REGIONAL COMPETITIVE ACTIVE TRANSPORTATION PROGRAM
CYCLE 1

APPLICATION
Part 1
(Includes Sections I, V, VI, VII & VIII)

Please read the Application Instructions at
http://www.fresnocog.org/ftip
prior to filling out this application

Project name:

I. GENERAL INFORMATION

Project name:

(fill out all of the fields below)

1. APPLICANT (Agency name, address and zip code)	2. PROJECT FUNDING
	ATP funds Requested $
3. APPLICANT CONTACT (Name, title, e-mail, phone #)	Matching Funds $ (If Applicable)
	Other Project funds $
	TOTAL PROJECT COST $ 0.00
4. APPLICANT CONTACT (Address & zip code)	5. PROJECT COUNTY(IES): FRESNO
6. CALTRANS DISTRICT # District 6	7. Application # of (in order of agency priority)

Master Agreements (MAs):

8. ☐ Yes, the applicant has a FEDERAL MA with Caltrans.
9. ☐ Yes, the applicant has a STATE MA with Caltrans.

10. If the applicant does not have an MA. Do you meet the Master Agreement requirements? Yes ☐ No ☐
The Applicant MUST be able to enter into MAs with Caltrans

Partner Information:

11. Partner Name*:	12. Partner Type
13. Contact Information (Name, phone # & e-mail)	14. Contact Address & zip code

☐ Click here if the project has more than one partner; attach the remaining partner information on a separate page

*If another entity agrees to assume responsibility for the ongoing operations and maintenance of the facility, documentation of the agreement must be submitted with the application, and a copy of the Memorandum of Understanding or Interagency Agreement between the parties must be submitted with the request for allocation.

Project Type: (Select only one)

15. Infrastructure (IF) ☐   16. Non-Infrastructure (NI) ☐   17. Combined (IF & NI) ☐

Project name:

GENERAL INFORMATION-continued

Sub-Project Type (Select all that apply)

18. ☐ Develop a Plan in a Disadvantaged Community (select the type(s) of plan(s) to be developed)
   ☐ Bike plan   ☐ Pedestrian plan   ☐ Safe Routes to School plan
   ☐ ATP plan

   (If applying for an Active Transportation Plan-Check any of the following plans that your agency already has):
   ☐ Bike plan   ☐ Pedestrian plan   ☐ Safe Routes to School plan   ☐ ATP plan

19. ☐ Bicycle and/or Pedestrian infrastructure
   Bicycle only: ☐   Class I   ☐   Class II   ☐   Class III
   Ped/Other: ☐   Sidewalk   ☐   Crossing Improvement   ☐   Multi-use facility

   Other:

20. ☐ Non-Infrastructure (Non SRTS)

21. ☐ Recreational Trails*-   ☐ Trail   ☐ Acquisition

   *Please see additional Recreational Trails instructions before proceeding (located in Application Instructions)

22. ☐ Safe routes to school-   ☐ Infrastructure   ☐ Non-Infrastructure

   If SRTS is selected, provide the following information

23. SCHOOL NAME & ADDRESS:

24. SCHOOL DISTRICT NAME & ADDRESS:

25. County-District-School Code (CDS)	26. Total Student Enrollment	27. Percentage of students eligible for free or reduced meal programs **
28. Percentage of students that currently walk or bike to school	29. Approximate # of students living along school route proposed for improvement	30. Project distance from primary or middle school

**Refer to the California Department of Education website: http://www.cde.ca.gov/ds/sh/cw/filesafdc.asp

☐ Click here if the project involves more than one school; attach the remaining school information including school official signature and person to contact, if different, on a separate page

Project name:

V.**PROJECT PROGRAMMING REQUEST**

Applicant <u>must </u>complete a Project Programming Request (PPR) and attach it as part of this application. The PPR and can be found at http://www.dot.ca.gov/hq/transprog/allocation/ppr_new_projects_9-12-13.xls

PPR Instructions can be found at http://www.dot.ca.gov/hq/transprog/ocip/2012stip.htm

Notes:
- o   Fund No. 1 must represent ATP funding being requested for program years 2014/2015 and 2015/2016 only.
- o   Non-infrastructure project funding must be identified as Con and indicated as "Non-infrastructure" in the Notes box of the Proposed Cost and Proposed Funding tables.
- o   Match funds must be identified as such in the Proposed Funding tables.

Project name:

VI. ADDITIONAL INFORMATION
Only fill in those fields that are applicable to your project

FUNDING SUMMARY

ATP Funds being requested by Phase (to the nearest $1000)	**Amount**
PE Phase (includes PA&ED and PS&E)	$
Right-of-Way Phase	$
Construction Phase-Infrastructure	$
Construction Phase-Non-infrastructure	$
Total for ALL Phases	**$** 0

All Non-ATP fund types on this project* (to the nearest $1000)	**Amount**
	$
	$
	$
	$
	$
	$

*Must indicate which funds are matching

Total Project Cost	$ 0
Project is Fully Funded	Yes

ATP Work Specific Funding Breakdown (to the nearest $1000)	**Amount**
Request for funding a Plan	$
Request for Safe Routes to Schools Infrastructure work	$
Request for Safe Routes to Schools Non-Infrastructure work	$
Request for other Non-Infrastructure work (non-SRTS)	$
Request for Recreational Trails work	$

ALLOCATION/AUTHORIZATION REQUESTS SCHEDULE

	Proposed Allocation Date	**Proposed Authorization (E-76) Date**
PA&ED or E&P		
PS&E		
Right-of-Way		
Construction		

All project costs MUST be accounted for on this form, including elements of the overall project that will be, or have been funded by other sources.

VII.**NON-INFRASTRUCTURE SCHEDULE INFORMATION**

Start Date	End Date	Task/Deliverables

Project name:

VIII.**APPLICATION SIGNATURES**

Applicant: The undersigned affirms that the statements contained in the application package are true and complete to the best of their knowledge.

Signature: _   Date: _
Name: _   Phone: _
Title: _   e-mail: _

Local Agency Official (City Engineer or Public Works Director): The undersigned affirms that the statements contained in the application package are true and complete to the best of their knowledge.

Signature: _   Date: _
Name: _   Phone: _
Title: _   e-mail: _

School Official: The undersigned affirms that the school(s) benefited by this application is not on a school closure list.

Signature: _   Date: _
Name: _   Phone: _
Title: _   e-mail: _

    Person to contact for questions:

    Name: Phone: _
    Title: e-mail: _

Caltrans District Traffic Operations Office Approval*
If the application's project proposes improvements on a freeway or state highway that affects the safety or operations of the facility, it is required that the proposed improvements be reviewed by the district traffic operations office and either a letter of support or acknowledgement from the traffic operations office be attached (_) or the signature of the traffic personnel be secured below.

Signature: _   Date: _
Name: _   Phone: _
Title: _   e-mail: _

    *Contact the District Local Assistance Engineer (DLAE) for the project to get Caltrans Traffic Ops contact information. DLAE contact information can be found at http://www.dot.ca.gov/hq/LocalPrograms/dlae.htm

Project name:

IX. ADDITIONAL APPLICATION ATTACHMENTS

Check all attachments included with this application.

☐ Vicinity/Location Map- **REQUIRED for all IF Projects**
    ☐ North Arrow
    ☐ Label street names and highway route numbers
    ☐ Scale

☐ Photos and/or Video of Existing Location- **REQUIRED for all IF Projects**
    ☐ Minimum of one labeled color photo of the existing project location
    ☐ Minimum photo size 3 x 5 inches
    ☐ Optional video and/or time-lapse

☐ Preliminary Plans- **REQUIRED for Construction phase only**
    ☐ Must include a north arrow
    ☐ Label the scale of the drawing
    ☐ Typical Cross sections where applicable with property or right-of-way lines
    ☐ Label street names, highway route numbers and easements

☐ Detailed Engineer's Estimate- **REQUIRED for Construction phase only**
    ☐ Estimate must be true and accurate. Applicant is responsible for verifying costs prior to submittal
    ☐ Must show a breakdown of all bid items by unit and cost. Lump Sum may only be used per industry standards
    ☐ Must identify all items that ATP will be funding
    ☐ Contingency is limited to 10% of funds being requested
    ☐ Evaluation required under the ATP guidelines is not a reimbursable item

☐ For shovel ready projects only: Must submit a copy of fully executed NEPA document and fully executed right of way certification

☐ Documentation of the partnering maintenance agreement- Required with the application if an entity, other than the applicant, is going to assume responsibility for the operation and maintenance of the facility

☐ Documentation of the partnering implementation agreement - Required with the application if an entity, other than the applicant, is going to implement the project.

☐ Letters of Support from Caltrans (Required for projects on the State Highway System (SHS))

☐ Digital copy of or an online link to an approved plan (bicycle, pedestrian, safe routes to school, active transportation, general, recreation, trails, city/county or regional master plan(s), technical studies, and/or environmental studies (with environmental commitment record or list of mitigation measures), if applicable. Include/highlight portions that are applicable to the proposed project.

☐ Documentation of the public participation process (required)

☐ Letter of Support from impacted school- when the school isn't the applicant or partner on the application (required)

☐ Additional documentation, letters of support, etc (optional)