



# Regional Transportation Plan Cycle 2 Funds Application

- Required Attachments:**
- General Plan Circulation Element Amendment or Complete Streets Policy Resolution
  - Housing & Community Development (HCD) Approval for General Plan Housing Element
  - Complete Streets Checklist
  - Project Map (Including Priority Development Area (PDA) boundaries)

**Please complete the requested fields below:**

**Project Sponsor:**

**Single Point of Contact:**

**Email/Phone:**

**Project Title:**

**Project Location/Description:**

**Project Type:** *Check all that apply; indicate percentage of each if there is more than one element*

- |                          |   |       |   |
|--------------------------|---|-------|---|
| <input type="checkbox"/> | Transit Improvements                                | _____ | % |
| <input type="checkbox"/> | Bicycle and Pedestrian Improvements <sup>1</sup>    | _____ | % |
| <input type="checkbox"/> | Local Streets and Roads Preservation <sup>2</sup>   | _____ | % |
| <input type="checkbox"/> | Safe Routes to Schools or Transit <sup>1</sup>      | _____ | % |
| <input type="checkbox"/> | Transportation for Livable Communities <sup>1</sup> | _____ | % |
| <input type="checkbox"/> | Priority Conservation Areas                         | _____ | % |

<sup>1</sup> Is project within the Bay Area Air Quality Management District (BAAQMD)    Y     N

<sup>2</sup> Roads must be eligible for federal aid

RTP ID#

- Transportation for Livable Communities: 21011
- Safe Route to School Program: 22417
- Local Streets and Roads Maintenance: 230518
- Other

RTP Goals: *Please describe the relationship of project to meeting goals of the MTC Proposed Regional Transportation Plan (RTP): Can be found at*

[http://www.onebayarea.org/plan\\_bay\\_area/transportation.htm](http://www.onebayarea.org/plan_bay_area/transportation.htm)



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Check which goals apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Climate Protection  | <input type="checkbox"/> Adequate Housing   |
| <input type="checkbox"/> Reduce Premature Death from Particulate Matter                      | <input type="checkbox"/> Reduce number of Injuries and Fatalities from Collisions     |
| <input type="checkbox"/> Increase Average Daily Walking and Biking for Transportation by 60% | <input type="checkbox"/> Open Space and Agricultural Preservation                     |
| <input type="checkbox"/> Equitable Access  | <input type="checkbox"/> Equitable Vitality   |
| <input type="checkbox"/> Decrease Average Per Trip Travel Time                               | <input type="checkbox"/> Maintain the Transportation System in a State of Good Repair |

Please answer the following questions regarding the proposed project:

1. Does Sponsor have Complete Streets Act of 2008 compliant General Plan (GP)? (attach reference or resolution)	Y <input type="checkbox"/>	N <input type="checkbox"/>
2. Does Sponsor have a Housing and Community Development (HCD) approved GP or Housing Element? <i>In order to waive the above requirement GP Housing element must already be submitted to HCD for consideration. Date submitted to HCD:</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>
3. Is there a Complete Streets Checklist attached to this application?	Y <input type="checkbox"/>	N <input type="checkbox"/>
4. Has the sponsor failed to comply with regional or state delivery milestones in the past 3 years?	Y <input type="checkbox"/>	N <input type="checkbox"/>
5. Is there a Project Map attached to the current application?	Y <input type="checkbox"/>	N <input type="checkbox"/>
6. Is the proposed project inside the boundaries of an approved PDA?	Y <input type="checkbox"/>	N <input type="checkbox"/>
7. Is the project directly connected to a PDA?	Y <input type="checkbox"/>	N <input type="checkbox"/>
8. Does the project provide proximate access to a PDA? <i>If the project provides proximate access to a PDA please explain how*</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>
9. Does the project serve a Community of Concern?	Y <input type="checkbox"/>	N <input type="checkbox"/>
10. Did sponsor do public outreach to develop this project specifically? <i>Please provide documentation of the public outreach process including dates and times of meetings help, notification process, etc.</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>

\*For purposes of this application “proximate access” is defined as any project that provides transportation connectivity to a PDA.



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11. Funding Estimates: *Round to the nearest thousand from programming purposes*  
 Project Cost:  
 Grant Request:  
 Total Project Cost:

Phase	FY 13/14		FY 14/15		FY 15/16	
	Federal Fund	Local Match	Federal Fund	Local Match	Federal Fund	Local Match
Preliminary Engineering	\$	\$	\$	\$	\$	\$
Right-of-Way	\$	\$	\$	\$	\$	\$
Construction	\$	\$	\$	\$	\$	\$
Construction Engineering	\$	\$	\$	\$	\$	\$

Indicate source(s) of matching funds here:

Source						
Amount	\$	\$	\$	\$	\$	\$

12. Complete Streets Components: *Please indicate all the complete street elements proposed as part of this project:*

12a.	12f.
12b.	12g.
12c.	12h.
12d.	12i.
12e.	12j.

13. Schedule: Please provide project development schedule:

Phase	Begin MO/YR	End MO/YR
Scoping		
ENV		
PSE		
R/W		
CON		



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*Please indicate the dates sponsor anticipates achieving the following milestones:*

- a. Resolution of Local Support for project:
  - b. FMS Application:
  - c. Filed Review:
  - d. Disadvantaged Business Enterprise Local Assistance Procedures Manual Form 9-B:
  - e. Request for Authorization: (Please indicate both PE and CON Phases if seeking funding for both):
  - f. Recipient of Authorization (E-76):
14. If a local Street and Roads Preservation (LSRP) project, please indicate the federal aid classification of each road proposed:
15. If a LSRP, please indicate the number of lane miles to be improved (include street name, length and Pavement Condition Index [PCI] of each segment):
16. If LSRP project, what type?
- Pavement Rehabilitation (<70 PCI)
  - Preventative Maintenance ( $\geq 70$  PCI)
  - Non-pavement
17. Does the sponsor have a current, certified Pavement Management Program?
- a. Please indicate the date of last certification: