

# FY19/20 SB 821 Bicycle and Pedestrian Facilities Program

## BIENNIAL CALL FOR PROJECTS APPLICATION

### I. APPLICANT INFORMATION

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

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

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

### II. PROJECT DETAILS

Project type:

☐ Bicycle Project ☐ Pedestrian Project

Project located within a disadvantaged community?

☐ Yes ☐ No ☐ Partial

Project location:

☐ Coachella Valley ☐ Western Riverside County

Does this project proposal include any of the following (check all that apply):

☐ Curb ☐ Gutter ☐ Driveway ramps

If any of the above were checked, is the benefit provided for the exclusive use of bicyclists/pedestrians?

☐ No ☐ Yes

### III. PROJECT DESCRIPTION

Describe the project in its entirety. Include the need, benefit, and location of the project. Photos of the existing site of the proposed project are encouraged.

\*A map on 8½ x11 paper, indicating, at a minimum, the project location must be included.

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#### **IV. DESTINATIONS SERVED**

List and describe the destinations served by the proposed project (e.g. employment center, school/college, retail center, downtown area, park or recreation facility, library, museum, government office, medical facilities). For pedestrian projects, destinations served must be within a ¾-mile or less radius of the proposed project. For bicycle projects, destinations served must be within a 2-mile or less radius of the proposed project.

\* A map on 8½ x11 paper with numbered destinations served must be included.

#### **V. SAFETY**

Describe the extent to which the proposed project will increase safety for the non-motorized public. Include information about project characteristics such as: no existing shoulder within project limits, no existing/planned sidewalk or bikeway adjacent to the project, etc. Applicants may wish to consider including documented pedestrian/bicycle collision history, most current and valid 85<sup>th</sup> percentile speed of motorized traffic in project limits, photos of existing safety hazards the project will address, existing pedestrian/bicycle traffic counts, student attendance figures for school served by project.

#### **VI. PROJECT ENHANCEMENT**

Provide information about any enhancements the proposed project includes that would encourage people to use the facility; for example, ADA ramps, bicycle lockers or other bicycle amenities, or completing a missing link. Said enhancements must pre-exist or be part of the project proposal.

#### **VII. MULTIMODAL ACCESS**

List each bus stop or park and ride facility served by the proposed project. For pedestrian projects, destinations served must be within a ¾-mile or less radius of the proposed project. For bicycle projects, destinations served must be within a 2-mile or less radius of the proposed project.

\*A map on 8½ x11 paper numbered bus stops and/or park and rides served must be included.

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#### VIII. PROJECT BUDGET AND SCHEDULE

The project budget and local match may only encompass the pedestrian or bicycle facility project; no additional maintenance, street projects, etc. expenses should be included.

**Total Estimated Project Cost** \$ \_\_\_\_\_ ( 100 % )

**Local Match\* Committed:** \$ \_\_\_\_\_ ( %)

**SB 821 Funds Requested:** \$ \_\_\_\_\_ ( %)

\*Supporting documentation of proposed match must be included.

**Breakdown of Estimated Project Cost** (must add up to "Total Estimated Project Cost" above):

Engineering/Administration \$ \_\_\_\_\_

Right-of-Way \$ \_\_\_\_\_

Construction \$ \_\_\_\_\_

Other (specify): \_\_\_\_\_ \$ \_\_\_\_\_

**Estimated project start date (Mo/Yr):** \_\_\_\_\_

**Estimated project end date (Mo/Yr):** \_\_\_\_\_

#### IX. Summary of All Projects Submitted for SB 821 Funding Consideration

Please provide a complete list of projects your agency is submitting for this year's SB 821 Call for Projects, including this application. *It is highly recommended for agencies to create one comprehensive summary table and provide the table for every application.*

	Project Name	Total Estimated Project Cost	Local Match \$	Local Match %	SB 821 Funds Requested \$	SB 821 Funds Requested %
1.						
2.						
3.						
4.						

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**IIIX. CERTIFICATION**

I certify that the information presented herein is complete and accurate and, if this agency receives funding, it will be used solely for the purposes stated in this application and following the adopted policies.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_