Project Number: _____
(For INDOT use only)

Date Received:

(For INDOT use only)

Indiana Department of Transportation
SAFE ROUTES TO SCHOOL PROGRAM
Application

Driving Indiana's Economic Growth

Read instructions carefully. All relevant sections of this application must be completed for the application to be considered for funding by INDOT. For instructions to assist you in filling out this application, please see the *INDOT SRTS Guide* on the INDOT website.

SECTION 1: General Information

☐ **Check if Applicant is a School, School Corporation or School District** *(required)*

School Name(s) *(required)* List all schools (K-8) directly benefiting from the proposed project**:**

_____

☐ **Check if Applicant is a Political Subdivision such as a Town, Township, City, County or Metropolitan Planning Organization (MPO)** *(required)*

Political Subdivision Name *(required)* _____

Contact Person *(required)***:** _____
(Individual familiar with the project and who can answer questions.)

Title: _____

Mailing Address: _____

City/State/Zip: _____

Daytime Phone: _____

E-MailAddress*(optional)***:** _____

Local Political Subdivisions *(required)***:** (List the town, township or city where the school(s) reside. Also list the county, and if the school(s) is located within the boundary of a Metropolitan Planning Organization (MPO), list the name of the MPO.) _____

County / MPO Names: _____

INDOT District Name: _____
(required if proposed project involves a State Road, US Highway or Interstate Highway)

<u>Brief Description</u> of Proposed Activities or Improvements (25 words or fewer)* *(required)***:** _____

_____

_____

*** (Provide a Detailed Description of Proposed Project in Section 3)**

Location of Project *(required)***:** Provide street name(s) and additional project location references. Attach map showing location of the school(s) and their proposed improvements. Indicate proximity (in 1/10 miles) of the proposed improvement(s) to each affected school**.**

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Section: 1A Infrastructure Project Cost Estimate

Note: "Funds Requested" (Line 11) cannot exceed $250,000 for infrastructure projects.

Design Engineering, Environmental Documentation

Environmental Evaluation (if applicable)..... 1. $ _____

Design Engineering (if applicable)..... 2. $ _____

Right of Way/Land Acquisition (if applicable)..... 3. $ _____

Construction

Construction..... 4. $ _____

Construction Engineering (if applicable) …..... 5. $ _____

Subtotal (Add Lines 1 through 5)..... 6. $ _____

Voluntary Contributions (if applicable)

Note: All voluntary contributions must be documented. Applicants may not donate contributions to themselves. An applicant may not perform project related services (e.g. design engineering) or use materials owned by the applicant and consider this an in-kind contribution. These types of services or materials must be donated from a source other than the applicant.

Cash Contributions (if applicable) ……. 7. $ _____

Real Property Contributions (if applicable) …….…. 8. $ _____

Total Voluntary Contributions (Add Lines 7 and 8)..... 9. $ _____

Total Value of Project (Line 6 + Line 9..... 10. $ _____

Funds Requested (Cannot exceed 100% of Line 6)……..... 11. $ _____

Note: Section 3 of this form also requires further details on construction costs. The amount shown for "Construction" (Line 4) on the above estimate should match the total construction costs in Section 3, or an explanation must be given for the discrepancy.

Section: 1B Non-Infrastructure Activity Cost Estimate

Note: "Funds Requested" (Line 11) cannot exceed $75,000 for non-infrastructure projects.

SRTS Plan Development……... 1. $_____

Encouragement Activities..... 2. $_____

Outreach Activities..... 3. $_____

Education Materials (e.g. brochures, videos, training materials)....... 4. $_____

Parent or Teacher Training……..... 5. $_____

Student Training……..... 6. $_____

Traffic Enforcement Activities……..... 7. $_____

Subtotal (Add Lines 1 through 7)..... 8. $_____

Voluntary Contributions (if applicable)

Note: All voluntary contributions must be documented. Applicants may not donate contributions to themselves. An applicant may not perform project related services or use materials owned by the applicant and consider this a contribution. Services or materials must be donated from a source other than the applicant. 9. $ _____

Total Value of Project (Line 8 + Line 9)..... 10. $_____

Funds Requested (Cannot exceed 100% of Line 8)……..... 11. $_____

Section 2: Application Signature(s) *(required)*

For those parties applying for or endorsing the application for SRTS funds, an authorized representative of the applying school district and/or political subdivision must sign the application. The undersigned affirms that the statements contained in the application package are true and complete to the best of the applicant's knowledge.

See the "SRTS Application Guidance" for detailed information on appropriate applicant and required endorsements.

Note: Only one Applicant Box in Section 2 may be checked.
(For additional endorsements attach copies of this sheet)

School Official: (Check One) **Applicant** ☐ **Endorsement** ☐

Signature *(required)*

Name *(required)*

Title *(requird)*

Date *(required)* Phone Number *(required)* E-Mail Address *(optional)*

Political Subdivision Official: (Check One) **Applicant** ☐ **Endorsement** ☐

Signature *(required)*

Name *(required)*

Title *(required)*

Date *(required)* Phone Number *(required)* E-Mail Address *(optional)*

Metropolitan Planning Organization Official: (Check One) **Applicant** ☐ **Endorsement** ☐

Signature *(required)*

Name *(required)*

Title *(required)*

Date *(required)* Phone Number *(required)* E-Mail Address *(optional)*

INDOT District Director: (applicable if project involves a state facility) **Endorsement** ☐

Signature *(required)*

Name *(required)*

Title *(required)*

Date *(required)* Phone Number *(required)* E-Mail Address *(optional)*

NOTE: The following sections of this application request specific project related information. Most request narration related to a specific topic. Other sections contain questions that can simply be answered in the space provided. If needed, pictures, maps, exhibits, diagrams, survey summaries, etc. must be attached to the application. **Please provide supplemental materials in 8 ½ by 11 inch format.** If a section does not apply to the proposed SRTS project, or if data are not available, write "NA" beneath the section number.

Section 3: Detailed Description and Construction Costs *(required)*

PROJECT DESCRIPTION (required)

Provide further details of the planned infrastructure improvements or non- infrastructure programs or activities. Attach any diagrams, maps and/or correspondence that provides a clear description of the proposed project or activity.

INFRASTRUCTURE PROJECT DETAILED DESCRIPTION AND COST (if applicable)

Provide a detailed description of project work items and construction costs by work category contained in the *SRTS Application Guidance*. (e.g. if a the project involves a sidewalk with a culvert at a stream crossing, separate costs for the sidewalk and culvert should be provided.) Provide a clear written description of the precise nature of the proposed improvements. Please supplement the descriptions with dimensioned drawings of the proposed improvements. Typical cross sections or typical layouts depicting the proposed infrastructure project will be very helpful in evaluating the application. **Note that all infrastructure improvements must comply with the requirements of the Americans with Disabilities Act (ADA).**

Section 4: Identification of Current and Proposed Walking and Bicycling Routes to School

Identify current and potential walking and bicycling routes to school by providing a map(s) of the area showing all existing and proposed routes. The map(s) should include all schools affected by the proposed SRTS project.

Answer YES or NO to the following information for *each* school affected by the proposed improvement:

(Attach additional copies of this sheet for each school)

	YES	NO
Does your project involve the improvement to an existing walking route? …….....	☐	☐
Does your project involve the improvement of an existing bicycling route?	☐	☐
Does your project involve the creation of a new walking route? …….....	☐	☐
Does your project involve the creation of a new bicycling route?.....	☐	☐

Section 5: Identification and Demonstration of Needs

Describe the essential problem. Include background information about the risks K-8th grade school children are exposed to because of unsafe routes to the school(s) in the proposed project area. How have unsafe routes been identified as a local problem by organizations and officials (e.g., council or board resolution, agency's plan, etc.)? (required)

Given that unsafe routes may exist in multiple locations, for infrastructure projects explain why the selected routes/sites have been targeted for improvements. You may choose to provide photographs as attachments to illustrate the problem or hazard**:** (applicable to infrastructure projects)

_____

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Check the categories that most closely reflect the primary need(s) your project is targeting:

- ☐ Increasing connectivity.
- ☐ Separating children from motor vehicles.
- ☐ Improving children's ability to cross streets.
- ☐ Improving pedestrian pathways.
- ☐ Improving bicycle pathways.
- ☐ Improving visibility of motorists and children (by restricting obstacles, improving sight lines, etc.).
- ☐ Promoting safe driving by motorists.
- ☐ Other (please describe): _____

Section 6: Potential for Proposed Improvement to Correct or Improve the Problem

Describe how the proposed non-infrastructure or infrastructure SRTS project will address the identified need and safety hazards identified in Section 5. Use the following guidelines to provide a detailed description:

How does the proposed project correct or improve the pedestrian/bicycle traffic safety at or near the project site, especially in reducing child injuries and fatalities?

_____
_____
_____
_____

Discuss why the proposed improvement is the best, most cost effective solution to the problem.

_____
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_____

Describe other options or alternatives that were considered and why they were rejected.

_____
_____
_____

If applicable, describe how the proposed solution improves traffic safety for secondary users (other than grades K-8) of the facility or system.

_____
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_____

If it will help describe and define the scope of the improvements, provide pictures, diagrams, exhibits, or maps as attachments.

Section 7: Potential for Encouraging Increased Walking and Bicycling Among Students

Answer the following questions for each school affected by the proposed improvement:
(Attach additional copies of this section for each school)

School Name:

Student Population (K-8th Grade Only):

Grades of students at the school:

Number of students who typically walk to school now:

Number of students who typically bike to school now:

Number of students who take a bus to school:

Percentage of students living within 2 miles of school:

If the following questions do not apply to your proposed project or program, check the box marked N/A.

	YES	NO	N/A
Will the improvements create shorter or more direct walking routes?	☐	☐	☐
Will the improvements create shorter or more direct bicycling routes?	☐	☐	☐
Will the improvements improve connectivity of these routes? (If Yes, how) _____ _____	☐	☐	☐
Would this project or activity enhance the comfort of children walking to school?	☐	☐	☐
Would the improvement or activity make children more comfortable about bicycling to school?	☐	☐	☐
Is this activity or project part of a larger plan to improve bicycling and walking to school? (If Yes, how) _____ _____	☐	☐	☐
Do you believe the project or activity will reduce motor vehicle congestion in the vicinity of the school? (If Yes, how) _____ _____	☐	☐	☐
Does your community have a pedestrian plan or bicycle plan? (Cite the plan title) _____ _____	☐	☐	☐
Is the proposed activity or improvement compatible with and supported by the bicycle or pedestrian plan?	☐	☐	☐
Will the activities or improvements enable or encourage walking along the route(s) for other than school trips?	☐	☐	☐
Will the projects or activities encourage more bicycling along the route(s) for other than school trips?	☐	☐	☐

Describe the benefits the proposed improvements will provide to K-8th grade students at this school. Attach any pictures, diagrams, exhibits, or maps that will help describe how the project will encourage students to walk or bicycle to school.

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Section 8: Additional Support for the Proposed Project by the Community and Interested Parties (optional)

Provide information on the consultation and support for the project. Identify organizations that pledged their support of the project and the roles they will play in project implementation. Possible project partners may include school officials, local traffic engineers, municipal officials, law enforcement agencies, public health agencies or organizations, school-based associations, local elected officials, and other not-for-profit community groups.

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Section 9: Coordination with a Comprehensive Traffic Safety Plan (optional)

Describe how the proposed activity or project coordinates with any existing Traffic Safety Plan. This plan may be as simple as a page or two of policies and practices that identify an overall strategic plan for general traffic safety improvements, or it can be a detailed plan that proposes specific improvements and programs to enhance traffic safety for the school site or school district. A typical plan would address engineering solutions, enforcement efforts, education programs, and encouragement practices, or any combination thereof. Use the following questions and statements as a guide:

_____
_____

Does a Safe Routes to School Plan exist for the schools in the project area? YES ☐ NO ☐
If yes, provide authoring agency and year the plan was approved or implemented.

_____

Attach a description of the plan's objectives as they pertain to this project. **Do not** provide a copy of the plan if it exceeds two pages. Quotations and excerpts from the document are acceptable.

_____
_____

List or describe any related policies, practices, or documents that demonstrate an overall plan for traffic safety improvements that specifically target the school(s) or school district.

_____
_____
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_____
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Section 10: Coordination with Other Activities (optional)

Describe how other funding sources or activities/programs will extend the benefits of the proposed project. Use the following questions and statements as a guide:

Has other funding been requested or secured from other agencies or grant providers (e.g. public health, public safety, etc.) for related traffic improvements including, but not limited to, education, enforcement and infrastructure engineering? If so, identify status, source, amount of funds and contact information

YES ☐ NO ☐

_____

_____

_____

Explain how these funding sources and/or programs enhance the merits of this SRTS funding request.

_____

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Attach any documents or exhibits that will demonstrate efforts to leverage or coordinate with other funding sources.

Thank you for your interest in the Safe Routes to School Program. This application will be evaluated and the results of the grant selection process will be determined no later than September 30, 2006.