**Attachment 2**

**GRANT APPLICATION**

* One (1) electronic version of the application shall be submitted to the County Program Manager, Kim Wever (kwever@smcgov.org) by the closing date and time for receipt of application.
* Applications must be received no later than 12:00 noon on Friday, August 21, 2020.
* **Each application shall be no more than 20 bound pages.**

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| **GENERAL INFORMATION** |
| **Project Sponsor** |
| * 1. Lead Applicant (Agency):
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| * 1. Project Manager (Name and Title):
 |  |
| * 1. Contact Information (Email and Phone):
 |  |
| Project Partners/Vendors (Please list all project partners and/or vendors that will be involved and their role in the project.)  |
| 1. Agency/Business/Organization
 |  |
| * 1. Role in Project (brief)
 |  |
| 1. Agency/Business/Organization
 |  |
| * 1. Role in Project (brief)
 |  |
| **PROJECT CATEGORY** |
| o Arterial Traffic Management using advanced transportation technologyo Traffic Calming (Quick Build Bike/Pedestrian Improvements) |
| **PROJECT DESCRIPTION**  |
| 1. Project Title
 |  |
| 1. Brief Project Description and Purpose
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|  |
| 1. Project Location
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| **PROJECT COST AND GRANT REQUEST** |
| 1. Total Project Cost
 |  |
| 1. Total TFCA Grant Request
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| 1. Local Cash Match
 |  |
| 1. And/or In-Kind Match
 |  |
| **NARRATIVE/COST PROPOSAL** |
| 1. Detailed description of project (describe the project and services being requested)
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| 1. Project justification and needs (justify the project by describing what the agency needs are and how this project meet those needs, i.e. reduce air pollution, improves safety, community support, consistent with countywide or citywide plans)
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| 1. Agency resources (describe the resources the project sponsor agency will dedicate for the successful completion of the project)
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| 1. Project Readiness (describe the readiness of the project, and any factors that may influence the project schedule in any way) *Please include project schedule as attachment, if needed.*
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| 1. Detailed project cost proposal (include breakdown of costs for capital, construction, consultant, etc.) *Please include as an attachment, if needed.*
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| 1. Vicinity map

*Please include as attachment* |
| 1. Documentation of community support (i.e. letter(s) from mayor, city manager, chair, or community-based organizations, or evidence of Council or Board approval)

 *Please include as attachment* |
| 1. Other information (provide any other relevant information not provided above)
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| **FOR ARTERIAL TRAFFIC MANAGEMENT PROJECTS ONLY** |
| Corridor Information (to the extent possible, please submit the following information for each signal for the project corridor)*Attachment 3*, Corridor Information Spreadsheet may be used to submit this information as attachment. |
| 1. Project intersection name (major & minor street)
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| 1. Traffic signal owner and operator
 |
| 1. Existing communications (e.g., interconnect, fiber, wireless, none, etc.)
 |
| 1. Controller information (i.e., type, firmware, and date of last firmware upgrade)
 |
| 1. Type of detection (i.e., technology type, at stop bar and/or advance, lane-by lane, speed)
 |
| 1. Any existing advanced technologies at intersection
 |
| 1. Type of existing timing plans
 |
| 1. Intersection lane configurations
 |
| 1. Distances between adjacent signals along project corridor
 |
| 1. Corridor transit service information (e.g., operator, route numbers, and headways)
 |
| 1. On one of the CMA’s Route of Regional Significance? (Y/N)
 |
| 1. Operates on a reliever route (list the freeway)
 |
| 1. Traffic volume, i.e., ADT, weekday peak hour turning movement counts
 |
| 1. Contains bicycle facilities (e.g., lane, sharrow, protected lane, none)
 |
| 1. Other volumes (e.g., bicycle or pedestrian), if applicable
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