



**TRANSPORTATION DEVELOPMENT ACT ARTICLE 3 PEDESTRIAN  
AND BICYCLE PROGRAM CALL FOR PROJECTS  
FOR FISCAL YEAR 2023/24  
PLANNING PROJECT APPLICATION**

**I. Project Name and Funding Request**

a. Applicant Agency:

b. Total Funds Requested:

\$

c. Project Title:

d. Project Summary:

e. Are you partnering with another agency?

\_\_\_ Yes \_\_\_ No

**If YES, please provide Partnering Agency information and describe the roles of both the lead agency and partners:**

f. Partnering Agency Name:

g. Project Type:

- ☐ Comprehensive Pedestrian/Bicycle Plan  
☐ Comprehensive Pedestrian Plan Only  
☐ Comprehensive Bicycle Plan Only

**II. Project Screening**

a. 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

Items b. – d. in the Application Instructions do not apply for the Planning Application.



- e. Does the project adhere to [MTC qualifications](#)? ☐ Yes ☐ No

### III. Project Description

- a. Describe the project's purpose, goals and intended outcomes. Outline the various phases of the project, along with specific tasks planned for each phase.

- b. Check one: ☐ New Plan

☐ Update to existing plan

Date of previous plan:

### IV. No Section IV for Planning Application

### V. Community Support

- a. Bicycle and Pedestrian Advisory Committee (BPAC): Applicant agency has a designated BPAC that is a standing committee and has approved the proposed project. (Note: a BPAC is required prior to award of TDA3 funds)

☐ Yes ☐ No

If the agency does not have a BPAC, please describe the equivalent committee that has reviewed and approved the proposed project:

- b. Project has been supported or 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,*


If you are partnering with another agency, please confirm you have attached a letter of support from the partnering agency.

☐ Yes, it is attached. ☐ N/A

- c. Describe the public outreach that has been conducted for the project and include relevant attachments. If public outreach will be included as part of the planning project, please describe the various components, including a schedule for public outreach and which groups will be engaged:

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**VI. Meets Program Objectives:**

- a. Describe the need for the project and how the project addresses an identified problem. Specifically, describe how the project achieves or demonstrates the following:
- Vision/Mission Statement
  - Budget/Tasks
  - Schedule
  - Proposed outreach methods during planning
  - Data collection/evaluation
  - Specific improvements
  - Multi-modal/Complete Streets concepts
  - Consistency with local, regional, state and or federal policies and plans
  - Equity (please note if the planning area is located within an MTC Equity Priority Community (EPC), a C/CAG Equity Focus Area (EFA), and/or a CalEnviroscreen high risk census tract (top 25%)

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- b. Describe how the project provides a benefit and/or positive impact to the community. Support the narrative by describing the needs of the community and how the project addresses community needs and concerns. Please describe how the project sponsor plans to measure the success of the project, and discuss any performance indicators that the project sponsors will be tracking.

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**VII. Funding and Local Match:**

- a. Enter total project cost, totaling funds from all sources here:

\$ 

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TDA Funds requested:

\$

Local Funds provided:

\$

Local match percentage:

%

*To calculate % Local Match Percentage, please use the following equation:*

$$\frac{\text{Local Matching Funds}^*}{\text{Total Project Cost}} = \text{Local Match \%}$$

*\*Local Cash Match only. Planning Projects are required to provide at least a 10% match to qualify for TDA Article 3 grant funding.*

For projects located mostly within an MTC EPC or C/CAG EFA with an equity score of 8 or higher, the full amount of points will be awarded when a 10% match is provided.

- b. Have you received funding from the TDA Article 3 Grant Program in the past 10 years?  
☐ Yes ☐ No

If yes, please indicate how much TDA Article 3 Grant Funding your jurisdiction has received in the past 10 years: \$ \_\_\_\_\_

Please reach out to C/CAG staff Audrey Shiramizu ([ashiramizu@smcgov.org](mailto:ashiramizu@smcgov.org)) if you have questions about previously funded projects and/or to verify if you have received funding.



c. Have you previously applied for TDA Article 3 Grant funding for this project in the past 10 years, but have not been awarded TDA Article 3 funding for this project?

☐ Yes ☐ No

d. Do you currently have an active TDA Article 3 Grant from a previous funding cycle?

☐ Yes ☐ No

If yes, when do you expect to complete the project? Do you anticipate conflicts with staff capacity to administer the TDA Article 3 FY 2023/2024 project in time?

e. Did you apply for One Bay Area Grant 3 (OBAG 3) funding for this project in the same project location, but were not awarded OBAG 3 funding for this project?

☐ Yes ☐ No

f. If “No”, skip this question. If “Yes”, please include an attachment with summary information from your OBAG 3 application, including project title, scope, and map of the project location. The project title, scope, and location of the project must match the title, scope, and location described in this TDA Article 3 application in order to receive an extra point.

g. Can this project be partially funded?

☐ Yes ☐ No

If yes, describe how the project can be phased and indicate the cost of each phase. Describe the degree to which the project is scalable, if applicable. Indicate what elements can be implemented with partial funding, if any.



**VIII.** Is there any additional information you would like to include?

**IX. Single Point of Project Contact Information**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**X. Confirmation**

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*MTC Guideline Confirmation*

\_\_\_\_\_ (Name of jurisdiction), confirms that the proposed project meets and adheres to MTC TDA Article 3 guidelines. (seen here: [MTC qualifications](#))

X\_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



*Project Application Checklist*

Attachments		Application Question	Content Description
<input type="checkbox"/>	Project Location Maps	VI (a)	Provide a vicinity and a site map indicating project location*.
<input type="checkbox"/>	Policy Consistency Documentation	VI (a)	Documentation of the Plans and Policies with which the project is consistent.
<input type="checkbox"/>	Local Cash Match	VII(a)	Documentation or resolutions which detail responsibilities and contributions towards the project.
<input type="checkbox"/>	Letters of Support	V (b)	Letters indicating stakeholder support.
<input type="checkbox"/>	Detailed Cost Proposal	I (b)	A project cost estimate, along with specific tasks for each phase.
<input type="checkbox"/>	Project Timeline	VI (a)	A timeline for the project's completion, along with key milestones and deadlines
<input type="checkbox"/>	OBAG 3 (if applicable)	VII (e, f)	A summary of your OBAG 3 application for this project.

\* The maps provided should show the project's relationship to local transit services including Caltrain, BART, SamTrans, or other local operators.