



## Florida Department of Transportation

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### 2016 Transportation Alternatives Application Cycle

FY 2019/2020 Tentative Work Program

January 20, 2016

The Florida Department of Transportation is pleased to notify you of the upcoming Transportation Alternatives Program Application Cycle for FY 2019/2020 Tentative Work Program. Projects programmed for this cycle will be funded in FY 19/20.

#### General Information:

The Transportation Alternatives Program (TAP) previously authorized under Section 1122 of MAP-21 (23 U.S.C. 213(b), 101(a)(29)) provides funding for programs and projects defined as transportation alternatives, including on- and off-road pedestrian and bicycle facilities, infrastructure projects for improving non-driver access to public transportation and enhanced mobility, community improvement activities, and environmental mitigation; recreational trail program projects; safe routes to school projects; and projects for the planning, design or construction of boulevards and other roadways largely in the right-of-way of former Interstate System routes or other divided highways.

Funding for this cycle:

Broward	County Allocation	TALU	\$ 1,283,339.00
	FDOT Allocation	TALT*	\$ 2,152,538.46
		<b>Total</b>	<b>\$ 3,435,877.46</b>
Palm Beach	County Allocation	TALU	\$ 1,596,642.00
	FDOT Allocation	TALT*	\$ 1,555,350.24
		<b>Total</b>	<b>\$ 3,151,992.24</b>
Martin	County Allocation	TALU	\$ 169,189.00
	FDOT Allocation	TALT*	\$ 188,902.60
		<b>Total</b>	<b>\$ 358,091.60</b>
St. Lucie	County Allocation	TALU	\$ 306,061.00
	FDOT Allocation	TALT*	\$ 340,685.92
		<b>Total</b>	<b>\$ 646,746.92</b>
Indian River	County Allocation	TALL**	\$ 176,996.00
		TALN**	\$ 102,085.00
	FDOT Allocation	TALT*	\$ 182,537.78
		<b>Total</b>	<b>\$ 461,618.78</b>

\*TALT fund distribution is at the District's discretion

\*\*TALL and TALN funding cannot be combined

Notes:

1. The funding is estimated allotment from FHWA, and is subject to change.
2. The program, and thus each project, must be “self sustaining” and as such, the following items must be accounted for in the total project funding:
  - a) Phase 31 – FDOT project design support (all projects) - \$5,000 or \$7,000 for critical projects
  - b) Phase 61 – FDOT project construction support (all projects) - \$5,000 or \$7,000 for critical projects
  - c) Phase 62 – 3% of TOTAL construction estimate – FDOT Oversight CEI (all projects)
  - d) Phase 58 – construction costs (FHWA/FDOT as well as local fund contribution)
  - e) Phase 68 – Maximum of 12% of eligible FHWA/FDOT Phase 58 contribution to be used for CEI (optional)

All of these project phases are added to equal the amount of funding awarded for a project and are shown on the application and cost estimate.

### **Certified Agencies:**

Two types of LAP certification are currently in use; Full and Project Specific.

The 5 County Engineering Offices carry the Full Certification. All other Local Agency Engineering Offices must pursue Project Specific Certification. More information on this topic can be found on our [District Internet site](#). Project Specific Certification documents are not required at the time of application.

### **How to Apply:**

The key to a successful project starts with a clear vision. Each application package consists of the following submittal items:

1. Completed application checklist
2. Completed application (one PDF file)
3. Aerial Location Map depicting the project limits (one PDF file)
4. Scope (one PDF file)
5. Typical section (one PDF file)
6. Right-of-Way ownership verification (one PDF file)
7. Plats, deeds, prescriptions, certified surveys and/or easements (one PDF file)
8. Completed cost estimate using the revised format (one Excel file) prepared and signed by a Professional Engineer from the Agency’s Engineering Office

Attached are the application tools and requirements. These files can be used, or they can be obtained from our District Internet site.

Applications and the MPO/TPO’s preliminary prioritized list of projects are due to FDOT no later than May 2, 2016. Please submit all materials to Christine Fasiska ([christine.fasiska@dot.state.fl.us](mailto:christine.fasiska@dot.state.fl.us)).

**Submit via online portal.**

Submit here: <http://www.palmbeachmpo.org/forms/transportation-alternatives-program-application>

## 2016 Transportation Alternatives Program – Application Checklist

Dear Applicant:

Thank you for your interest in the 2016 Transportation Alternatives Program cycle. Please use the following checklist to ensure you are including all information and attachments required to complete the application. All of the following must be filled out and/or included:

- General Application Information
- Location Map (Aerial)
- Scope of Work
- Typical Section
- Right-of-Way Ownership Verification
- Plats, deeds, prescriptions, certified surveys and/or easements
- Detailed Cost Estimate Spreadsheet prepared and signed by a Professional Engineer from the Agency's Engineering Office

Submit via online portal.

Submit here: <http://www.palmbeachmpo.org/forms/transportation-alternatives-program-application>



2016 Transportation Alternatives Program cycle -  
Application FY 19/20 Projects

**General Information:**

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Project Title:

Project Sponsor (municipal, county, state, or federal agency, or tribal council):

Contact Person:

Title:

Email:

Sponsor Address:

City:

Zip:

Priority (relative to other applications submitted by the Project Sponsor):

Name of Applicant (If other than Project Sponsor):

The applicant

seeks project-specific LAP Certification

is currently LAP Certified

has never been LAP Certified

has been LAP certified in the last 5 years

**1 Qualifying Activities:**

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Check the transportation alternatives activity that the proposed project will address. Please check **one** activity that represents the majority of the work proposed. (Note: Checking more activities does not ensure or increase eligibility.) Eligible activities must be consistent with details described under 23 U.S.C. 213(b).

- Construction of on-road and off-road trail facilities for pedestrians, bicyclists, and other non-motorized forms of transportation, including sidewalks, bicycle infrastructure, pedestrian and bicycle signals, traffic calming techniques, lighting and other safety-related infrastructure, and transportation projects to achieve compliance with the Americans with Disabilities Act of 1990
- Construction of infrastructure-related projects and systems that will provide safe routes for non-drivers, including children, older adults, and individuals with disabilities to access daily needs.
- Conversion and use of abandoned railroad corridors for trails for pedestrians, bicyclists, or other non-motorized transportation users
- Construction of turnouts, overlooks, and viewing areas
- Inventory, control, or removal of outdoor advertising
- Historic preservation and rehabilitation of historic transportation facilities
- Vegetation management practices in transportation rights-of-way to improve roadway safety, prevent against invasive species, and provide erosion control

Submit via online portal.

Submit here: <http://www.palmbeachmpo.org/forms/transportation-alternatives-program-application>

- Archaeological activities relating to impacts from implementation of a transportation project eligible under title 23
- Any environmental mitigation activity, including pollution prevention and pollution abatement activities and mitigation to:
  - address stormwater management, control, and water pollution prevention or abatement related to highway construction or due to highway runoff, including activities described in sections 133(b)(11), 328(a), and 329 of title 23; or
  - reduce vehicle-caused wildlife mortality or to restore and maintain connectivity among terrestrial or aquatic habitats.
- The safe routes to school program under section 1404 of the SAFETEA-LU **note, Florida's Safe Routs to School Infrastructure application must accompany this application to be considered for funding.**
  - infrastructure-related projects on any public road or any bicycle or pedestrian pathway or trail in the vicinity of schools that will substantially improve the ability of students to walk and bicycle to school, including sidewalk improvements, traffic calming and speed reduction improvements, pedestrian and bicycle crossing improvements, on-street bicycle facilities, off-street bicycle and pedestrian facilities, secure bicycle parking facilities, and traffic diversion improvements in the vicinity of schools.
    - Application is attached
  - Noninfrastructure-related activities to encourage walking and bicycling to school, including public awareness campaigns and outreach to press and community leaders, traffic education and enforcement in the vicinity of schools, student sessions on bicycle and pedestrian safety, health, and environment, and funding for training, volunteers, and managers of safe routes to school programs.
- Constructing boulevards and other roadways largely in the right-of-way of former Interstate System routes or other divided highways.

**2 Project Description:** (all of the following items are **required** - applications without this information will not be reviewed)

Road Name:

Road Number:       Local Road               State Road

Project Limits: Begin:    End:

Begin Project Mile Post (MP):    End Project MP:

A location map with an aerial view is attached. (Location\_Map.pdf)

(a) What is the scope of work for the project and where is the project located (what are the termini)?

A more detailed scope of work is attached. (Use attached Scope.doc)

(b) Summarize any special characteristics of project. Include a Typical Section depicting existing and proposed features via and dimensions and right of way lines

Typical section is attached (Typical\_Section.pdf)

- (c) **Right-of-Way acquisition is NOT permitted for Transportation Alternatives projects.** Describe the project's existing Right-of-Way ownerships. This description shall identify when the Right-of-Way was acquired and how ownership is documented (i.e. plats, deeds, prescriptions, certified surveys, easements).

No Right-of-Way acquisition is proposed

- (d) Display the existing ownership with Right-of-Way maps to verify that all proposed work is within existing Right-of-Way currently owned by the Project Sponsor. Provide required right-of-way documentation (Right-of-Way.pdf):

Right-of-Way maps are attached

Plats, deeds, prescriptions, certified surveys, and/or easements are attached

- (e) Describe any related project work phases that are already complete or currently underway.

This is not a phased project

Previous phases of this project were constructed as LAP projects or JPA using FM numbers

- (f) Provide detailed project cost estimate. Estimate shall be broken down to FDOT typical pay items to allow for verification of eligible project costs. **Estimates are to be prepared and signed by a Professional Engineer from the Local Agency's Engineering office.**

Use the following links to access the basis of estimates manual as well as historical cost information for your area:

[Basis of Estimates Manual](#)

[Historical Cost Information](#)

A detailed cost estimate is attached (Use attached Estimate.xlsx)

- (g) Other specific project information that should be considered.

Submit via online portal.

Submit here: <http://www.palmbeachmpo.org/forms/transportation-alternatives-program-application>

### 3 Project Implementation Information:

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- (a) Describe the proposed method of performing (i.e. contract or in-house) and administering (i.e. local or state) each work phase of the project. If it is proposed that the project be administered by a governmental entity other than the Department of Transportation, the Agency must be certified to administer Federal Aid projects in accordance with the Department's **Local Agency Program Manual (topic no. 525-010-300)**. Web site: [www.dot.state.fl.us/projectmanagementoffice/lap/default.htm](http://www.dot.state.fl.us/projectmanagementoffice/lap/default.htm)
- Design to be conducted by in-house staff
  - Design to be conducted by FDOT pre-qualified consultant <sup>(1)</sup> <sup>(2)</sup>
  - Design to be conducted by non-FDOT pre-qualified consultant <sup>(2)</sup>
  - CEI to be conducted by in-house staff
  - CEI to be conducted by FDOT pre-qualified consultant <sup>(1)</sup> <sup>(2)</sup>
  - CEI to be conducted by non-FDOT pre-qualified consultant <sup>(2)</sup>
- <sup>(1)</sup> FDOT pre-qualified consultants must be used on all design and CEI work for critical projects (a project is considered critical when it features a structure, has a budget greater than \$10 million and/or is on the State Highway System (SHS))
- <sup>(2)</sup> Design consultant and CEI consultant shall not be the same.
- (b) Describe any public (and private, if applicable) support of the proposed project. (Examples include: written endorsement, formal declaration, resolution, financial donations or other appropriate means).
- (c) Describe the proposed ownership and maintenance responsibilities for the project when it is completed.
- (d) Describe source of matching funds and any restrictions on availability.
- (e) Other specific implementation information that should be considered.

Submit via online portal.

Submit here: <http://www.palmbeachmpo.org/forms/transportation-alternatives-program-application>

#### 4 Cost Estimate:

The total amount of Transportation Alternative Program (TAP\*\*) funds requested per projects (infrastructure) must be in excess of \$250,000 with a maximum of \$1,000,000 (though some T/MPO's may choose to use a lesser upper limit). Transportation Alternative Program funds will be used to fund Construction, Construction Engineering and Inspection Activities (CEI), and FDOT In-House Support Activities. Local Funds (LF) will be used for all non-participating items, contingency activities, and any costs in excess of the awarded alternatives (TAP) allocation.

Total Construction Cost Estimate: This is the total project construction cost estimate including all alternatives related items and any additional scope of work being identified.

Item Description	Cost \$
*(A) Total Construction Cost Estimate <sup>(1)</sup>	\$0
*(B) Cost Estimate of Eligible (participating) items <sup>(2)</sup>	\$0

Funding Breakdown	Fund Source	Cost \$
*(C) FDOT In-House Design Support (phase 31) <sup>(3)</sup> or *(D) (Critical projects only) FDOT In-House Design Support (phase 31) <sup>(3)</sup>	TAP	\$5,000.00 or \$7,000.00
*(E) FDOT In-House Construction Support (phase 61) <sup>(3)</sup> or *(F) (Critical projects only) FDOT In-House Construction Support (phase 61) <sup>(3)</sup>	TAP	\$5,000.00 or \$7,000.00
*(G) TAP funds requested for Construction (phase 58)	TAP	\$0
*(H) Local Funds for Construction (phase 58)	LF	\$0
*(I) Local Funds for Contingency (required)	LF	\$0
*(J) TAP funds requested for Construction Engineering & Inspection (CEI) (phase 68 - optional) <sup>(4)</sup>	TAP	\$0
*(K) Local Funds for Construction Engineering & Inspection (CEI) <sup>(4)</sup>	LF	\$0
*(L) Transit Related projects FTA 10% administrative fees <sup>(5)</sup>	LF	\$0
*(M) FDOT Oversight CEI (3% of TOTAL Construction Cost) (phase 62) <sup>(6)</sup>	TAP	\$0

Funding Summary	
*(N) Total TAP funds	\$0
*(O) Total LF funds	\$0
*(P) Total Funds	\$0

\*Letters before the descriptions in the cost estimate above relate to the detailed cost estimate spreadsheet (Cost\_Estimate.xlsx) and should match the corresponding figures exactly.

\*\* Use of the term TAP represents the actual funding codes of TALT, TALU and TALL.

Notes:

- (1) The Total Construction Cost Estimate in this field must be equal to the Total Construction Cost Estimate from the attached detailed project cost estimate.
- (2) Cost Estimate of Eligible (participating) items must be equal to the Subtotal FHWA Participating from the attached detailed project cost estimate.
- (3) FDOT In-House Design and Construction Support must be included in TAP funds for an amount no less than \$5,000, an additional \$2,000 is required for critical projects. This is a required item.
- (4) It is strongly recommended that the applicant allocates a nominal amount for CEI. In the event that the project is programmed without any request for Phase 68 funding, there is no opportunity to allocate CEI funds based on bid savings.
- (5) Any required Federal Transit Authority (FTA) administrative fees must be included in Local Funds.
- (6) FDOT Oversight CEI must be included in TAP funds and be equal to 3% of the Total Construction Cost Estimate.

Submit here: <http://www.palmbeachmpo.org/forms/transportation-alternatives-program-application>



## 5 Certification of Project Sponsor:

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I hereby certify that the proposed project herein described is supported by \_\_\_\_\_ (municipal, county, state or federal agency, or tribal council) and that said entity will: (1) provide any required funding match; (2) enter into a LAP and maintenance agreement with the Florida Department of Transportation; (3) comply with the Federal Uniform Relocation Assistance and Acquisition Policies Act for any Right of Way actions required for the project, (4) comply with NEPA process prior to construction, this may involve coordination with the State Historic and Preservation Office (SHPO) prior to construction. (Not at time of application) and (5) support other actions necessary to fully implement the proposed project. I further certify that the estimated costs and/or failure to follow through on the project once programmed in the Florida Department of Transportation's Work program included herein are reasonable. I understand that significant increases in these costs could cause the project to be removed from the Work Program and/or significantly increase the local agency match required.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please type or print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

FOR FDOT USE ONLY		
Application Complete	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Project Eligible	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Implementation Feasible	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Include in Work Program</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>





For viewing purposes only.  
Application to be submitted online.

*District 4*  
*Local Programs*

### SCOPE OF WORK

**Project Description:**

**Financial Project Id:** [Click here to enter text.](#)

Road Number:

Local Road       State Road

Local Road Name: [Click here to enter text.](#)

Project Begins:

Western Limit       Southern Limit

Project Ends:

Eastern Limit       Northern Limit

Agency Name: [Click here to enter text.](#)

Contract Coordinator;

Agency Project Manager:

Design-in-house       Design by Consultant      Consultant Firm:

**Type of Project:**

LAP       JPA       Department let

**Project Funding Program:**

Safety       Transportation Alternatives (TAP)       Safe Routes to School (must also select TAP)  
 CIGP       TRIP       SCOP       Local Funds (LF)       Other \_\_\_\_\_ (specify)

**Work Mix:** (note, this item represents the greatest amount of the construction cost)

Landscape       Bike Lane       Intersection Work       Sidewalk  
 Turn lane       Multi-use Path       Pedestrian Lighting       ITS/Traffic Management  
 Roadway Lighting       Resurfacing       Roadway Widening       Other

**Initial Scope of Work:**

Date: [Click here to enter text.](#)

**Proposed Typical Section**

Description: [Click here to enter text.](#)

**Right-of-Way:**

All work proposed within existing Right-of-Way       Existing Right-of-Way width: XXX ft  
 Additional Right-of-Way required       Additional Right-of-Way width needed: XXX ft

**Median:**

No existing median       Existing median width: [Click here to enter text.](#)  
 Proposed median width: [Click here to enter text.](#)

# Submit via online portal.

Submit here: <http://www.palmbeachmpo.org/forms/transportation-alternatives-program-application>



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*District 4*  
*Local Programs*

**SCOPE OF WORK**

Sidewalk:

- Existing sidewalk  yes  no  one side  both sides
- Proposed sidewalk on  one side  both sides  No sidewalk work proposed
- Widen existing sidewalk  Replace existing sidewalk
- Proposed total sidewalk width: [Click here to enter text.](#)
- Proposed sidewalk material:  concrete  asphalt  paver

Roadway:

- Existing curb and gutter to remain yes no
- Widen for bike-lane Re-stripe for bike lane

**ADA**

- Check all crosswalks, sidewalks, ramps for compliance with ADA standards
- No modifications proposed

[Click here to enter text.](#)

**ACCESS MANAGEMENT**

- No access management revisions

[Click here to enter text.](#)

**LIGHTING**

- Pedestrian lighting proposed  No lighting proposed
- Roadway lighting proposed

[Click here to enter text.](#)

**LANDSCAPING**

- Median landscape  No landscape proposed
- Non-median landscape

[Click here to enter text.](#)

**SIGNALIZATION**

- Existing signalization to be replaced
- New signalization location proposed
- No changes to signalization proposed

[Click here to enter text.](#)

Submit via online portal.

Submit here: <http://www.palmbeachmpo.org/forms/transportation-alternatives-program-application>



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Application to be submitted online.

*District 4  
Local Programs*

## SCOPE OF WORK

### **TRANSIT**

- Jump queue might be possible
- Upgrade existing bus bay area
- Contact Transit providers to determine any new desired bus bay locations
- No new bus bay proposals

[Click here to enter text.](#)

### **SCHOOL ZONE**

- Existing flashing school zone signal on state road, check if necessary or proper
- High emphasis cross walk at un-signalized crossing, determine if signal warranted
- No school zone within the project limits

[Click here to enter text.](#)

### **UTILITIES**

- Sub-surface relocation is required
- Utility Coordination is required
- No utility relocation required

[Click here to enter text.](#)

### **DRAINAGE/PERMIT**

- Existing closed drainage system to remain
- Existing open drainage system to remain
- No new drainage proposal

[Click here to enter text.](#)

### **RAILROAD**

- Rail crossing within limits
- Replace all railroad signal equipment and gates
- There is no railroad within the project limits

[Click here to enter text.](#)

### **BRIDGES**

Submit via online portal.

Submit here: <http://www.palmbeachmpo.org/forms/transportation-alternatives-program-application>



For viewing purposes only.  
Application to be submitted online.

*District 4*  
*Local Programs*

## SCOPE OF WORK

- Retrofit existing rails on bridges
- There is no bridge within the project limits
- No work to existing bridge is proposed

[Click here to enter text.](#)

### **NOISEWALLS**

- Will determine need during study
- No noise barrier proposal

[Click here to enter text.](#)

Submit via online portal.

Submit here: <http://www.palmbeachmpo.org/forms/transportation-alternatives-program-application>



## 2016 Florida Safe Routes to School Non-Infrastructure Information Form



### Section 1 – School & Applicant Information

#### Proposed Activity or Program

Name of Proposed Activity or Program:

Brief Description of Proposed Activity or Program:

#### School Information

County or Counties:

City or Cities:

Type of school(s) (check all that apply):  Public  Private  
 Elementary  Middle  High  Other types of schools\*

\* Explain Other schools below

#### Number of schools involved

1-3 schools involved. Name(s) of school(s)  
 #1:  
 #2:  
 #3:

Multiple schools. Explain below how many schools will be involved, and their involvement.

#### Applicant Information

School Board  Private School  Governmental Agency  Other

Name of Agency/Organization:

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address:

City: \_\_\_\_\_ State: **Florida** Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### Signature of School Board or school representative required when different from applicant:

Signature: \_\_\_\_\_ Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**4. Proposed solution:** Describe below your proposed solution is and how it will help solve the problems you have identified. Please write this in the form of a Scope of Services narrative. Include:

- what the program consists of
- what students you are targeting (the whole school or targeted groups)
- who your partners are and how they will help you with this program
- if there is personnel involved, explain who the personnel are, what they will be doing, and how compensation was figured
- whether the project addresses problems within two miles of the school

## Section 2 – General Program Information

1. **Data Collection:** Please review the data collection forms found at this link: <http://www.saferoutesinfo.org/resources/index.cfm>. Baseline data collection is required at the beginning of your program and follow-up data collection is required at its completion.  
Do you agree to provide this data following the FDOT District's schedule?  Yes  No  
Please describe how you plan to collect this data.

2. **Target population information:** Describe below the population targeted, including:

- the demographics of your target population
- the number of children in the school or schools
- how many children you plan to target with your program
- how many children currently walk or cycle to school
- how many more children would be able to walk or cycle to school if your program is successful
- if your program (or part of it) is directed toward adults, how many adults you plan to involve

3. **Problem identification:** Describe below what problem you are trying to address. Consider the current walking and cycling conditions in your project area, any problems or obstacles children encounter when they walk or cycle to school, educational needs, etc.

# Submit via online portal.



## Section 3 A– Background Information: Planning

### SRTS projects are most successful in the context of comprehensive planning

Describe below your past school planning efforts:

- Has your school used the Florida Safe Ways to School Tool Kit, or a similar planning process to develop its proposals? (see [http://www.dcp.ufl.edu/centers/trafficSafetyEd/html\\_safe-ways.html](http://www.dcp.ufl.edu/centers/trafficSafetyEd/html_safe-ways.html))
- Who participated in the school planning efforts?
- Describe the planning process for accessibility to your school
- Does your school have approved walking maps? If so, how were these developed?
- Have you discussed school traffic, safety, or access problems with the Community Traffic Safety Team? If so, what were the results?

Describe below your future school planning efforts:

- What method do you plan to use?
- Who do you plan to involve?
- What is your timeline?

### Section 3B- Background Information: The 5 E's

Safe Routes to School is designed to be a comprehensive program, encompassing the Five E's listed below. Describe what efforts your school has made to address the identified problem through each E so far, and what is planned in the future. Each box must be filled in. For more explanation of the Five E's, the Florida's Safe Routes to School Guidelines or <http://www.saferoutesinfo.org/guide/>

<u>Past</u>	<u>Future</u>
<b>Engineering:</b>	<b>Engineering:</b>
<p>If your school has taught or plans to teach the Florida Traffic and Bicycle Safety Education Program (FTBSEP) or a similar program, provide details in the "Past Education" box below. For more information on this program, see <a href="http://www.dcp.ufl.edu/centers/trafficSafetyEd/">http://www.dcp.ufl.edu/centers/trafficSafetyEd/</a></p>	
<b>Education:</b>	<b>Education:</b>
<b>Encouragement:</b>	<b>Encouragement:</b>
<b>Enforcement:</b>	<b>Enforcement:</b>
<b>Evaluation:</b>	<b>Evaluation:</b>

## Section 4– Budget Detail & Narrative

Below each item, explain how the item will support the program, and other appropriate details.

Budget Item	Requested Funds
<b>Personnel Services*</b> (List titles and totals in first boxes below)	
In Narrative, include numbers of hours, hourly rates, who this person is, and whether it's a new position or hours and duties added to an existing position.	
<b>Narrative:</b>	
<b>Narrative:</b>	
<b>Narrative:</b>	
<b>Expenses:</b>	
Materials and Supplies:	
Educational items:	
Promotional Items:	
Other Expenses:	
<b>Operating Capital Outlay:</b>	
Equipment:	
<b>Total Request:</b>	

## Section 4B – Budget Narrative

Explain any voluntary local matches for your program:

Explain in more detail below:

1. What each requested budget item listed is
2. How each will be used in your activity

### **Personnel Services:**

1. Item detail:

2. Activity:

### **Expenses: Materials and Supplies**

1. Item detail:

2. Activity:

### **Expenses: Educational items**

1. Item detail:

2. Activity:

### **Expenses: Promotional Items**

1. Item detail:

2. Activity:

### **Expenses: Other Expenses**

1. Item detail:

2. Activity:

### **Operating Capital Outlay:**

1. Item detail:

2. Activity:



**Florida's Safe Routes to School  
Infrastructure Application  
2016 Call for Applications  
For anticipated funds through FFY 2019/20  
Note: fields will expand as needed**



[www.srtsfl.org](http://www.srtsfl.org)

FDOT FORM # 500-000-30

**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. **You 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/index.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/>

<b>A1. Engineering Past:</b>	<b>A2. Engineering Future:</b>
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**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/>) or other education program, please provide details below.

<b>B1. Past:</b>	<b>B2. Future:</b>
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<b>C1. Encouragement Past:</b>	<b>C2. Encouragement Future:</b>
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<b>D1. Enforcement Past:</b>	<b>D2. Enforcement Future:</b>
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<b>E1. Evaluation Past:</b>	<b>E2. Evaluation Future:</b>
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### 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](#):
  - 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**

<input type="checkbox"/> Continuation of Existing Sidewalk	<input type="checkbox"/> New Sidewalk
<input type="checkbox"/> Continuation of Existing Bike Lane	<input type="checkbox"/> New Bike Lane (includes re-striping or reconstruction)
<input type="checkbox"/> Continuation of Paved Shoulder	<input type="checkbox"/> New Paved Shoulder

<input type="checkbox"/> Continuation of Shared Use Path	<input type="checkbox"/> New Shared Use Path
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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**)

- |  |   |
|--|---|
| <input type="checkbox"/> We need pedestrian signals (features) | <input type="checkbox"/> We need other school-related signals |
| <input type="checkbox"/> We need traffic signs                 | <input type="checkbox"/> We need other school-related signs   |
| <input type="checkbox"/> We need marked crosswalks             | <input type="checkbox"/> 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.

<p><b>Color project maps and/or aerial photos clearly identifying:</b></p> <p>A. <input type="checkbox"/> School location</p> <p>B. <input type="checkbox"/> 2 mile radius around school</p> <p>C. <input type="checkbox"/> School's attendance area</p> <p>D. <input type="checkbox"/> Existing conditions</p> <p>E. <input type="checkbox"/> Proposed improvements</p> <p>F. <input type="checkbox"/> Adopted School Walking Map</p>	<p>G. <input type="checkbox"/> Travel Survey Tally</p> <p>H. <input type="checkbox"/> Sign in sheets and minutes from all meetings</p> <p>I. <input type="checkbox"/> Letters of support</p> <p>J. <input type="checkbox"/> Map showing where students live</p> <p>K. <input type="checkbox"/> Color digital photos of existing conditions</p> <p>L. <input type="checkbox"/> Detailed Crash Data</p> <p>M. <input type="checkbox"/> Traffic/Engineering report evaluating the problem</p> <p>N. <input type="checkbox"/> Detailed Cost Estimate</p>
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**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  \_\_\_\_\_