|  |
| --- |
| **Section 1 – School, Applicant & Maintaining Agency Information** |
| * ***Notes:*** *Signatures confirm the commitment of the Applicant and Maintaining Agency to follow the Guidelines of Florida’s Safe Routes to School (SRTS) Program. The Maintaining Agency is generally responsible for entering into a Local Agency Program (LAP) agreement with the Florida Department of Transportation (FDOT) to design, construct, &/or maintain the project. FDOT Districts have the option to design and/or construct it, but the Maintaining Agency is always responsible for maintaining the project. Check with your District to see how they are handling these issues.* |
| County:City: |
| School Name:Congressional District: |
| Type: Elementary:Middle: High: |
| **Check below which of the required agencies or organizations is the Applicant:** |
| School Board/School: Private School: Maintaining Agency |
| Name of Applicant Agency/Organization: |
| Contact Person:Title: |
| Mailing Address: |
| City:State: **Florida** Zip: |
| Daytime Phone:E-mail: |
| Signature: Date: |
| **Signature of School Board or school representative mandatory when different from applicant:** |
| Signature: Date: |
| Typed name: Title: |
| **Check below which of the required agencies is the Maintaining Agency:** |
| City:  County: Florida Department of Transportation: , District: |
| Name of Maintaining Agency:  DUNS Number: |
| Contact Person:Title: |
| Mailing Address: |
| Daytime Phone:E-mail: |
| City:State: **Florida** Zip: |
| **Note: your signature below indicates your agency’s willingness to enter into a LAP or other formal agreement with FDOT to complete the project if selected for funding.** |
| Signature: Date: |
| **Metropolitan Planning Organization (MPO) Support: If the city or county is located within an MPO urban area boundary, the MPO representative must fill in the required information below, to indicate support for the proposed project:** |
| Name of MPO: |
| Contact Person:Title: |
| Mailing Address: |
| City:State: **Florida** Zip: |
| Daytime Phone:E-mail: |
| Signature: Date: |
| **Designated Contact:** Check below the primary contact (the one the District should coordinate with): |
| Applicant:  Maintaining Agency:  MPO: |

|  |
| --- |
| **Section 2 – Eligibility and Feasibility Criteria** |
| ***Notes:*** *This section will help FDOT determine the eligibility and feasibility of the proposed project. Except for the questions in 2A-2C**below answering “No” does not constitute elimination from project consideration. Y****ou must fulfill requirements in 2A-2C below before applying!*** |
| **A1.** Has a school-based SRTS Committee (including school representation) been formed?  Yes  No  **A2.** Has at least one meeting of this committee been held? Attach sign in sheet & minutes  Yes  No  **A3.** Public notification of SRTS meeting?  Yes  No |
| **B1.** Does the school agree to provide required data before and after the project is built, using the NCSRTS [Student In-Class Travel Tally](http://www.saferoutesinfo.org/resources/evaluation_student-in-class-travel-talley.cfm) form at <http://www.saferoutesinfo.org/resources/index.cfm> following the schedule provided by the District?  Yes  No  **B2.** Have you attached the National Center’s data summary for the Travel Tally to this application?  Yes  No |
| ***Note: Project planning cannot go forward until public right of way or permanent public access to the land for the proposed project is documented to the District.***  **C.** Have you provided either survey/as-builts or right of way documentation that provides detail to show that adequate right of way exists for proposed improvement?  Yes  No |
| **D.** Is the Maintaining Agency Local Agency Program (LAP) Certified? (currently qualified & willing to enter into a State agreement requiring the agency to design, construct, and/or maintain the project, abiding by Federal, State, & local requirements?)  Yes  No   * If ***No***:   + Are they willing to become LAP Certified? Yes  No   + If the agency is not willing to become LAP Certified, explain how this project could be built without this certification: |
| **E.** Who do you propose to be responsible for each phase of the project?  Design: City  County Other, Including FDOT (Explain below)  Construction: City  County Other, Including FDOT (Explain below)  Maintenance: City  County Other, Including FDOT (Explain below)  If you checked ***Other, including FDOT*** for any of the above, please explain the responsible party for each phase, including who you have been talking to about this: |
| **F.** Is the County/City willing to enter into an agreement with FDOT to do the following, if the District decides this is the best way to get the project completed:   * Install and/or maintain any traffic engineering equipment included in this project? Yes  No * Construct and maintain the project on a state road?  Yes  No N/A |
| **G**. Public Support - *Explain your public information or public involvement process below. You may attach up to six unique letters, on official letterhead, from groups indicated below. The letters should indicate why and how the authors can support the proposed project at the affected school.*   * What neighborhood association or other neighborhood meetings have been held to inform neighbors directly affected by this proposed project and the reaction? * What PTA/PTO/school meetings have been held to inform parents and school staff about this project and the reaction? * Explain what other public meetings have been held, such as Metropolitan Planning Organizations, Regional Planning Councils, Citizens’ Advisory Committees, Bicycle/Pedestrian Advisory Councils and Community Traffic Safety Teams and the reaction? * Explain what articles or letters to the editor have been written for newspapers, etc. and the reaction.   Please indicate whether you have attached letters of support from Law Enforcement or other individuals or groups not previously mentioned: Yes  No |
| **H.** If the proposed project has been identified as a priority in a Bicycle/Pedestrian or other Plan, or is a missing link in a pedestrian or bicycle system, please explain: |
| **I.** OTHER INFORMATION: Describe below other relevant information that you believe further supports funding  **1.** Opportunity to resolve a documented hazardous walking condition and eliminate the resultant school busing. Include a discussion of public support for the project if busing were eliminated:  **2.** Opportunity to eliminate current courtesy busing being done for a perceived hazardous condition. Include a discussion of public support for the project if busing were eliminated: |

|  |  |
| --- | --- |
| **Section 3 – Background Information: Five E’s** | |
| ***Notes:*** *SRTS is designed to be a comprehensive program. Describe the efforts your school and community have made to address the identified problem through each E so far, and what is planned in the future for each. Each box must be filled in. For more information on the E’s, see Florida’s SRTS Guidelines and the SRTS Guide:* [*http://www.saferoutesinfo.org/guide/*](http://www.saferoutesinfo.org/guide/) | |
| **A1. Engineering Past:** | **A2. Engineering Future:** |
| **B. Education:** *If your school has taught or plans to teach the Florida Traffic and Bicycle Safety Education Program (FTBSEP; see:* [*http://www.dcp.ufl.edu/centers/trafficSafetyEd/*](http://www.dcp.ufl.edu/centers/trafficSafetyEd/)*) or other education program, please provide details below.* | |
| **B1. Past:** | **B2. Future:** |
| **C1. Encouragement Past:** | **C2. Encouragement Future:** |
| **D1. Enforcement Past:** | **D2. Enforcement Future:** |
| **E1. Evaluation Past:** | **E2. Evaluation Future:** |
| **Section 4 – Problem Identification** | |
| *This section will help us understand your school’s situation. If the proposed project includes more than one school, please give the requested information for each school. For a successful SRTS project, we would expect applicants to answer Yes to A, B or both.* | |
| **A.** Are many children already walking or bicycling to this school in less than ideal conditions?  Yes  No  If Yes:   * Explain more about the number of children affected: * Explain more about the conditions/obstacles which prevent walking or bicycling to your school: | |
| **B.** Are enough students living near the school to allow many children to walk or bike to school if conditions were improved?  Yes  No  If Yes:   * Explain more about the number of children living near the school and how this relates to the anticipated success of the proposed SRTS project: | |
| **C.** Write a brief history of the neighborhood traffic issues as background for the proposed project: | |
| **D.** How do the demographics of the school population relate to the anticipated success of the proposed SRTS project? For instance, is there a population of students near the school from a culture which traditionally walks a lot? | |
| **E.** Provide the percent of free or reduced lunch program at the affected school: | |
| **F.** Have you included 5 years of crash data for the project location?  Yes  No  If no, then why? | |
| **G.** STUDENT TRAVEL DATA:  **1.** School data: based on the [Student In-Class Travel Tally](http://www.saferoutesinfo.org/resources/evaluation_student-in-class-travel-talley.cfm):  a. Number of students currently walking to school:        b. Number of students currently biking to school:        c. Total currently walking or biking to school (add a & b)        d. Number of students in this school:        e. Percent of children in school currently walking or biking to school: (c divided by d): | |
| **2.** Route Data:  a. Number of students from the affected schools living along the proposed route:       b. Based on (mark all that apply): \*Existing School Data:  \*Visual Observation Survey:  \*Estimates:   c. Number of children currently walking or biking along this route:         d. Number of children who could walk or bike along the proposed route after improvements: | |

|  |
| --- |
| **SECTION 5: Current Conditions** |
| **A. LOCATION *Notes:*** *the entire proposed project must be within 2 miles of the school and in the attendance area for the affected schools. You must attach maps illustrating the area.* |
| Request #1 St. Name:       Maintaining Agency:  City  County  State |
| From:       To: |
| Project’s closest point to school:  0 to ½ mile;  ½ to 1 mile;  1 to 1 ½ miles;  1 ½ miles+ |
| Request #2 St. Name:       Maintaining Agency:  City  County  State |
| From:       To: |
| Project’s closest point to school:  0 to ½ mile;  ½ to 1 mile;  1 to 1 ½ miles;  1 ½ miles+ |
| See Attachment for additional project sites: |
| Discuss the projects’ proximity (within 2 miles) to other facilities which might also benefit from the project, such as other schools or colleges, parks, playgrounds, libraries, or other pedestrian destinations: |
| **B. ROADWAY CHARACTERISTICS** |
| Roadway Type:  Urban (curb & gutter)  Rural |
| Shoulder Type:  Grass  Paved  Curb |
| Shoulder Grade:  Flat  Steep-Up  Steep-Down |
| Drainage:  Swale  Concrete Ditch  Curb/Gutter |
| Status of walking surface:  No walking surface, paved or unpaved  Unpaved surface  Paved surface with gaps  Continuous paved sidewalks |
| Describe the status of the current walking surface, or other existing facilities or signs and markings which affect this project (bike lanes, multi-use paths, school zone signs & markings, marked crosswalks, bike parking, etc): |

|  |
| --- |
| **Section 6 – Specific Infrastructure Improvements Requested** |
| **A. LOCATION *Notes:* *the entire proposed project must be within 2 miles of the school and in the attendance area for the affected schools.*** |
| Request #1 St. Name:      Maintaining Agency: City  County  State |
| From:       To: |
| Project’s closest point to school:  0 to ½ mile;  ½ to 1 mile;  1 to 1 ½ miles;  1 ½ miles+ |
| Request #2 St. Name:      Maintaining Agency: City  County  State |
| From:       To: |
| Project’s closest point to school:  0 to ½ mile;  ½ to 1 mile;  1 to 1 ½ miles;  1 ½ miles+ |
| See Attachment for additional project sites: |
| Discuss the projects’ proximity (within 2 miles) to other facilities which might also benefit from the project, such as other schools or colleges, parks, playgrounds, libraries, or other pedestrian destinations: |

|  |  |  |  |
| --- | --- | --- | --- |
| **B. SIDEWALK, BIKE LANE, PAVED SHOULDER, OR SHARED USE PATH REQUESTED** | | | |
| Continuation of Existing Sidewalk | | New Sidewalk | |
| Continuation of Existing Bike Lane | | New Bike Lane (includes re-striping or reconstruction) | |
| Continuation of Paved Shoulder | | New Paved Shoulder | |
| Continuation of Shared Use Path | | New Shared Use Path | |
| Describe below your requests in detail, including location, length, side of road, etc. | | | |
| Request #1:  Request #2:  See Attachment for additional project sites: | | | |
| **C. OTHER REQUESTS *(describe the location & project characteristics of other requests such as bike parking, traffic calming, or other improvements not listed above)*** | | | |
| * Bike parking: include the current and potential numbers of K-8 students who could use the facilities: * Traffic calming: describe the relevance of the request to school safety, traffic speed, whether a speed study has been done and your efforts to work with law enforcement and the community to solve the speeding problems:   Describe any other requests: | | | |
| **D. TRAFFIC CONTROLS** Mark all that apply in regard to traffic control devices:  We have all necessary traffic control devices **(Stop here)** | | | |
| We need pedestrian signals (features) We need other school-related signals  We need traffic signs We need other school-related signs  We need marked crosswalks We need other roadway markings | | | |
| Describe the existing and needed traffic controls: | | | |
| **E. TRAFFIC DATA *Notes:*** *Posted Speed Limit is required. AADT stands for Average Annual Daily Traffic* | | | |
| St 1: Posted Speed Limit: | Operating Speed: | | AADT: |
| St 2: Posted Speed Limit: | Operating Speed: | | AADT: |
| **Section 7 - Cost Estimate Summary** | | | |
| Total TAP Funds for eligible items  Total Local Funds for non-participating, ineligible items, or additional funds | | | |

|  |
| --- |
| **Section 7 B– Cost Estimate Narrative** |
| 1. Refer to Cost\_Estimate.xlsx for detailed cost information. |

|  |  |
| --- | --- |
| **Section 8 - Submission Checklist** | |
| **Notes:** This checklist includes required attachments. These will be counted toward total application score. | |
| **Color project maps and/or aerial photos clearly identifying: A.** School location **B.** 2 mile radius around school **C.** School’s attendance area **D.** Existing conditions **E.** Proposed improvements **F.** Adopted School Walking Map | **G.** Travel Survey Tally  **H.** Sign in sheets and minutes from all meetings  **I.** Letters of support  **J.** Map showing where students live  **K.** Color digital photos of existing conditions  **L.** Detailed Crash Data  **M.** Traffic/Engineering report evaluating the problem  **N.** Detailed Cost Estimate |
| **For FDOT District Use Only** | |
| **Notes:** Please complete this information before sending to Central Office. | |
| Funding type used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  FPID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Does this project fill in a gap or provide a continuous route/path to school?  Yes  No  Once application is reviewed, please check the appropriate box. Both SRTS Coordinator and Liaison should review. Reviewed by: Liaison  SRTS Coordinator  Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |