**C/CAG ONE BAY AREA GRANT 2 PROGRAM (OBAG 2)**

**Transportation for Livable Communities**

**(TLC) Program**

**APPLICATION FOR FISCAL YEARS 2017/2018 - 2021/2022**

**Section 1: General Project Information**

1. **General Project Information**

|  |  |  |
| --- | --- | --- |
| Sponsor Agency: |  |  |

|  |  |  |
| --- | --- | --- |
| Implementing Agency: |  |  |

|  |  |  |
| --- | --- | --- |
| Funds Requested  Minimum $250,000 Maximum $1,000,000: |  |  |

Note:

* Maximum amount that can be awarded per project is $1,000,000.
* The maximum allowable grant fund per jurisdiction is $1,500,000 (for BPIP and TLC combined).

1. **Single point of contact for all Federal Aid projects in your agency:**

|  |  |  |
| --- | --- | --- |
| Name: |  |  |

|  |  |  |
| --- | --- | --- |
| Title: |  |  |

|  |  |  |
| --- | --- | --- |
| Agency: |  |  |

|  |  |  |
| --- | --- | --- |
| Phone Number: |  |  |

|  |  |  |
| --- | --- | --- |
| Email Address: |  |  |

**Section 2: Project Description**

|  |  |  |
| --- | --- | --- |
| Project Description: |  |  |

|  |  |  |
| --- | --- | --- |
| Project Location/Limits: *(Include streets, cross streets, and project limits, as appropriate)* |  |  |

**Section 3: Screening Requirements**

1. **Required attachment for all capital projects, map(s) that include the following elements (Please limit size to 11x17):**

* Project location in relation to an ABAG approved Priority Development Area (PDA). Include the PDA name and map the ABAG PDA boundary. Include measurements if supporting a “proximate access” claim.
* If project meets the definition of “proximate access” to a PDA, show details on a map and describe how it meets the definition on Question 4.
* Attach a proposed project sketch or conceptual layout. For example; a location indicator map may be more appropriate for a pedestrian countdown signal head project while a conceptual layout is applicable for a trail or bike lane installation. If multiple types of improvements are proposed throughout the project limits (e.g. a combination of Class 1 and Class 3 bicycle facilities), clearly indicate the limits of each type of improvement on the map.
* Differentiate existing and new facilities, as applicable (e.g. bikeways, sidewalks, crosswalks, traffic signals, etc.) If this project is closing a gap, clearly illustrate how the project will achieve this.
* Show nearby transit facilities, activity centers and regional connectors (to the extent feasible).

1. **Required for all projects, fill out Complete Streets online project and checklist information at** [**http://completestreets.mtc.ca.gov/external\_user\_sessions/new**](http://completestreets.mtc.ca.gov/external_user_sessions/new)

* Create and fill out information for a new project
* Create and fill out information for a new checklist. Associate new checklist to the newly created project.

|  |  |  |
| --- | --- | --- |
| What is the inputted Project Name? |  |  |

|  |  |  |
| --- | --- | --- |
| What is the inputted Checklist Name? |  |  |

1. **Required for all projects, fill out and attach the “One Bay Area Grant (OBAG 2) Checklist for Local Compliance with MTC Resolution No. 4202” found at** [**http://ccag.ca.gov/obag-2-call-for-projects/**](http://ccag.ca.gov/obag-2-call-for-projects/)**.**

Yes – The checklist is attached.

No – The checklist will be completed prior to C/CAG approval of award.

1. **Is this project located within the boundary of an ABAG approved PDA?**

Yes – Project location is shown relative to PDA on the required map.

No

* 1. **If not, is this project within proximate access to an ABAG approved PDA?**

Yes – Please see attached definition of “proximate access to a PDA” and include documentation that supports this claim on attached map.

|  |  |  |
| --- | --- | --- |
| Indicate how the project meets at least one of the definition of proximity to a PDA: |  |  |

No

Note: MTC mandates that 70% of all funds are to be located in a PDA or in proximate access to a PDA.

1. **Project Cost by Phase**

Please fill in the funding table below.



Is this still a viable project if partially funded? Please explain below.

Yes

No

|  |  |  |
| --- | --- | --- |
| Describe the source of “Other Project Funds”: |  |  |

**Section 4: Scoring Criteria**

1. **Is project in a BAAQMD defined CARE community or freight transportation center? See** [**http://www.baaqmd.gov/plans-and-climate/community-air-risk-evaluation-care-program**](http://www.baaqmd.gov/plans-and-climate/community-air-risk-evaluation-care-program)

Yes

No

1. **Do improvements implement “Best Practices” as identified by the Air District's Planning Healthy Places guidelines? See** [**http://www.baaqmd.gov/~/media/files/planning-and-research/planning-healthy-places/php\_may20\_2016-pdf.pdf?la=en**](http://www.baaqmd.gov/~/media/files/planning-and-research/planning-healthy-places/php_may20_2016-pdf.pdf?la=en)

|  |  |  |
| --- | --- | --- |
| Describe the “Best Practices” utilized. |  |  |

1. **Is this project identified in a Community Based Transportation Plan developed in San Mateo County or in the Countywide Transportation Plan for Low Income Communities? See** [**http://mtc.ca.gov/our-work/plans-projects/other-plans/community-based-transportation-plans**](http://mtc.ca.gov/our-work/plans-projects/other-plans/community-based-transportation-plans%20) **or** [**http://ccag.ca.gov/programs/transportation-plans/**](http://ccag.ca.gov/plansreportslibrary/)

Yes

|  |  |  |
| --- | --- | --- |
| If yes, please site the planning document and strategy number |  |  |

No

1. **Is this project located in or does this project serve a Community of Concern (COC) as defined by MTC or locally identified as part of Community Based Transportation Plans? See** [**http://mtc.maps.arcgis.com/home/webmap/viewer.html?webmap=6395becff0324b7c9aa2887cc46ada11**](http://mtc.maps.arcgis.com/home/webmap/viewer.html?webmap=6395becff0324b7c9aa2887cc46ada11)

Yes

|  |  |  |
| --- | --- | --- |
| Please describe how this projects serves a COC or the CBTP community |  |  |

No

1. **Is this project located in a PDA or TPA that has affordable housing preservations strategies and/ or community stabilization policies?**

**See example “OBAG Preservation Strategies and Community Stabilization Policy” examples at:** [**http://ccag.ca.gov/obag-2-call-for-projects/**](http://ccag.ca.gov/obag-2-call-for-projects/)

Yes

|  |  |  |
| --- | --- | --- |
| If yes, please list the policies in place and provide verification (e.g. web links or ordinance/ resolution numbers). |  |  |

No

1. **Describe the user benefit of the proposed project.**

|  |  |  |
| --- | --- | --- |
| Describe the following:   * + Project need   + Expected use   + Expected return on investment. |  |  |

* 1. **Is this project a safety project?**

Yes

|  |  |  |
| --- | --- | --- |
| If yes, please describe/substantiate the safety problem to be addressed. |  |  |

No

|  |  |  |
| --- | --- | --- |
| Describe how the project meets the goals and intent of the program |  |  |

1. **Is this project identified in an adopted planning document (e.g. bike plan, pedestrian plan, station area plan, transit plan, or other area planning document)?**

Yes

|  |  |  |
| --- | --- | --- |
| If yes, please provide the plan names, adopted date, and page number. Provide a web link if available. |  |  |

No

1. **Does this project provide connectivity or improve transportation choices?**

|  |  |  |
| --- | --- | --- |
| Describe how the project improves access to housing/ jobs/ high quality transit. |  |  |

|  |  |  |
| --- | --- | --- |
| Describe how the project addresses a gap in a bicycle or pedestrian network. |  |  |

|  |  |  |
| --- | --- | --- |
| Describe how the project encourages multi modal access with a "complete streets" approach. |  |  |

|  |  |  |
| --- | --- | --- |
| Please describe if the is project located in dense job centers, near transit, or near housing with reduced parking requirements or travel demand management (TDM) programs? And/ or describe how the project improves transportation choices for all income levels? |  |  |

1. **Does this project have local community support and/ or council approval?**

Yes – Attach any supporting documentation (e.g. letters of support).

|  |  |  |
| --- | --- | --- |
| If yes, please describe the community involvement and/ or evidence of local support. |  |  |

No

1. **Readiness**

Is this project located entirely within the sponsor’s right of way? Is the project expected to need utility relocations?

Yes

No

|  |  |  |
| --- | --- | --- |
| If no, please list if any permits and/ or easements been identified and/or acquired? |  |  |

Is this project near the coast, bay front, refuge, or other environmentally sensitive areas? Does this project require agreements with other jurisdictions or regulatory agencies? Is the project’s schedule dependent on the progress of another project?

Yes

|  |  |  |
| --- | --- | --- |
| If yes, list expected studies/ permits or environmental issues?  Describe any project dependencies. |  |  |

No

Is this project designed?

Yes

|  |  |  |
| --- | --- | --- |
| If yes, indicate and substantiate status (e.g. 35%, 65%, 90%). Indicate if the design has been reviewed by Caltrans design or Caltrans permit office. |  |  |

No

1. **Please input the project schedule**



Note: Half of all OBAG2 funds must be submitted for construction obligation by January 31, 2020. All Preliminary Engineering (PE) and non-infrastructure funds must be programmed and obligated no later than January 31, 2018. All remaining OBAG2 funds must be submitted for construction obligation by January 1, 2023.