

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: | | | |
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| | | | |

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 | 5): |
| 6. CALTRANS DISTRICT # District 6 | 7. Application # of | (in order of agency priority) |
| 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 M The Applicant MUST be able to enter into MAs with Caltrant Partner Information: | | ? Yes No |
| 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; att | ach the remaining partner info | ormation on a separate page |
| *If another entity agrees to assume responsibility for the ongoing the agreement must be submitted with the application, and a confidence of the agreement between the parties must be submitted with the reconstruction. | opy of the Memorandum of Ui | |
| Project Type: (Select only one) | | |
| 15. Infrastructure (IF) 16. Non-Infrastructure (NI | 17. Comb | ined (IF & NI) |

| Project name: | | |
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GENERAL INFORMATION-continued

| 18 | Develop a Pla Bike plan ATP plan | - | ne type(s) of plan(s) to be developed) Safe Routes to School plan |
|--|---|--|--|
| | (If applying for already has): Bike plan | an Active Transportation Plan-Check any | of the following plans that your agency to School plan ATP plan |
| 19. | Bicycle and/or Bicycle only: Ped/Other: | Pedestrian infrastructure Class I Class II Sidewalk Crossing Im | Class III provement Multi-use facility |
| | Other: | | |
| 20. | Non-Infrastruc | cture (Non SRTS) | |
| 21. | Recreational T | Frails*- ☐ Trail ☐ Acqui | sition |
| | *Please see a Instructions) | dditional Recreational Trails instruction | s before proceeding (located in Applica |
| 22. | Safe routes to | school- Infrastructure Non-li | nfrastructure |
| If SRTS is selec | ted, provide the | following information | |
| 23. SCHOOL NAME & A | DDRESS: | | |
| | | | |
| 24. SCHOOL DISTRICT | NAME & ADDRE | ESS: | |
| | | | |
| | | 100 T + 10+ 1 + 5 - 11 + 1 | 27. Percentage of students eligible for |
| 25. County-District-Schoo | ol Code (CDS) | 26. Total Student Enrollment | free or reduced meal programs ** |
| 28. Percentage of studer | nts that | 29. Approximate # of students living along school route proposed for improvement | free or reduced meal programs ** 30. Project distance from primary or middle school |
| 25. County-District-School 28. Percentage of studer currently walk or bike to s **Refer to the Californ | nts that chool | 29. Approximate # of students living along school route proposed for | 30. Project distance from primary or middle school |

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.
- 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.
- Match funds must be identified as such in the Proposed Funding tables.

| All Non-ATP fund types on this project* (to the nearest \$1000) \$ \$ \$ \$ \$ \$ \$ \$ *Must indicate which funds are matching | Project name: | | | |
|--|---|--|-------------|------------------------------------|
| ATP Funds being requested by Phase (to the nearest \$1000) PE Phase (includes PA&ED and PS&E) \$ S S S S S S Construction Phase-Infrastructure S S Construction Phase-Non-infrastructure S S Total for ALL Phases S O | On | VI.ADDITIONAL INFORMA ly fill in those fields that are applicable to | TIC your | DN project |
| 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 \$ \$ \$ \$ \$ \$ Amount **Must indicate which funds are matching Total Project Cost \$ \$ 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 Infrastructure work \$ Request for Safe Routes to Schools Non-Infrastructure work \$ Request for Safe Routes to Schools Non-Infrastructure work \$ Request for Safe Routes to Schools Non-Infrastructure work \$ Request for Recreational Trails work \$ **ALLOCATION/AUTHORIZATION REQUESTS SCHEDULE* **Proposed Allocation Date** **Proposed Authorization (E-76) Date** | FUNDING SUMMARY | | | |
| PE Phase (includes PA&ED and PS&E) S Right-of-Way Phase S Construction Phase-Infrastructure S Construction Phase-Infrastructure S Total for ALL Phases S O All Non-ATP fund types on this project* (to the nearest \$1000) Amount S | ATP Funds being requested by Phase | (to the nearest \$1000) | | Amount |
| Construction Phase-Infrastructure \$ Construction Phase-Non-infrastructure \$ Total for ALL Phases \$ All Non-ATP fund types on this project* (to the nearest \$1000) All Non-ATP fund types on this project* (to the nearest \$1000) Amount \$ Amount \$ Amount * **Must indicate which funds are matching **Must indicate which funds are matching Total Project Cost \$ 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 Safe Routes to Schools Non-Infrastructure work \$ Request for Recreational Trails work ALLOCATION/AUTHORIZATION REQUESTS SCHEDULE Proposed Allocation Date Proposed Authorization (E-76) Date | | | \$ | |
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| All Non-ATP fund types on this project* (to the nearest \$1000) All Non-ATP fund types on this project* (to the nearest \$1000) \$ \$ \$ \$ "Must indicate which funds are matching Total Project Cost Project is Fully Funded ATP Work Specific Funding Breakdown (to the nearest \$1000) ATP Work Specific Funding a Plan 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 | Construction Phase-Infrastructure | | | |
| 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 ATP Work Specific Funding Breakdown (to the nearest \$1000) ATP Work Specific Funding Breakdown (to the nearest \$1000) ATP Work Specific Funding Breakdown (to the nearest \$1000) ARE quest 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 | Construction Phase-Non-infrastructure |) | | |
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| Request for Recreational Trails work \$ ALLOCATION/AUTHORIZATION REQUESTS SCHEDULE Proposed Allocation Date Proposed Authorization (E-76) Date PA&ED or E&P | | | | |
| ALLOCATION/AUTHORIZATION REQUESTS SCHEDULE Proposed Allocation Date Proposed Authorization (E-76) Date PA&ED or E&P | | voir (non errie) | | |
| PA&ED or E&P | , | ON REQUESTS SCHEDUL | • | |
| PA&ED or E&P | | Proposed Allocation Data | | Proposed Authorization (E.75) Data |
| | PA&FD or F&P | Froposed Allocation Date | | Proposed Authorization (E-76) Date |
| | | | | |

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.

Right-of-Way Construction

| Project name: | | | |
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VII.NON-INFRASTRUCTURE SCHEDULE INFORMATION

| Start Date | End Date | Task/Deliverables |
|------------|----------|-------------------|
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| Project name: | | |
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VIII. APPLICATION SIGNATURES

| Applicant: | The undersigned | affirms that the | statements | contained in t | he application | package a | are true a | ınd |
|-------------|---------------------|------------------|------------|----------------|----------------|-----------|------------|-----|
| complete to | the best of their k | nowledge. | | | | | | |

| complete to the best of their knowledge. | |
|--|---|
| Signature: _ Name: _ Title: _ | Date: _ Phone: _ e-mail: _ |
| Local Agency Official (City Engineer or Public Works Directo contained in the application package are true and complete to the | |
| Signature: _ Name: _ Title: _ | Date: _ Phone: _ e-mail: _ |
| School Official: The undersigned affirms that the school(s) bene closure list. | efited by this application is not on a school |
| Signature: _ Name: _ Title: _ | Date: _ Phone: _ e-mail: _ |
| Person to contact for questions: | |
| Name: Title: | Phone: _ e-mail: _ |
| Caltrans District Traffic Operations Office Approval* If the application's project proposes improvements on a freeway operations of the facility, it is required that the proposed improvements on a freeway operations office and either a letter of support or acknowledgeme (_) or the signature of the traffic personnel be secured below. | nents be reviewed by the district traffic |
| Signature: _ Name: _ Title: _ | Date: _ Phone: _ 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: | | | |
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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) |