**PLANNING & PROMOTIONS**

**APPLICATION INFORMATION**

**Is this the right application form for my project? If your project is a planning study or program (non-infrastructure) project, then use this form. If your project is capital (infrastructure), for example the design and construction of a bikeway beyond the planning phase, please use the Infrastructure application form.**

*Non-infrastructure projects include: 1) Planning Studies that help build community consensus and further technical analysis needed to provide direction for future capital projects; and 2) Marketing/Promotional Programs that encourage behavioral changes that increase bicycling and walking.*

**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, to the greatest extent possible, be 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 plan or program or the plan or program scope, and respond accordingly.

* 1. Overall plan or program: The entire project ultimately to be delivered.
  2. Plan or program 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 plan or program.
  3. Sponsor Agency: The applicant for Measure A & W funds for the plan or program scope.

**NON-INFRASTRUCTURE**

**APPLICATION CHECKLIST**

|  |  |
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| **REQUIRED** | |
|  | **Application Form** |
|  | **Attachment A: Cover Letter** |
|  | **Attachment B: Letters of Support/Community Engagement Documentation** |
|  | **Attachment F: Cost Estimates** |
|  | **Attachment G: TIMS ATP Maps and Summary Data Printout** |

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| **OPTIONAL** | |
|  | **Attachment C: Site Photos** |
|  | **Attachment H: Letter of Partnership Intent (if applicable)** |
|  | **Attachment I: Other Documentation (Scope of Work and Detailed Schedule)** |

**NON-INFRASTRUCTURE**

**PROJECT APPLICATION FORM**

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| **PART A: GENERAL INFORMATION** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **APPLICANT INFORMATION** | | | | | | | | | | |
| **Sponsor Agency Name:** | | | |  | | | | | | |
| **Sponsor Agency Address:** | | | |  | | | | | | |
| **City:** |  | | | | | **State: CA** | | **Zip:** |  | |
| **Contact Name:** | |  | | | **Contact Title:** | |  | | | |
| **Contact Phone:** | |  | | | **Contact E-mail:** | |  | | | |
| **Are you partnering with another agency?** | | | | | **Yes** | | **No** | | |  |
| **If YES, please provide Partnering Agency information:** | | | | | | | | | | |
| **Partnering Agency Name:** | | |  | | | | | | | |
| **Partnering 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.** | | | | | | | | | | |

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| --- | --- | --- | --- |
| 1. **GENERAL PROJECT INFORMATION** | | | |
| **Project Title:** |  | | |
| **Project Type (choose from drop down):** | | | Choose an item. |
| **Project Location/Limits:** | |  | |
| **Amount Requested ($):** | |  | |
| **Match Provided ($):** | |  | |
| **Total Project Cost ($):** | |  | |
| **Project Scope:**  *Example: Complete Streets Study will be conducted on San Mateo Street to determine the feasibility and cost to create a safer and more comfortable street for pedestrians, bicyclists, and transit users.* | | | |



| 1. **PROGRAM DETAILS** |
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| **PLAN TYPE (if applicable)** | |
| --- | --- |
| **Check the box for program or plan type.** | |
|  | Pedestrian Plan |
|  | Bicycle Plan |
|  | Active Transportation Plan (Bicycle & Pedestrian) |
|  | Safe Routes to School Plan/Walk Audits |
|  | Corridor/Complete Street Feasibility Study |
|  | Vision Zero Plan or Safety Study |
|  | Trail/Feasibility Study |
|  | Other (please state): |

| **PROGRAM DETAILS (if applicable)**  *Note: Insert the number of each type of activity included in the program. Do not double count. If any of the activities below are included in a planning effort, please also list the applicable activities here.* | | | |
| --- | --- | --- | --- |
| Number of walk or bike audits/tours: |  | Number of bicycle skills/safety classes: |  |
| Number of pedestrian skills/safety classes: |  | Number of community meetings (in-person or online): |  |
| Number of community demonstration projects/pop-ups/ open streets events: |  | Number of community encouragement events (i.e. bike-to-work days): |  |
| Number of community challenges (i.e. bike to work month challenges): |  | Number of law enforcement methods (i.e. progressive ticketing, deploying speed trailers, etc.): |  |
| Number of community workshops/stakeholder meetings: |  |  | |
| Other: Please describe below. | | | |



| **COMMUNICATIONS** | |
| --- | --- |
| **Check the box if the program or plan will include the communication type.** | |
|  | Traditional media (radio ads, TV ads, newspaper ads, flyers, etc.) |
|  | Large media (bus-wraps, billboards, etc.) |
|  | Print/electronic publications (newsletters, blogs, etc.) |
|  | Social media (Twitter, Facebook, Instagram, etc.) |
|  | Program website |
|  | Other (please state): |
| **What languages, if any, will the selected communications be translated to? Indicate below.** | |



| **COLLABORATIVE PARTNERSHIPS** | |
| --- | --- |
| **Check all the parties that have a committed role in the program or plan beyond submitting a letter of support. Include the Agency, Lead Contact Name, and Title below for each applicable partner.** | |
|  | **Local Public Health Department** |
|  | **Law Enforcement** |
|  | **Schools/School District** |
|  | **Non-Profit/Community Based Organizations** |
|  | **Other (please state):** |

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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. |

| **PR-2: DEMONSTRATES STAKEHOLDER SUPPORT/COMMUNITY SUPPORT** |
| --- |
| **Describe the community engagement you intend to complete as part of the project. Please**  **consider the following questions in your response:**   * **How has previous community feedback or engagement helped to identify this effort?** * **How will future community input be incorporated into the project?** * **What community engagement strategies will be used to get feedback from people who may not normally participate in local government planning/programmatic efforts?** * **What non-sponsor stakeholders will you involve in the project?** |



| **PR-3: EASE AND SPEED OF IMPLEMENTATION** |
| --- |
| **Describe the existing support for the project. Please consider the following questions in your response:**   * **Have any specific concerns been raised by the community or local policy makers that may affect implementation of the plan/program?** * **Were letters of support were included to show support for implementing the plan/program?** * **Is there other support from the community, non-sponsor stakeholders, or local policy makers that would help to enable the project to move quickly?** |



| **PR-4: PROJECT STATUS AND SCHEDULE** | | |
| --- | --- | --- |
| **Indicate the anticipated beginning and end date of the project.** | | |
| **Plan/Program Scope** | **Month and Year** | |
| **Phase Start** | **Phase End** |
| **Plan Development/Program Delivery** |  |  |

| **PR-5: CREDIBLE COST ESTIMATE AND FUNDING PLAN** | | | | |
| --- | --- | --- | --- | --- |
| **Attachment F: Cost Estimate provides descriptions and detailed costs by task** | | | **Yes  No** | |
| **Project Scope Phase** | **Total Cost**  **(A+B)** | **Measure A & W Pedestrian and Bicycle Program Request (A)** | | **Other Matching Funding (B)** |
| **Plan or Program** | $ | $ | | $ |
| **Discuss any potential funding shortfalls or unfunded portions of the plan/program and how they will be addressed?** | | | | |



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

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| --- | --- |
| **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 Plan/Program Scope of Work Cost** | **$** | |
| **(C) Total Matching Funds to be Provided** | **$** | |
| **Total Match Percentage**  **(C) Matching Funds Provided ÷ (A) Measure A/W Request** | **%** | |

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| --- | --- |
| **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** | **%** |

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

| **PN-1: NEED FOR SAFETY IMPROVEMENTS/ENHANCEMENTS** |
| --- |
| **Describe the existing challenges to walking and bicycling that this plan or program aims to address. Support narrative with relevant site photos and photo captions in Attachment C: Site Photos.** |



| **PN-2: NEED FOR SAFETY IMPROVEMENT/ENHANCEMENT** | |
| --- | --- |
| **Is the plan/program located on the C/CAG Youth-based High Injury Network?** | **Yes  No** |
| **Is the plan/program effort 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. If the application is for a citywide plan or citywide program, include all bicycle and pedestrian collisions within jurisdiction and discuss how the plan or program will help reduce collisions.** | |



| **PN-3: ACCOMODATES MULTIPLE TRANSPORTATION MODES** | | | |
| --- | --- | --- | --- |
| **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 plan/program will benefit each type of user selected above.** | | | |



| **PN-4: PROJECT RECOGNIZED IN PLANNING OR FUND PROGRAMMING DOCUMENTS** | | | |
| --- | --- | --- | --- |
| **Is the plan or program an update to an existing plan or continuation of prior program?** | | | |
|  | **Yes** |  | **No** |
| If yes, when was the plan adopted or program last completed? Specify date: | | | |
| **Was the plan or program discussed or identified as a high priority in an existing planning or policy document? If so, describe the document and publication date. If not, describe how the plan or program supports or is consistent with other state, regional, or local plan and policy goals. For plans that will support the development of capital projects, how is this effort consistent with working toward the implementation of priority capital projects (include any consistency with state, regional or local plans).** | | | |



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| 1. **Project Effectiveness (0-42 points)** |

| **E-1: ENHANCES FIRST/LAST MILE CONNECTIONS** |
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| **Briefly describe how the plan/program will enhance first/last-mile connections to employment centers, TOD, transit stations, schools, and other high density/activity centers.** |



| **E-2: POTENTIAL INCREASE IN PERSON THROUGHPUT, MODE SHARE** |
| --- |
| **Briefly describe how the plan/program will encourage a mode shift from single occupancy vehicles to walking, biking, scooting, and/or accessing transit.** |



| **E-3: DEGREE TO WHICH THE PROJECT REDUCES STRESS LEVEL, INCREASES SAFETY, AND ACCOMMODATES PEOPLE OF ALL ABILITIES** |
| --- |
| **Briefly describe how the plan/program will help reduce stress levels, increase safety, promote secure environments, and/or accommodate people of all ages and abilities.** |



| **E-5: VALUE/BENEFIT TO THE AMOUNT OF FUNDING REQUESTED** |
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| **Describe how the proposed scope of work tasks and deliverables/activities will provide the best “bang for the buck” approach for getting the desired planning or program outcomes. What are the intended outcomes and how will effectiveness of the non-infrastructure project be measured?** |



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

| **S-1: SERVES HIGH DENSITY/AFFORDABLE HOUSING** |
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| **Briefly describe how the plan/program will serve or include existing high density and/or affordable housing developments (e.g. Priority Development Areas). Consider if the plan/program could also help promote or serve future high density/affordable housing developments.** |



| **S-2: SERVES LOW INCOME, TRANSIT-DEPENDENT AND/OR VULNERABLE POPULATIONS** | | |
| --- | --- | --- |
| **Part 1: Is the plan/program designed to target a location that meets 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-5: ECONOMIC DEVELOPMENT** |
| --- |
| **Briefly describe how the plan/program will support existing economic activity and help spur new economic development in the vicinity or plan/program area.** |

