## **TRANSPORTATION DEVELOPMENT ACT ARTICLE 3 BICYCLE AND PEDESTRIAN PROGRAM CALL FOR PROJECTS**

**FISCAL YEAR 2023/24**
**CAPITAL PROJECT APPLICATION**

|  |  |
| --- | --- |
| **I.** | Project Name and Funding Request |
| a. | Applicant Agency: |  |
| b. | Funds Requested: | $ |
| c. | Project Title: |  |
| d. | Brief 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: Capital/Quick Build: Pedestrian and Bicycle Facility Capital/Quick Build: Bicycle Facility Only Capital/Quick Build: Pedestrian Facility Only Maintenance of Class I shared-use path and Class IV separated bikeways |
| **II.** | **Project Screening** |  |
| a. | 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 |
| b. | Does the project meet Caltrans Standards?  Yes  No |
|  | Brief description of project elements meeting Caltrans Standards: |  |
| c.  | Has the project received California Environmental Quality Act (CEQA) approval?  Yes  No  Not Applicable  |
|  | Date of ­CEQA Approval: |  |
| d. | *Note: CEQA document must be submitted as an attachment to the application.* City/Town BPAC established as a standing committee or the equivalent and is supportive of the project?  Yes  No  The  |
| e.  | Does the project adhere to [MTC qualifications](https://mtc.ca.gov/sites/default/files/RES-4108.pdf)?  Yes  No  |
| **III.** | **Project Description** |  |
|  | Describe clearly the project elements (Indicate location, length, scope, facility type, size or extent. Please note that the MTC guidelines state that Class 3 bicycle facilities on roadways with speed limits posted above 25 MPH are ineligible for TDA Article 3 funding.) |
|  |  |
|  |  |  |
| **IV.** | **State of Readiness** |  |
| a. | Right-of-Way certification required? |  Yes  No  Not Required   |
| b. | Permits/Agreements approved? |  Yes  No  N/A or Not Required  |
|  | List all required permits and/or agreements. Clearly indicate the date it was approved. Also list the required permit that are still pending, indicate the expected date of approval.  |
|  | Name of Permit/Agreement | Date approved/obtained/expected  |
|  |   |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Describe the degree to which design is complete (PS&E: 0% - 100%, Quick Build: State Timeline)

|  |
| --- |
|  |

d. Describe the project’s anticipated schedule, including major milestones (e.g. PS&E completion), and construction start and end dates. Describe any factors that may influence the project schedule in any way (i.e. anticipated conflicts, expedited timeline, etc.). Describe the degree to which the project can be completed before the grant funds expire.

|  |
| --- |
|   |

**V. Community Support**

1. 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 by other organized group(s) and relevant partner agencies with demonstrated knowledge of walking and bicycling needs (*see instructions)*: |
|  |  |  Yes  No  |
|  |  |
|  | *Names of other group(s):*  |  *Type of support: (e.g., letters, resolutions)* |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | 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  |
|  | Describe the Public Outreach that has been conducted for the project and include relevant attachments: |
|  |  |
| **VI.** | **Meets Program Objectives/Project Needs** |
| a. | Describe the nature of this problem and need for this project. Describe the existing site conditions and active transportation need that this project aims to address. Support narrative with relevant data, studies, or observations to show the problem has been documented and explain how the project will eliminate or mitigate the problem. Support the narrative with photos and photo captions, a vicinity map, and/or a site map. Videos may be submitted but are not required.  |
|  |  |
| 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.

|  |
| --- |
|  |

 |
| c. | Describe how the project promotes safety for people walking or cycling. Justify the project by describing the project needs and how this project will meet those needs. Cite relevant crash history data within the last five years (2018-2022), or more recent if available) from the Statewide Integrated Traffic Records System (SWITRS) or speed data from StreetLight Data. |
|  |  |
|  d.  | Describe how the project closes gaps in, upgrades, and/or extends the countywide pedestrian and bicycle network in the 2021 C/CAG San Mateo County Comprehensive Bicycle and Pedestrian Plan. List the relevant Countywide Backbone Network segments and/or Pedestrian Focus Areas that the project proposes to close gaps in, upgrade, and/or extend. Please also reference the appropriate page numbers in the Comprehensive Bicycle and Pedestrian Plan that apply to your project.  |
|  |  |
|  e.f.g. | Does the project fall along or in the San Mateo County Comprehensive Bicycle and Pedestrian Backbone Network or Pedestrian Focus Area? Yes  No If yes, please include the Project ID(s) or Pedestrian Focus Area corridor(s):

|  |
| --- |
|  |

Degree to which this project improves conditions for bicycling and/or walking for transportation purposes: Primarily Transportation Transportation & Recreation Primarily Recreation Estimate the typical distances of walking and/or bicycling trips that will use this facility and, if available, demographic characteristics:Project is consistent with local and/or regional plans (add lines, if necessary)

|  |  |  |
| --- | --- | --- |
| **Type of Plan:** | **Name and Year of Plan and Page No.****(if applicable):** | **Is this project identified as a priority in the plan?** |
| Circulation element of general plan |  |  |
| 2021 San Mateo County Comprehensive Bicycle & Pedestrian Plan  |  |  |
| Other bicycle, pedestrian, complete streets, or active transportation plan(s) (e.g., Caltrans’ District 4 Bike Plan, MTC’s Active Transportation Plan, etc.): |  |  |

Describe how the project advances equity. Cite relevant Equity data including one of the following:the project is in an [MTC](https://opendata.mtc.ca.gov/datasets/74fa4916d67142c2b7ee213f221a97af) Equity Priority Community (EPC)the project is in a [CalEnviroscreen](https://oehha.ca.gov/calenviroscreen/report/calenviroscreen-40) 4.0 census tract with a score above 25%the project is in a census tract with a C/CAG [Equity Focus Area](https://tooledesign.github.io/F0066-San-Mateo-CCAG/) (EFA) score of 8 or higherIf the project is not located in an MTC EPC, in a CalEnviroscreen 4.0 census tract with a score above 25%, or in a C/CAG EFA, please describe if and how this project serves a community of concern, a disadvantaged community, and/or a vulnerable population. |
|  |  |
|  |  |
|  |  |
| **VII.** | **Funding and Local Match**  |  |
|  a.  | Enter total Project cost, totaling funds from all sources here: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| TDA Funds requested: |  $ |
| Local Cash Match: |  $ |
| Match Percentage: | % |
|  |  |
|  | To calculate % Local Cash Match Percentage, use the following equation: Local Cash Matching Funds = Local Match Percentage Total Project CostNote: Local Match must be in the form of cash and cannot include prior funding sources received from other grants. A minimum 10% local cash Match is required. In-kind match is ineligible. 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  NoIf 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) if you have questions about previously funded projects and/or to verify if you have received funding. |
| c.  d. | 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  NoDo you currently have an active TDA Article 3 Grant from a previous funding cycle?  Yes  NoIf 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? |
|  |  |
| **VIII.** | 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  NoIf “No”, skip this question. If “Yes”, please include an attachment with summary information from your OBAG 3 application, including project title, scope, and a 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.Can the project be partially funded or divided into phases?  Yes  NoIf 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.

|  |
| --- |
|  |

Is there any additional information you would like to include?  |
|  |  |
|  |  |
| **IX.** | **Single Point of Contact Information** Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **X.**  | **Confirmation***Project Engineer Confirmation*“\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of jurisdiction), hereby attests that the project cost estimate and design specifications are recent and accurate and are shown in the attached detailed cost proposal with information including consultant costs, capital costs, etc.” X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | *Data Collection Confirmation*“\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of jurisdiction), agrees to submit data collection information upon project completion, including but not limited to, bike and pedestrian counts, collision data, speed data, and photos.”X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | *MTC Guideline Confirmation*“\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of jurisdiction), confirms that the proposed project meets and adheres to MTC guidelines (seen here: [MTC qualifications](https://mtc.ca.gov/sites/default/files/RES-4108.pdf))”X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Project Application Checklist*

|  |  |  |
| --- | --- | --- |
| **Attachments** | **Application Question** | **Content Description** |
|  | California Environmental Quality Act (CEQA) Documentation  | II(c) | Provide CEQA documents as necessary  |
|  | Project Location Maps | VI (a) | Provide a vicinity and a site map indicating project location\*. |
|  | Policy Consistency Documentation | VI (f) | Documentation of the Plans and Policies with which the project is consistent. |
|  | Local Cash Match | VII(a) | Documentation or resolutions which detail responsibilities and contributions towards the project |
|  | Letters of Support | V (b) | Letters indicating stakeholder support.  |
|  | Detailed Cost Proposal | I (b) | Project Engineer Confirmation showing a detailed cost proposal |
|  | Project Timeline | IV (d) | A timeline for the project’s completion, along with key milestones and deadlines |
|  | 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.