



ACTIVE TRANSPORTATION PROGRAM CYCLE 1

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

Please read the Application Instructions at
<http://www.dot.ca.gov/hq/LocalPrograms/atp/index.html>
prior to filling out this application

Project name:

For Caltrans use only: ___TAP ___STP ___RTP ___SRTS ___SRTS-NI ___SHA
___DAC ___Non-DAC ___Plan

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 \$ _____ Matching Funds (If Applicable) \$ _____ Other Project funds \$ _____ TOTAL PROJECT COST \$ _____
3. APPLICANT CONTACT (Name, title, e-mail, phone #)	5. PROJECT COUNTY(IES):
4. APPLICANT CONTACT (Address & zip code)	7. Application # _____ of _____ (in order of agency priority)
6. CALTRANS DISTRICT #- Click Drop down menu below	

Area Description:

8. Large Metropolitan Planning Organization (MPO)- Select your "MPO" or "Other" from the drop down menu>	
9. If "Other" was selected for #8- select your MPO or RTPA from the drop down menu>	
10. Urbanized Area (UZA) population (pop.)- Select your UZA pop. from drop down menu>	

Master Agreements (MAs):

11. Yes, the applicant has a FEDERAL MA with Caltrans.
12. Yes, the applicant has a STATE MA with Caltrans.
13. 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:

14. Partner Name*:	15. Partner Type
16. Contact Information (Name, phone # & e-mail)	17. 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)

18. Infrastructure (IF) 19. Non-Infrastructure (NI) 20. Combined (IF & NI)

Project name:

I. GENERAL INFORMATION-continued

Sub-Project Type (Select all that apply)

21. Develop a Plan in a Disadvantaged Community (select the type(s) of plan(s) to be developed)
 Bicycle Plan Safe Routes to School Plan Pedestrian Plan
 Active Transportation 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

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

Other:

23. Non-Infrastructure (Non SRTS)
24. Recreational Trails*- Trail Acquisition
- *Please see additional Recreational Trails instructions before proceeding**
25. Safe routes to school- Infrastructure Non-Infrastructure

If SRTS is selected, provide the following information

26. SCHOOL NAME & ADDRESS:

27. SCHOOL DISTRICT NAME & ADDRESS:

28. County-District-School Code (CDS)	29. Total Student Enrollment	30. Percentage of students eligible for free or reduced meal programs **
31. Percentage of students that currently walk or bike to school	32. Approximate # of students living along school route proposed for improvement	33. 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 must 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:

- 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.

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	\$

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

Amount

	\$
	\$
	\$
	\$
	\$
	\$

*Must indicate which funds are matching

Total Project Cost	\$
Project is Fully Funded	

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.

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: _____
Name: _____
Title: _____

Date: _____
Phone: _____
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: _____
Name: _____
Title: _____

Date: _____
Phone: _____
e-mail: _____

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

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 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: _____
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:

VIII. 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

- 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)