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

**PLANNING PROJECT APPLICATION**

|  |  |
| --- | --- |
| **I.** | **Project Name and Funding Request** |
| a. | Applicant Agency: |  |
| b. | Funds Requested: | $ |
| c. | Project Title: |  |
| d. | Brief Project Summary: |  |
| e. | Project Type: | 🞏 Comprehensive Pedestrian/Bicycle Plan🞏 Comprehensive Pedestrian Plan Only🞏 Comprehensive Bicycle Plan Only |
| **II.** | **Project Screening** |  |
|  | 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 |
| **III.** | **Clear and Complete Proposal** |  |
| a. | Describe the project elements.  |
|  |  |
|  |  |
| b. | Check one: 🞏 New Plan  |   |
|  |  🞏 Update to existing plan | Date of previous plan: |
| **IV.** | **Community Support** |  |
| a. | Bicycle Advisory Committee (BAC): Applicant agency has a designated BAC that meets the requirements established by the Metropolitan Transportation Commission. *(Note: The BAC must include representatives of bicyclists/pedestrians prior to award of TDA3 funds)* |
|  |  | 🞏 Yes 🞏 No, but in progress  |
| b.  | Project is supported by the BAC: |
|  |  | 🞏 Yes 🞏 No  |
| c. | 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, minutes)* |
|  |  |  |
|  |  |  |
|  |  |  |
| **V.** | **Meets Program Objectives** |
|  | 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.  |
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|  |  |
| **VI.** | **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*\*Local Cash Match only. Planning Projects are required to provide at least a 50% match to qualify for TDA Article 3 grant funding.* |
| b. | Can this project be partially funded? | 🞏 Yes 🞏 No  |
|  |  |  |
| **VII.** | **Single Point of Project Contact Information** |
|  | Name and Title: |  |
|  | Applicant Agency: |  |
|  | Telephone: |  |
|  | E-mail Address: |  |