**INFRASTRUCTURE**

**APPLICATION INFORMATION**

**Is this the right application form for my project? If your project is a capital improvement (infrastructure) project, then use this form. If your project is non-infrastructure, for example a planning study or marketing/promotional project, please use the Non-Infrastructure application form.**

**Where can I obtain the application form?**

All materials are available online at: <https://www.smcta.com/whats-happening/call-projects>

**Who can I contact if I have any questions about the application?**  
Contact **Patrick Gilster at** [**gilsterp@samtrans.com**](mailto:gilsterp@samtrans.com) **or (650) 207-5643.** Please contact the TA if you have questions while completing the application form. This will save time and follow-up efforts with applicants for the TA during the evaluation process.

**When is the application due date?**

Complete applications are due electronically on **September 23, 2022 at 4:00 PM (PST).** Late submissions will not be accepted.

**How do I submit the application and supporting attachments?**

Please make sure you have filled out the [Notice of Intent to Submit Survey](https://samtranscore.sjc1.qualtrics.com/jfe/form/SV_3sefzQH7XVxgktw) by September 16, 2022 in order to receive a Dropbox upload link for the specific application.

**Are all questions required?**

Each question is designed to help the applicant address how well the project may meet the program evaluation criteria. Points are assigned to each question and should be, to the greatest extent possible, answered and supported with documentation. Please keep responses clear and concise. ***Note that there are no specific word limits but all responses must be visible in the allotted fill-in boxes.***

***Definitions:*** The following terms are used throughout the application form. Please note when questions are specific to the overall project or the project scope, and respond accordingly.

* 1. Overall project: The entire project ultimately to be constructed.
  2. Project scope: The specific project phase or elements for which Measure A & W funds are being requested in this application/cycle. The project scope may be a subset of the overall project.
  3. Sponsor Agency: The eligible applicant who may submit and/or implement the project.
  4. Implementing Agency: The agency or organization that will implement the project scope, may be different than the sponsor agency.

**INFRASTRUCTURE**

**APPLICATION CHECKLIST**

|  |  |
| --- | --- |
| **REQUIRED** | |
|  | **Application Form** |
|  | **Attachment A: Cover Letter** |
|  | **Attachment B: Letters of Support/Community Engagement Documentation** |
|  | **Attachment C: Site Photos (Word document with descriptions and raw images)** |
|  | **Attachment D: SMCTA Call for Projects Portal Export (Zip File)** |
|  | **Attachment E: GHG Emission Reduction and VMT Impact** |
|  | **Attachment F: Cost Estimates** |
|  | **Attachment G: TIMS ATP Maps and Summary Data Printout** |

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| **OPTIONAL** | |
|  | **Attachment H: Letter of Partnership Intent (if applicable)** |
|  | **Attachment I: Other Documentation** |

**INFRASTRUCTURE**

**PROJECT APPLICATION FORM**

|  |
| --- |
| **PART A: GENERAL INFORMATION** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **APPLICANT INFORMATION** | | | | | | | | | | |
| **Sponsor Agency Name:** | | | |  | | | | | | |
| **Sponsor Agency Address:** | | | |  | | | | | | |
| **City:** |  | | | | | **State:** CA | | **Zip:** |  | |
| **Contact Name:** | |  | | | **Contact Title:** | |  | | | |
| **Contact Phone:** | |  | | | **Contact E-mail:** | |  | | | |
| **Is another party implementing the project?** | | | | | **Yes** | | **No** | | |  |
| **If YES, please provide Implementing party’s information:** | | | | | | | | | | |
| **Implementing Agency Name:** | | |  | | | | | | | |
| **Implementing Agency Address:** | | |  | | | | | | | |
| **City:** |  | | | | | **State:** CA | | **Zip:** |  | |
| **Contact Name:** | |  | | | **Contact Title:** | |  | | | |
| **Contact Phone:** | |  | | | **Contact E-mail:** | |  | | | |
| **If YES, please submit Attachment H: Letter of Partnership Intent from each agency outlining roles,**  **responsibilities, and respective funding contributed. This is required for TA Technical Assistance.** | | | | | | | | | | |

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| --- | --- | --- | --- |
| 1. **GENERAL PROJECT INFORMATION** | | | |
| **Project Title:** |  | | |
| **Project Type (choose from drop down):** | | | Choose an item. |
| **Project Phase(s) Requested:** | | | **PLAN  PAED  PS&E  ROW  CON** |
| **Project Location/Limits:** | |  | |
| **Amount Requested ($):** | |  | |
| **Match Provided ($):** | |  | |
| **Total Project Cost ($):** | |  | |
| **Project Scope & Benefits (One paragraph response must fit in text box below):**  *Example: Construction of 4 curb extensions and pedestrian-scale lighting will provide added safety for pedestrians and/or bicyclists at this busy intersection.* | | | |



|  |
| --- |
| 1. **PROJECT DETAILS**   *Note: Do not double count infrastructure that serves both pedestrians and bicyclists. Select the category that best serves the primary intended user of the project.* *List linear feet or number of each item in the total scope of work as specified in the respective category. Do not count the number of intersections. For example, if a project is upgrading eight curb ramps at one intersection, enter 8 in the form.* |

| **BICYCLE INFRASTRUCTURE** | | | | |
| --- | --- | --- | --- | --- |
| **New Bikeways (in centerline linear feet)** | | | | |
| Class I Shared Use Paths: | |  | Class II Bicycle Lanes: |  |
| Class II Buffered Bicycle Lanes: | |  | Class III Bicycle Routes: |  |
| Class IV Separated Bikeway: | |  |  | |
| **Upgraded Bikeways (converting an existing bikeway to a new classification or widening/paving Class I Shared Use Path) (in centerline linear feet)** | | | | |
| Class I Shared Use Paths: | |  | Class II Bicycle Lanes: |  |
| Class II Buffered Bicycle Lanes: | |  | Class III Bicycle Routes: |  |
| Class IV Separated Bikeway: | |  |  | |
| **Signalized Intersections (number)** | | | | |
| Bike Boxes:  Protected Intersections:  Timing Improvements: | | | | |
| **Un-Signalized Intersections (number)** | | | | |
| RRFB:  PHB:  Crossing-Surface Improvement:  Roundabout/Traffic Circle: | | | | |
| **Mid-Block Crossings/Driveways (number)** | | | | |
| RRFB:  PHB:  Crossing-Surface Improvement: | | | | |
|  | | | | |
| **Lighting** | | | | |
| Intersection (number):  Roadway for Facility Segments (linear feet): | | | | |
| **Bike Parking (number of bicycle spaces)** | | | | |
| New Racks: |  | | New Lockers: |  |
|  |  | |  |  |
| **Describe and quantify any Other Bicycle/Trail Improvements not listed already** | | | | |



| **PEDESTRIAN INFRASTRUCTURE** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Sidewalks (linear feet)** | | | | | | |
| New (4' to 8' wide): |  | New (over 8' wide): | |  | | |
| Widen Existing: |  | Reconstruct/Enhance Existing: | |  | | |
| New Barrier Protected (Barrier, parking, functional-planter, etc.): | | | | | | |
| **ADA Ramp Improvements (number)** | | | | | | |
| New Ramp (none exist): |  | Reconstruct Ramp to Standard: | |  | | |
| **Signalized Intersections (number)** | | | | | | |
| New Crosswalk: |  | Enhanced Existing Crosswalk: | |  | | |
| Ped-Heads: |  | Shorten Crossing: | |  | | |
| Timing Improvements: |  |  | | | | |
| **Un-Signalized Intersections (number)** | | | | | | |
| New Traffic Signal: |  | New Roundabout/Mini Traffic Circle: | | | |  |
| New RRFB/Signal: |  | Crossing-Surface Improvements: | | | |  |
| Shorten Crossing: |  |  | | | |  |
| **Mid-Block Crossing (number)** | | | | | | |
| RRFB:  PHB:  Crossing-Surface Improvement: | | | | | | |
| **Lighting** | | | | | | |
| Intersection (number): |  | Roadway Segments (linear feet): | | |  | |
| **Pedestrian Amenities (number)** | | | | | | |
| Benches: |  | Trash Cans: |  | | | |
| Shade Trees: |  | Transit Shelters: | | | | |
| **Describe and quantify any Other Pedestrian Improvements not listed already** | | | | | | |



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| **PART B: EVALUATION CRITERIA** |

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| 1. **PROJECT READINESS (0-15 points)** |

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| --- |
| **PR-1: Clear and Complete Proposal** |
| **Application Checklist is filled out and all attachments included:** Choose an item.  **Did the Sponsor Agency attend at least TA Complete Streets Technical Trainings:** Choose an item.  **If yes, select the trainings below and provide at least one staff member name:**  **Training 1:** Choose an item.  **List Names of Attendees:**  **Training 2:** Choose an item.  **List Names of Attendees:**  **Training 3:** Choose an item.  **List Names of Attendees:** |
| **Provide a brief summary below detailing how best practices from the Complete Streets Technical Trainings were incorporated into the submitted project.**  *The slides and recordings can be accessed* [*here*](https://www.smcta.com/projects-programs/pedestrian-and-bicycles)*.* |



| **PR-2: COMMUNITY SUPPORT** |
| --- |
| **Describe the community outreach effort for the project and summarize feedback received. Please consider the following questions in your response:**   * **Was community engagement for the specific project or part of a larger planning effort?** * **How has community feedback been incorporated into or helped to shape the project?** * **What is the level of interest in the project?** * **Have any specific concerns been raised?** * **List all non-sponsor stakeholders that have taken a formal position on the project.** |



| **PR-3: Ease and Speed of Implementation** | | | |
| --- | --- | --- | --- |
| **RIGHT-OF-WAY (pick one):** | | | |
|  | Project is entirely within the Implementing Agency's right-of-way and/or is within their control at the time of this application submittal. (This includes temporary construction easements) | | |
|  | Project will likely require right-of-way in fee ownership, permanent easements and/or temporary construction easements from private owners and/or will require utility relocations from utility companies outside that implementing agency's governmental control. | | |
| **PERMITS, AGREEMENTS, AND/OR ENVIRONMENTAL CLEARANCE**  *List all permits, agreements and environmental clearance (both CEQA and NEPA) approved and/or needed, to date.* | | | |
| **Permit/Agreements/Environmental Clearance** | | **Status (Approved/Needed)** | **Date Approved (or leave blank)** |
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| **PR-4: PROJECT STATUS AND SCHEDULE** | | | | |
| --- | --- | --- | --- | --- |
| **Indicate the anticipated beginning and end date for each phase of the project.**   * **If a phase is not applicable for this application, write “N/A”.** * **If the PS&E phase is currently underway at the time the application is submitted, indicate the percent complete to date: 35%, 65%, or 90%.** | | | | |
| **Phase** | | | **Month and Year** | |
| **Phase Start** | **Phase End** |
| **Pre-Project Planning** | | |  |  |
| **Project Approval (PA) & Environmental Document (ED)** | | |  |  |
| **%** | **Current Percent Complete** | **Plans, Specifications & Estimates (PS&E)** |  |  |
| **ROW Acquisition and Utilities Coordination** | | |  |  |
| **Construction and Procurement** | | |  |  |

| **PR-5: CREDIBLE COST ESTIMATE AND FUNDING PLAN** | | | | |
| --- | --- | --- | --- | --- |
| **Matching Funds certified in Cover Letter as secured?** | | | **Yes  No** | |
| **Fill in the information below for the project request and all known costs for ALL phases of work. Funding for future phases/requests does not need to be secured.** | | | | |
| **Project Scope Phases** | **Total Cost**  **(A+B)** | **Measure A & W Pedestrian and Bicycle Program Request (A)** | | **Other Matching Funding (B)** |
| **Pre-Project Planning** | $ | $ | | $ |
| **PE/Environmental** | $ | $ | | $ |
| **Design (PS&E)** | $ | $ | | $ |
| **Right-of-Way** | $ | $ | | $ |
| **Construction** | $ | $ | | $ |
| **TOTALS** | **$** | **$** | | **$** |

| **PR-5: PROJECT FUNDING** |
| --- |
| **Discuss any potential funding shortfalls or risks associated with any of the listed funding sources, and how they will be addressed. If the project is a large capital infrastructure project with a funding gap, as defined in section 7.c. of the Call for Projects Guidelines, what is the plan to close the funding gap within the allotted one-year period?** |



| **Can the project be divided into phases or segments if full funding is not available?** | | | |
| --- | --- | --- | --- |
|  | No |  | Yes |
| **If YES, describe the different phases/segments and costs associated with each.** | | | |



|  |
| --- |
| 1. **FUNDING LEVERAGE (0-10 points)** |

|  |  |
| --- | --- |
| **FL-1: FUNDING LEVERAGE** | |
| **Using the table below, indicate the sources of funding as well as the percentages that have been secured *for the proposed Measure A & W “project” work scope*. Attach separate documentation if additional rows are needed.**   * **If other Measure A & W funds are involved, be specific about the program.** * **If any of the match is from the private sector, specify the source (e.g. development impact fees, developer contribution, easement or donated land value).** * **A ten percent match, at a minimum, is required. (Five percent minimum for equity-based reduced match projects must be approved by TA staff prior to application)** | |
| **Minimum Match Requirement Eligibility:** | **Standard (10%)  Equity-based (5%)** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding Source** | **Total Value** | | **Source Type** |
| **(A) Measure A & W Pedestrian & Bicycle Program Request** | $ | | Public |
|  | $ | | Choose an item. |
|  | $ | | Choose an item. |
|  | $ | | Choose an item. |
|  | $ | | Choose an item. |
| **(B) Total Project Scope of Work Costs:** | | **$** | |
| **(C) Total Matching Funds to be Provided:** | | **$** | |
| **Total match percentage:**  **(C) total matching funds provided ÷ (A) Measure A/W Request** | | **%** | |

|  |  |
| --- | --- |
| **FL-2: PRIVATE SECTOR CONTRIBUTION** | |
| **(D) Total private sector only matching funds to be provided:** | **$** |
| **Total private sector match contribution percentage:**  **(D) total matching funds provided ÷ (A) Measure A/W Request** | **%** |

|  |
| --- |
| 1. **PROJECT NEED (0-19 points)** |

| **PN-1: Need for Safety Improvements/enhancement** |
| --- |
| **Existing Site Conditions: Describe the general existing site conditions and active transportation need/deficiencies that this project aims to address. Support narrative with relevant site photos and photo captions in Attachment C: Site Photos.** |

****

| **Is the project located on the C/CAG Youth-based High Injury Network?** | **Yes  No** |
| --- | --- |
| **Is the project located in a safety hotspot?**  **Support to be provided in Attachment G: TIMS ATP Maps and Summary Data Printout.** | **Yes  No** |
| **Describe the documented safety conditions in the project area.** | |

****

| **PN-2: Accommodates Multiple Transportation Needs** | | | |
| --- | --- | --- | --- |
| **Which users will benefit from this project? Check all that apply.** | | | |
|  | Bicyclists |  | Public transit riders (bus and rail) |
|  | Pedestrians |  | Other micromobility users (e.g. e-scooters) |
| **Briefly describe how specific capital improvements will benefit each type of user selected above.** | | | |



| **PN-3: Extent that project serves a transportation need** | | | |
| --- | --- | --- | --- |
| **What is the primary purpose of the facility? Check one.** | | | |
|  | Transportation (access to employment,  school, or other destinations) |  | Will serve both purposes equally |
|  | Recreation and Health |  |  |

|  |
| --- |
| **PN-4: Project Recognized in Planning or Fund Programming Documents** |
| **Plan Consistency: List up to five (5) planning documents or policies with the publication date and the page upon which the project can be found. If your project is identified as a high priority project, indicate that in the table below.**  **Example Documents may include, but are not limited to (listed in order of highest points possible):**   * **Countywide/Regional/State Plans:** Caltrans District 4 Bicycle or Pedestrian Plan, MTC Regional Active Transportation Network, and C/CAG Comprehensive Bicycle and Pedestrian Plan, C/CAG Sustainable Streets Master Plan, etc. * **Local Jurisdiction Plans:** Bicycle and/or Pedestrian Plan, Local Road Safety Plan, Vision Zero Plan, Specific Plan, Climate Action Plan, etc. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Document or Policy** | **High Priority** | **Publication Year** | **Page Numbers** |
|  | Choose an item. |  |  |
|  | Choose an item. |  |  |
|  | Choose an item. |  |  |
|  | Choose an item. |  |  |
|  | Choose an item. |  |  |

|  |
| --- |
| **If the project is not specifically identified in a planning or policy document, describe how it supports or is consistent with state, regional, or local plan and policy goals.** |



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| 1. **PROJECT EFFECTIVENESS (0-42 points)** |

***Please note that some criteria will be auto-calculated by the TA once your application is submitted based on metrics that correspond with the project’s location. These will be calculated using the Zip file submitted from the SMCTA Calls for Projects Submission Portal which can be accessed*** [***here***](https://smcta.altaplanning.cloud/)***.***

| **E-1: ENHANCES FIRST/LAST MILE CONNECTIONS (TA to fill In)** | |
| --- | --- |
| **Quantitative Metric: Active Trip Potential & Proximity to High Quality Transit** | |
| **Composite Score:** |  |
| **Quartile (1/lowest to 4/Highest):** |  |

| **E-2: POTENTIAL INCREASE IN PERSON THROUGHPUT, MODE SHARE (TA to fill In)** | |
| --- | --- |
| **Quantitative Metric: Existing Vehicle Miles Traveled (VMT)** | |
| **Composite Score:** |  |
| **Quartile (1/lowest to 4/Highest):** |  |

| **E-3: DEGREE TO WHICH THE PROJECT REDUCES STRESS LEVEL, INCREASES SAFETY, AND ACCOMMODATES PEOPLE OF ALL ABILITIES** | |
| --- | --- |
| **PART 1: For Primarily Bike Projects and/or Major Corridor Projects**  Please fill in the information below and use the [FHWA Bikeway Selection Guide Recommendations](https://safety.fhwa.dot.gov/ped_bike/tools_solve/docs/fhwasa18077.pdf) (Figure 9 for Urban/Suburban Contexts or Figure 10 for Rural Contexts) | |
| **Current Bicycle Facility Type** | Choose an item. |
| **Existing Roadway Speed Limit (MPH)** | Choose an item. |
| **Approximate Traffic Volume (Vehicles Per Day)** | Choose an item. |
| **Recommended FHWA Bikeway Facility** | Choose an item. |
| **Proposed Bikeway Facility in this Application** | Choose an item. |
| **If the proposed bikeway is different from the recommended FHWA Bikeway Facility Recommendation, please describe below how the Level of Traffic Stress or bikeway comfort was evaluated for the project. Also address any trade-offs (parking removal, lane reductions, amenities, etc.) that may have impacted the selection of the bikeway facility and any other design treatments that increase comfort and safety.** | |



| **PART 2: For Primarily Pedestrian Projects and/or Major Corridor Projects**  Please fill in the information below and use the [FHWA Guide for Improving Pedestrian Safety at Uncontrolled Crossing Locations](https://safety.fhwa.dot.gov/ped_bike/step/docs/STEP_Guide_for_Improving_Ped_Safety_at_Unsig_Loc_3-2018_07_17-508compliant.pdf) (Table 1 on Page 19). For non-uncontrolled crossing treatments, select “Other” where applicable and describe how other [FHWA Proven Safety Countermeasures](https://safety.fhwa.dot.gov/provencountermeasures/) were incorporated into the project. | |
| --- | --- |
| **Primary Pedestrian Improvement Location Type** | Choose an item. |
| **Existing Roadway Speed Limit (MPH)** | Choose an item. |
| **Approximate Traffic Volume (Vehicles Per Day)** | Choose an item. |
| **Recommended FHWA Pedestrian Countermeasure** | Choose an item. |
| **Proposed Pedestrian Treatment in this Application** | Choose an item. |
| **If the proposed pedestrian treatment is different from the recommended FHWA treatment, please describe below how the comfort and safety was evaluated for the project and what trade-offs may have been considered when selecting the proposed treatment. Also address other corridor or signalized intersection treatments that are incorporated into the project to increase pedestrian comfort and safety.** | |



| **E-4: CLOSES GAP IN OR EXTENDS COUNTYWIDE PEDESTRIAN AND BICYCLE NETWORK** | |
| --- | --- |
| **Please indicate if the project is located primarily within or along the following below. The C/CAG Comprehensive Bicycle and Pedestrian Plan Web Map can be accessed** [**here**](https://tooledesign.github.io/F0066-San-Mateo-CCAG/) **for assistance.** | |
| **C/CAG CBPP Bikeway Backbone Network** | Choose an item. |
| **C/CAG CBPP Pedestrian Focus Area** | Choose an item. |
| **Local Ped/Bike Plan Project Identification** | Choose an item. |

| **E-5: VALUE/BENEFIT RELATIVE TO THE AMOUNT OF FUNDING REQUESTED** | |
| --- | --- |
| **Please indicate if the project is** | |
| **Is the project primarily considered a quick-build/rapid implementation project?** | Choose an item. |
| **Describe how the project provides the maximum benefit relative to the amount of funding requested. Projects should discuss safety and mobility benefits that cannot be accomplished by less expensive solutions.** | |



| **E-6: DEGREE TO WHICH PROJECT REDUCES GHG EMISSIONS AND IMPROVES AIR QUALITY** | |
| --- | --- |
| **Quantitative Metric: Applicant must fill out and provide a copy of Attachment E: GHG Emissions and VMT Impact (**[**California ARB AHSC Program Calculator**](https://ww2.arb.ca.gov/resources/documents/cci-quantification-benefits-and-reporting-materials)**)** | |
| **Applicant to Fill-in: GHG Emissions Reductions Output (MTCO2e)** |  |
| **TA to Fill-in: Quartile (1/lowest to 4/Highest):** |  |

| **E-7: POTENTIAL VMT REDUCTION PER CAPITA** | |
| --- | --- |
| **Quantitative Metric: Applicant must fill out and provide a copy of Attachment E: GHG Emissions and VMT Impact (**[**California ARB AHSC Program Calculator**](https://ww2.arb.ca.gov/resources/documents/cci-quantification-benefits-and-reporting-materials)**)** | |
| **Applicant to Fill-in: Passenger VMT Reductions Output (miles)** |  |
| **TA to Fill-in: Quartile (1/lowest to 4/Highest):** |  |

| **E-8: POTENTIAL TRAVEL TIME SAVINGS** |
| --- |
| **Describe how the proposed project has the potential to contribute to travel time savings for people walking, biking, and/or accessing transit and whether the project will help reduce regional or local congestion.** |



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| 1. **PROJECT SUSTAINABILITY (0-14 points)** |

***Please note that some criteria will be auto-calculated by the TA once your application is submitted based on metrics that correspond with the project’s location. These will be calculated using the Zip file submitted from the SMCTA Calls for Projects Submission Portal which can be accessed*** [***here***](https://smcta.altaplanning.cloud/)***.***

| **S-1: SERVES HIGH DENSITY/AFFORDABLE HOUSING (TA to fill In)** | |
| --- | --- |
| **Quantitative Metric: Priority Development Areas** | |
| **Composite Score:** |  |
| **Quartile (1/lowest to 4/Highest):** |  |

| **S-2: SERVES LOW INCOME, TRANSIT-DEPENDENT AND/OR VULNERABLE POPULATIONS** | | |
| --- | --- | --- |
| **Part 1: Does the project meet any of the following criteria? (Mark all that apply)**  *Note: If the answer is yes to any of these questions, include documentation (screenshots with project location drawn is acceptable as a Word or PPT file) in Attachment I: Other Documentation.* | | |
| **Census Tract Numbers Project Is Located In:** | |  |
|  | **Regional Equity Criteria**  The project is located in or crosses through an [MTC Equity Priority Communities](https://opendata.mtc.ca.gov/datasets/equity-priority-communities-plan-bay-area-2050/explore?location=37.878600%2C-122.370850%2C9.04).  (Tip: Using the filter feature, select the layer “epc\_2050”and move the slide bar at the top all the way to right to select “1”) | |
|  | **Countywide Equity Criteria:**  The project is located in or crosses through [C/CAG Equity Focus Area](https://tooledesign.github.io/F0066-San-Mateo-CCAG/).  (Tip: On the right hand menu select “Show Equity Focus Area” and only use values 8 to 10)  The project is located in or crosses through [ReImagine SamTrans Equity Priority Area](https://www.arcgis.com/home/item.html?id=b0c9f71bfcb64893aa93308d38f48cd1). | |
|  | **Statewide Equity Criteria:**  The project is located in or crosses through a census tract with a school where 75% or more students are eligible for [Free or Reduced Priced Meals](https://www.cde.ca.gov/ds/sd/sd/filessp.asp). | |
|  | The project is located in or crosses through a [SB 535 Disadvantage Community](https://calepa.ca.gov/envjustice/ghginvest/) census tract. | |
|  | The project is located in or crosses through a census tract with a [Healthy Places Index](https://healthyplacesindex.org/) percentile less than 25%. | |
|  | The project is located in or crosses through a census tract with a [Median Household Income](https://data.census.gov/cedsci/) with less than 80% of the statewide median (less than $60,188). | |
| **Part 2: Describe how the project specifically serves low income, seniors, students, transit dependent, and/or other vulnerable populations.** | | |



| **S-3: INNOVATIVE LOW ENVIRONMENT IMPACT/GREEN INFRASTRUCTURE** | |
| --- | --- |
| **Is the project identified as a Planned or New Recommended Sustainable Streets Project Opportunity in the San Mateo Countywide Sustainable Streets Master Plan Appendix C or D?** | **Yes  No**  **If yes, list appendix C or D and page #:** |
| **Are the green infrastructure elements identified in the cost estimate?** | **Yes  No** |
| **Describe any elements of the project that include low environment impact/green infrastructure.** | |



| **S-4: PROJECT ACCOUNTS FOR LONG-TERM REPAIR/MAINTENANCE/OPERATIONS NEEDS**  **Describe the long-term operations and maintenance needs for the project and how this will be funded.** |
| --- |



| **S-5: INCREASE/SPUR ECONOMIC ACTIVITY**  **Describe how the project supports existing economic activity and/or new economic development in the immediate vicinity (e.g. new housing production, job access, outdoor recreation industry).** |
| --- |



| **C/CAG MEASURE M SRTS FUNDING PROJECT SCREENING (No Points)** |
| --- |

***Please fill out “Yes or No” at the beginning of this section for consideration for the C/CAG Measure M SRTS funding. Applicants must meet all criteria (all “Yes” options must be true) to be eligible.***

| **Would the applicant like to be considered for the Measure M funding?** | **Yes  No** |
| --- | --- |
| **Is the project request less than $200,000?** | **Yes  No** |
| **Is the project identified in a SRTS walk audit or Ped/Bike Plan?** | **Yes  No** |
| **Is the project located with ½-mile of a public school?** | **Yes  No**  **If yes, list distance to nearest school:** |
| **Is the project located on the** [**C/CAG Youth High Injury Network**](https://ccag.ca.gov/programs/transportation-programs/safe-routes-to-school/)**?** | **Yes  No** |
| **Please list all the public schools that will directly benefit from the project and describe how the improvements will increase safety and encourage more students to walk and roll to school.** | |

