
| Reservation Request  |  |
| Local government may only reserve alloca                                       | ted funds if it is unable to match the funds as required by XXX MCA. |
| Local Government Certifies it is Unable<br>to Match BARSAA Funds at this time: | ●Yes ○No   |
| Amount of BARSAA Requested for<br>Reservation                                  | 150000 ×   |
| <b>Resolution Attachment REQUIRED</b>  | O:\Local Request Process\Reserved Resolution.docx Browse             |



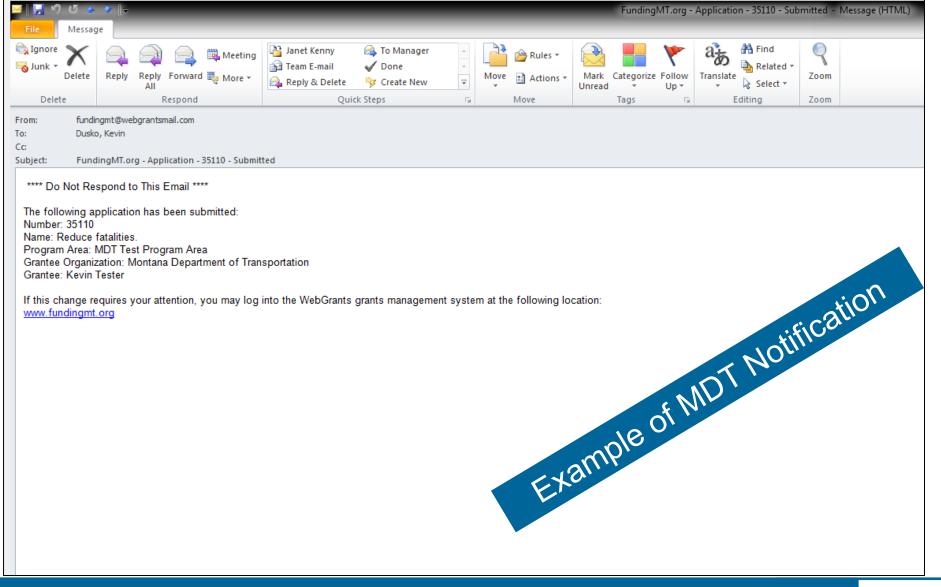
Return to Top

| Application: 61914 - ABC City-Wid   | le Maintenance 2018 BARSAA   |
|---|--|
| Program Area:   | MDT Test Program Area  |
| Funding Opportunities:  | 60764 - TEST Bridge and Road Safety Accountability Act   |
| Application Deadline:   | 11/01/2018   |
| Requested Total:  | \$500.00   |
| Instructions  |  |
| Click HERE for the Montana Department of T                                      | ransportation Webgrants Grant Application Instructions.  |
| Click HERE for a link to the Montana Code A                                     | notated pertaining to BARSAA Funds.  |
| Click HERE for a link to the Administrative Ru                                  | les pertaining to BARSAA Funds.  |
| All fields are required.  |  |
| To add data in the BARSAA Project Inform<br>"Save".                             | ation section, select the "edit" link, located at the top of the screen. When you have completed an entry for all the fields, select |
| When you have completed the entire form,  | be sure to "Mark as Complete".   |
| BARSAA Project Information  | Go to Application Forms  |
| Distribution or Reservation Request?*   | Distribution Request   |
| Project Location  | Corridor 0000010N, RP: 0.0 to RP 1.1   |
| Type of Work  | Maintenance  |
| BARSAA Funds from Current<br>Allocation   | \$500.00   |
| BARSAA Funds from Previously<br>Reserved Amount                                 | \$0.00   |
| Total Estimated Project Cost (All<br>Sources)                                   | \$0.00   |
| Estimated Project Completion Date   | 09/28/2018   |
| Source of BARSAA Matching Funds   | Mill Levy 1  |
| Total Amount Requested for<br>Distribution                                      | \$500.00   |
| Are BARSAA Funds being transferred<br>from a completed or withdrawn<br>project? | No   |
| BARSAA Funds – Amount of Unused<br>Funds from completed or withdrawn<br>project | \$0.00   |
| Application Identification of Completed<br>or Withdrawn Project                 | N/A  |
| Amount of BARSAA Allocation<br>Requested for Reservation                        | \$0.00   |
| Resolution Attachment REQUIRED  | EST_IMPACTS_NONMOTORIZED_TRANS_2013.pdf  |



| Application: 61649 - Name of Entity-2018 BARSAA Allocation  |               |   |
|---|---------------|---|
| Program Area: MDT Test Program Area   |               |   |
| Funding Opportunities: 60764 - TEST Bridge and Road Safety Accountability Act   |               |   |
| Application Deadline: 11/01/2018  |               |   |
| Requested Total: \$160,000.00   |               |   |
| Instructions  |               |   |
| The required application forms appear below. Please note: Clicking "Mark as Complete" does not submit the application co<br>the form is only an indicator that the form has been completed. All application components must be marked as complete in<br>button. |               | editing. The check mark beside<br>he application click the Submit |
| Application Forms   | Application D | etails Submit Withdray  |
| Form Name   | Complete?     | Last Edited   |
| General Information   | 1             | 09/08/2017  |
| BARSAA Requestor Information  | 1             | 09/08/2017  |
|   |               |   |







## MDT's Role After Submission

- Screen submittals/projects for:
  - -Completeness
  - -Eligibility (Road, bridge, or street improvement, maintenance, or repair)
    - Capital equipment not eligible
  - Make distribution within 30 calendar days of completed requests



## **Annual Report & Project Modifications**

- Anticipate using Webgrants "Status Reporting" functionality for:
  - -Notify MDT of project status
  - -Final project costs

## • Stay tuned! This is still in development.



## Next Steps

 Finalize development of the Webgrants process for distribution and reservation requests and submission of the annual report.

• Begin rollout and training of local governments.

• Open "funding opportunity" on March 1, 2018.



Larry Flynn Administration Division Administrator (406)444-9418 Iflynn@mt.gov

Katy Callon Planner - Rail, Transit & Planning Division (406)444-7294 kcallon@mt.gov

