THE CITY/COUNTY ASSOCIATION OF GOVERNMENTS OF SAN MATEO COUNTY (C/CAG)

TRANSPORTATION DEVELOPMENT ACT ARTICLE 3 PEDESTRIAN AND BICYCLE PROGRAM

CALL FOR PROJECTS FOR FISCAL YEAR 2017/2018

**CAPITAL PROJECT APPLICATION**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I.** | **Project Name and Funding Request** | | | | | | | | | | |
| a. | Applicant Agency: | | | | |  | | | | | |
| b. | Funds Requested: | | | | | $ | | | | | |
| c. | Project Title: | | | | |  | | | | | |
| d. | Brief Project Summary: | | | | |  | | | | | |
| e. | Project Type:  🞏 Capital: Pedestrian and Bicycle Facility  🞏 Capital: Bicycle Facility Only  🞏 Capital: Pedestrian Facility Only | | | | | | | | | | |
| **II.** | **Project Screening** | | | | |  | | | | | |
| a. | Is the project sponsor the County of San Mateo, a City in San Mateo County or a Joint powers agency operating in San Mateo County? Answer must be “Yes” to continue.  🞏 Yes 🞏 No | | | | | | | | | | |
| b. | Project meets Caltrans Standards: 🞏 Yes 🞏 No | | | | | | | | | | |
|  | Brief description of project elements meeting Caltrans Standards: | | | | |  | | | | | |
| c. | Received California Environmental Quality Act (CEQA) approval?  🞏 Yes 🞏 No | | | | | | | | | | |
|  | Date of ­CEQA Approval: | | | | |  | | | | | |
|  | *Note: CEQA document must be submitted as an attachment to the application.* | | | | | | | | | | |
| **III.** | **Clear and Complete Proposal** | | | | |  | | | | | |
|  | Describe the project elements (indicate location, length, scope, size or extent) | | | | | | | | | | |
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| **IV.** | **State of Readiness** | | | | |  | | | | | |
| a. | Right-of-Way certification required? | | | | | 🞏 Yes 🞏 No 🞏 N/A | | | | | |
| b. | Right-of-Way certification completed (if applicable)? | | | | | 🞏 Yes 🞏 No | | | | | |
| c. | Permits/Agreements approved? | | | | | 🞏 Yes 🞏 No 🞏 N/A | | | | | |
|  | List all permits and/or agreements approved/obtained to date: | | | | | | | | | | |
|  | *Name of Permit/Agreement* | | | | | | *Date approved/obtained* | | | | |
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| **V.** | **Community Support** | | |  | | | | | | | |
| a. | Bicycle Advisory Committee (BAC): Applicant agency has a designated BAC that meets the requirements established by the Metropolitan Transportation Commission. *(Note: a BAC that includes members representing pedestrians is required prior to award of TDA3 funds)* | | | | | | | | | | |
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|  |  | | | 🞏 Yes 🞏 No, but in progress | | | | | | | |
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| b. | Project has been approved by the BAC: | | | | | | | | | | |
|  |  | | | 🞏 Yes 🞏 No | | | | | | | |
|  | Project has been approved by other organized group(s) with demonstrated knowledge of walking and bicycling needs (*see instructions)*: | | | | | | | | | | |
|  |  | | | 🞏 Yes 🞏 No | | | | | | | |
|  | *Names of other group(s):* | | | *Type of support: (e.g., letters resolutions)* | | | | | | | |
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| **VI.** | **Meets Program Objectives** | | | | | | | | | | |
| a. | Describe the need for the project and how the project addresses an identified problem. How was the need determined? Cite relevant data or observations regarding existing walking/bicycling demand, or results of similar projects in other communities. Include a vicinity map and a site map. | | | | | | | | | | |
|  |  | | | | | | | | | | |
| b. | Describe how the project reduces the risk of collision injury to people walking or cycling. Cite relevant data and sources such as crash history. | | | | | | | | | | |
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| c. | Access to high-use activity centers: List the destinations the project serves and estimate the number and frequency of people accessing these locations. For projects that serve both walking and bicycling, identify the features that serve walking transportation. Estimate the proportion of the project cost going toward pedestrian facilities. *(See instructions)* | | | | | | | | | | |
|  |  | | | | | | | | | | |
| d. | This project includes facilities that serve walking trips:  Describe parallel pedestrian facilities (if applicable): | | | | | | | | 🞏 Yes 🞏 No | | |
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| e. | Degree to which this project improves conditions for bicycling and/or walking for transportation purposes: | | | | | | | | | | |
|  |  | | | | 🞏 Primarily Transportation  🞏 Transportation & Recreation  🞏 Primarily Recreation | | | | | | |
| f. | Estimate the typical distances of walking and/or bicycling trips that will use this facility and, if available, demographic characteristics: | | | | | | | | | | |
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| g. | What is the relationship of the project to the existing or regional bicycle or pedestrian routes? Is the project in coordination with neighboring jurisdictions? Explain. | | | | | | | | | | |
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| h. | Project is consistent with local or regional plans *(add lines, if necessary)*: | | | | | | | | | | |
|  |  | | | | | | | | | | |
|  | *Type of Plan:* | | | | | | | *Name of Plan and Page (if applicable)* | | | |
|  | 1. County of City facilities plan | | | | | | |  | | | |
|  | 1. Circulation element of general plan | | | | | | |  | | | |
|  | 1. San Mateo County Comprehensive Bicycle & Pedestrian Plan | | | | | | |  | | | |
|  | 1. Other bicycle, pedestrian, or complete streets plan(s): | | | | | | |  | | | |
| **VII.** | **Funding and Local Match** | | | | | | | | | | |
| 1. Enter total project cost, totaling funds from all sources here: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| TDA Funds requested: | | $ | | | | | | | | |
| Local Funds provided: | | $ | | | | | | | | |
| Local match percentage: | | % | | | | | | | | |
| *To calculate % Local Match Percentage, please use the following equation:*  Local Matching Funds\* = Local Match %  Total Project Cost  *\*Cash Match Only. Please note that local funds cannot include prior funding sources received from other grants.* | | | | | | | | | | |
| b. | Can the project be partially funded or divided into phases? | | | | | | | 🞏 Yes 🞏 No | | | |
| c. | If applicable, are there any other funds (ie. Grants) as part  of the project?  If yes, please list the funding source and amount:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | 🞏 Yes 🞏 No | | | |
| **VIII.**  **XI.** | **Optional Field Video**  Is a video being submitted as part of this application?  *(Highly Recommended)*  **Single Point of Contact Information** | | | | | | | | | 🞏 Yes 🞏 No | |
|  |  | | | | | | | | |  | |
|  | Name: | |  | | | | | | | | |
|  | Title:  Applicant Agency:  Telephone: | |
|  | E-mail Address: | |