

TRANSPORTATION DEVELOPMENT ACT ARTICLE 3 PEDESTRIAN AND BICYCLE PROGRAM

CALL FOR PROJECTS FOR FISCAL YEAR 2019/20

**PLANNING PROJECT APPLICATION**

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| **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 within 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.  |
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|  |  |
| b. | Check one: 🞏 New Plan  |   |
|  |  🞏 Update to existing plan | Date of previous plan: |
|  |  |  |
| **IV.****V.** | **No Section IV for Planning Application****Community Support** |  |
| a. | Bicycle Advisory Committee (BAC): Applicant agency has a designated BAC that meets the requirements established by the Metropolitan Transportation Commission and is a standing committee. *(Note: The BAC must include representatives of bicyclists/pedestrians prior to award of TDA3 funds)* |
|  |  | 🞏 Yes 🞏 No 🞏 In progress (expected date:\_\_\_\_\_\_\_)  |
|   | Project is supported 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: (letters, resolution, minutes)* |
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| 1. Local Cash Match:

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.* |
|  | Can this project be partially funded? | 🞏 Yes 🞏 No  |

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| **VI.** a. | **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. Describe the project’s anticipated schedule, including major milestones.  |
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| **VII.** | **Single Point of Project Contact Information** |
|  | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |