



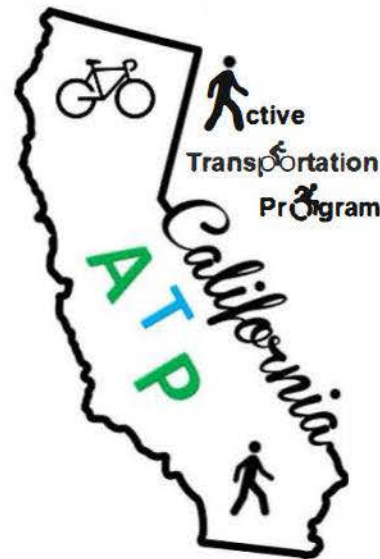
For training, resources, and technical assistance that can help with an ATP application, please visit the Active Transportation Resource Center (ATRC) at: <http://caatpresources.org/>

**ACTIVE TRANSPORTATION PROGRAM****IMPLEMENTING AGENCY:**

Auto-populated with data from Part A1: Applicant Information

**PROJECT TYPE:**

Non-Infrastructure

**PROJECT APPLICATION NO.:**

Auto-populated with data from Part A1 and A2

**PROJECT NAME:**

Auto-populated with data from Part A2: General Project Information

**PROJECT DESCRIPTION:**

Auto-populated with data from Part A2: General Project Information

**PROJECT LOCATION:**

Auto-populated with data from Part A2: General Project Information

**ATP FUNDED COMPONENTS**

Infrastructure				Non-Infrastructure	Plan
PA&ED	PS&E	R/W	CON		
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
FY -	FY -	FY -	FY -	FY -	FY -

**PROJECT FUNDING INFORMATION (1,000s)**

Total Project \$	Total ATP \$	Total Non-ATP \$	Past ATP \$	Leveraging \$	Non-Participating \$	Future Local \$
-	-	-	-	-	-	-



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**Part A1: Applicant Information**

**Implementing Agency:** This agency must enter into a Master Agreement with Caltrans and will be financially and contractually responsible for the delivery of the project within all pertinent Federal and State funding requirements, including being responsible and accountable for the use and expenditure of program funds. This agency is responsible for the accuracy of the technical information provided in the application and is required to sign the application.

LOCODE:	IMPLEMENTING AGENCY'S NAME:		
<input type="text"/>	<input type="text"/>		
IMPLEMENTING AGENCY'S ADDRESS	CITY	ZIP CODE	
<input type="text"/>	<input type="text"/>	CA	<input type="text"/>
IMPLEMENTING AGENCY'S CONTACT PERSON:	CONTACT PERSON'S TITLE:		
<input type="text"/>	<input type="text"/>		
CONTACT PERSON'S PHONE NUMBER:	CONTACT PERSON'S EMAIL ADDRESSe		
<input type="text"/>	<input type="text"/>		

Applicants have the opportunity to insert a project picture, agency seal, or other image on the cover page. If you would like to do this, attach the image (\*.jpg, \*.bmp, \*.png, etc.) by clicking in the box.

**MASTER AGREEMENTS (MAs):**

Does the Implementing Agency currently have a MA with Caltrans? ☐ Yes ☐ No

Implementing Agency's Federal Caltrans MA Number

Implementing Agency's State Caltrans MA Number

\* Implementing Agencies that do not currently have a MA with Caltrans, must be able to meet the requirements and enter into an MA with Caltrans prior to funds allocation. The MA approval process can take 6 to 12 months to complete and there is no guarantee the agency will meet the requirements necessary for the State to enter into a MA with the agency. Delays could also result in a failure to meeting the CTC Allocation timeline requirements and the loss of ATP funding.

**Project Partnering Agency:**

The "Project Partnering Agency" is defined as an agency, other than Implementing Agency, that will assume the responsibilities for the ongoing operations and maintenance of the improved facility. The Implementing Agency must: 1) ensure the Partnering Agency agrees to assume responsibility for the ongoing operations and maintenance of the improved facility, 2) provide documentation of the agreement (e.g., letter of intent) as part of the project application, 3) ensure a copy of the Memorandum of Understanding or Interagency Agreement between the parties is submitted with the first request for allocation, and 4) if the implementing agency (delivering the project) is an agency other than the applicant or partnering agency, attach a letter of commitment to deliver specified phases of the project signed by all parties. For these projects, the Project Partnering Agency's information shall be provided below.

Based on the definition above, does this project have a partnering agency? ☐ Yes ☐ No

PROJECT PARTNERING AGENCY'S NAME:

PROJECT PARTNERING AGENCY'S CONTACT PERSON:	CONTACT PERSON'S TITLE:
<input type="text"/>	<input type="text"/>

CONTACT PERSON'S PHONE NUMBER:	CONTACT PERSON'S EMAIL ADDRESSe
<input type="text"/>	<input type="text"/>

Attach a "letter of intent" or other documentation.





## Part A2: General Project Information

**PROJECT NAME:** (Max of 10 Words) (To be used in the CTC project list)

Words Remaining:

**PROJECT / APPLICATION NUMBER:**

**SUMMARY OF PROJECT SCOPE:** (Max of 300 Words)

(Summary of the Existing Condition, Project Scope, the Expected Benefits)

Words Remaining:

**OUTCOME/OUTPUT:** (Max of 35 Words)

This outcome/output will appear on your vote boxes when you allocate for funds with the CTC. (Example: Construct 12 curb extensions, 26 crosswalks, 33 curb ramps, 255 feet of widened sidewalk, and 2 speed humps to provide added safety for pedestrians and/or bicyclists.)

Words Remaining:

**FTIP PROJECT DESCRIPTION:** (Max of 180 Characters)

Characters Remaining:

**PROJECT LOCATION:** (Max of 180 Characters)

Words Remaining:

Is this project located within 500 feet of a freeway or roadway with a traffic volume over 125,000 annual average daily traffic (AADT)? Refer to the CA State Geoportal for traffic volumes found [here](#). ☐ Yes ☐ No

Please describe any project design elements intended to minimize exposure to air pollution and circumstances that make locating project components in close proximity to heavily travelled freeways or roadways unavoidable, and explain why this project location was chosen.e  
(Max of 300 words)

Words Remaining:

In addition to the Location Description provided, attach a location map to the application. The location map needs to show the project boundaries in relation to the Implementing Agency's boundaries.

### CITIES:

List all cities that this project will affect. All cities must be located within the State of California.

City Code:  City Name:

### PROJECT COORDINATES:

For stand-alone Infrastructure, NI or Plan project, only add one set of coordinates for those project types in the corresponding fields.  
For Infrastructure + Non-Infrastructure (NI) project types, please add coordinates for both Infrastructure and NI.

**Infrastructure Project Coordinates:** (latitude/longitude in decimal format)

Lat.  N / long.  W

**NI or Plan Project Coordinates:** (latitude/longitude in decimal format)

Lat.  N / long.  W

**Congressional District(s):**

**State Senate District(s):**

**State Assembly District(s):**

**Caltrans District:**



County:

MPO:

RTPA:

Urbanized Zone Area (UZA)  
Population:

**Past Projects:** Within the last 10 years, has there been any previous State or Federal ATP, SRTS, SR2S, BTA or other ped/bike funding awards for a project(s) that are adjacent to or overlap the limits of project scope of this application?

☐ Yes   ☐ No   If yes, how many previous awards?

Project Number	Past Project Funding	Funded Amount \$	Project Type	Type of overlap/connection with past projects (select only one which matches the best)



### **Part A3: Project Type**

**PROJECT TYPE:** (Use the drop down menu to select.)

Non-Infrastructure  
oooooooooooo

**Indicate any of the following plans that your agency currently has:** (Check all that apply)

- ☐ Bicycle Plan    ☐ Pedestrian Plan    ☐ Safe Routes to School Plan    ☐ Active Transportation Plan    ☐ None  
☐ Other plans that include Bicycle and/or Pedestrian Improvements \_\_\_\_\_

**Is your project in a current Plan?**    ☐ Yes    ☐ No

**PROJECT SUB-TYPE** (check all Project Sub-Types that apply):

- ☐ **Bicycle Transportation**                      % of Project                      0 %  
☐ **Pedestrian Transportation**                      % of Project                      0 %  
☐ **Safe Routes to School** *(Also fill out Bicycle and Pedestrian Sub-Type information above)*

For a project to qualify for Safe Routes to School designation, the project must directly increase safety and convenience for public school students to walk and/or bike to school. Safe Routes to Schools infrastructure projects must be located within two miles of a public school or within the vicinity of a public school bus stop and the students must be the intended beneficiaries of the project. For Safe Routes to School non-infrastructure, the program must benefit school students/parents and primarily be based at the school.

- ☐ **Safe Routes for Seniors**

Safe Routes for Seniors projects increase walking, biking, and safety among older adults and create routes that connect to activities that improve quality of life.

- ☐ **Trails (Multi-use and Recreational):** *(Also fill out Bicycle and Pedestrian Sub-Type information above)*

Do you feel a portion of your project is eligible for federal Recreational Trail funding?    ☐ Yes    ☐ No

If yes, estimate the total project costs that are eligible for the Recreational Trail funding: \_\_\_\_\_

If yes, estimate the % of the total project costs that serve "transportation" uses? \_\_\_\_\_

Applicants intending to pursue "Recreational Trails Program funding" **must submit** the required information to the California Department of Parks and Recreation prior to the ATP application submissions deadline. (See the Application Instructions for details)

*\*Recreational Trail funding can only fund work outside of the roadway Right-of-way.*

**Fill out the school information only if you selected the Safe Routes to school project sub-type option above.**

**How many schools does the project impact/serve:** \_\_\_\_\_

For each school benefited by the project: 1) Fill in the school and student information; and 2) Include the required attachment information.





School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

District Name: \_\_\_\_\_

District Address: \_\_\_\_\_

Co.-Dist.-School Code: \_\_\_\_\_

School Type:  to Project improvements maximum distance from school 0.00 mile

Total student enrollment: \_\_\_\_\_

Approximate # of students living along route proposed for improvement: e

Percentage of students eligible for free or reduced meal programs\*\* \_\_\_\_\_

\*\*Refer to the California Department of Education website: <https://www.cde.ca.gov/ds/ad/documents/frpm1920.xlsx>**NOTE:** Use the value from Column V only! The School Name is in Column G, the Enrollment is in Column R.

Attach the following: A) a map which clearly shows: 1) the student enrollment area, 2) the locations and limits of the proposed project improvements; and B) the contact information/person for the school, and a short statement of support combined with the signature of the school official.



### Part A4: Project Details

Indicate the project details included in the project/program/plan.

**Note:** When quantifying the amount of Active Transportation improvements proposed by the project, **do not double-count the improvements** that benefit both Bicyclists and Pedestrians (i.e. new RRFB/Signal should only show as a Pedestrian or Bicycle Improvement).

#### ☐ Bicycle Improvements

What % of the BICYCLE related project cost are going towards closing a "Gap" in infrastructure? 0 %

(As opposed to cost going towards "improving" existing bicycle infrastructure: i.e. Class 2 to Class 4)

New Bike Lanes/Routes:	Class 1: <u>e 0</u> Linear Feet	Class 2: <u>0</u> Linear Feet
	Class 3: <u>0</u> Linear Feet	Class 4: <u>0</u> Linear Feet
Signalized Intersections:	New Bike Boxes: <u>0</u> Number	Timing Improvements: <u>0</u> Number
Un-Signalized Intersections:	New RRFB/Signal: <u>0</u> Number	Crossing-Surface Improvements: <u>0</u> Number
Mid-Block Crossing:	New RRFB/Signal: <u>0</u> Number	Crossing-Surface Improvements: <u>0</u> Number
Lighting:	Intersection: <u>0</u> Number	Roadway Segments: <u>0</u> Linear Feet
Bike Share Program:	New Station: <u>0</u> Number	New Bikes: <u>0</u> Number
Bike Racks/Lockers:	New Racks: <u>0</u> Number	New Secured Lockers: <u>0</u> Number
Other Bicycle Improvements:	#1: <u>0</u> #:	#2: <u>0</u> #:

#### ☐ Pedestrian Improvements

What % of the PEDESTRIAN related project cost are going towards closing a "Gap" in infrastructure? 0 %

(As opposed to cost going towards "improving" existing pedestrian infrastructure.)

Sidewalks:	New (4' to 8' wide): <u>0</u> Linear Feet	New (over 8' wide): <u>0</u> Linear Feet
	Widen Existing: <u>0</u> Linear Feet	Reconstruct/Enhance Existing: <u>e 0</u> Linear Feet
	New Barrier Protected (Barrier, parking, functional-planter, etc.): <u>0</u> Linear Feet	
ADA Ramp Improvements:	New Ramp (none exist): <u>0</u> Number	Reconstruct Ramp to Standard: <u>0</u> Number
Signalized Intersections:	New Crosswalk: <u>0</u> Number	Enhance Existing Crosswalk: <u>0</u> Number
	Ped-Heads: <u>0</u> Number	Shorten Crossing: <u>0</u> Number
	Timing Improvements: <u>0</u> Number	
Un-Signalized Intersections:	New Traffic Signal: <u>0</u> Number	Crossing-Surface Improvements: <u>0</u> Number
	New RRFB/Signal: <u>0</u> Number	
	Shorten Crossing: <u>0</u> Number	Crossing-Surface Improvements: <u>0</u> Number
Mid-Block Crossing:	New RRFB/Signal: <u>0</u> Number	Roadway Segments: <u>0</u> Linear Feet
Lighting:	Intersection: <u>0</u> Number	Trash Cans: <u>0</u> Number
Pedestrian Amenities:	Benches: <u>0</u> Number	Shade Tree Type: <u>0</u>
	Shade Trees: <u>0</u> Number	
Other Ped Improvements:	#1: <u>0</u> #:	#2: <u>0</u> #:

#### ☐ Multi-use Trail Improvements

Class 1 Trails:	New (8' or less wide): <u>0</u> Linear Feet	New (over 8' wide): <u>0</u> Linear Feet
	Widen/Reconstruct Existing: <u>0</u> Linear Feet	Bicycle/Pedestrian Bridge: <u>0</u> Number
Non-Class 1 Trails:	New: <u>0</u> Linear Feet	Widen/Reconstruct Existing: <u>0</u> Linear Feet
Other Trail Improvements:	#1: <u>0</u> #:	#2: <u>0</u> #:

#### ☐ Vehicular-Roadway Traffic-Calming Improvements

Road Diets:	Remove Travel Lane: <u>0</u> Linear Feet	Remove Right-Turn Pocket: <u>0</u> Number
Speed Feedback Signs:	Speed Feedback Signs: <u>e 0</u> Number	
Signalized Intersections:	Timing Improvements: <u>e 0</u> Number	New Roundabout: <u>0</u> Number
Un-Signalized Intersections:	New Traffic Signal: <u>e 0</u> Number	New Roundabout: <u>0</u> Number
Other Traffic-Calming Improvements:	#1: <u>0</u> #:	#2: <u>0</u> #:

#### ☒ Non-Infrastructure Components





**NI Program Type:** *Indicate the NI program type. If more than one, indicate the percentage split based on cost.*

- |  |     |  |     |
|--|-----|--|-----|
| <input type="checkbox"/> Regional Initiative   | 0 % | <input type="checkbox"/> First Last Mile | 0 % |
| <input type="checkbox"/> Community Initiative  | 0 % | <input type="checkbox"/> Other:          | 0 % |
| <input type="checkbox"/> Safe Routes to School | 0 % |  |     |

**Program Activities:** *Insert the number of each type of activity included in the program. Do not double count.*

Regional Community Initiatives:

- |   |   |
|---|---|
| 0 | Number of walk or bike audits   |
| 0 | Number of bicycle skills/safety classes                               |
| 0 | Number of pedestrian skills/safety classes                            |
| 0 | Number of community demonstration projects/pop-ups/open street events |
| 0 | Number of community encouragement (i.e. bike to work days)            |
| 0 | Number of community challenges (i.e. bike to work month challenge)    |
| 0 | Number of community workshops/stakeholder meetings                    |

Safe Routes to School (SRTS):

- |   |  |
|---|--|
| 0 | Number of classroom/PE classes receiving pedestrian/bicycle safety instruction/education   |
| 0 | Number of school assemblies receiving pedestrian/bicycle safety instruction/education  |
| 0 | Number of afterschool programs receiving pedestrian/bicycle safety instruction/education   |
| 0 | Number of bike rodeos  |
| 0 | Number of pedestrian 'mock city' safety skills events  |
| 0 | Number of schools with walking school bus program (defined as planned route with meeting points, a timetable and a schedule of trained volunteers) |
| 0 | Number of schools with bicycle train program (defined as a planned route with meeting points, a timetable and a schedule of trained volunteers)    |
| 0 | Number of SRTS encouragement days (i.e. designated monthly bike/walk to school days X number of school months X number of school involved)         |
| 0 | Number of student-led leadership initiatives (e.g., student patrols, peer-led learning)  |
| 0 | Number of training sessions to implement the SRTS program (i.e training for volunteer walking school bus leaders, crossing guards, etc.)           |

Other:

- |           |  |
|-----------|--|
| Number of |  |
| Number of |  |

**Communications:** *Check the box if the program will include the communication type.*

- |   |  |
|---|--|
| <input type="checkbox"/> Traditional media (radio ads, TV ads, newspaper ads, flyers, etc.) | <input type="checkbox"/> Social media (Twitter, Facebook, Instagram, etc.) |
| <input type="checkbox"/> Large media (bus-wraps, billboards, etc.)                          | <input type="checkbox"/> Program website                                   |
| <input type="checkbox"/> Print/electronic publications (newsletters, blogs, etc.)           | <input type="checkbox"/> Other; <div></div>                                |

*What languages, if any, will the selected communications be translated to:*

**Collaborative Partnerships:**

*Check all parties that have a committed role in the project beyond submitting a letter of support.*

- |   |   |
|---|---|
| <input type="checkbox"/> Local Public Health Department                         | <input type="checkbox"/> Schools/School Districts |
| <input type="checkbox"/> Law Enforcement  | <input type="checkbox"/> Public Works Departments |
| <input type="checkbox"/> Non-Profit Organizations/Community Based Organizations | <input type="checkbox"/> Other; <div></div>       |

☐ **Plan Type (only intended for Plans)**



**Right of Way (R/W) Impacts** (Check all that apply)

- ☐ Project is 100% within the Implementing Agency's R/W and/or is within their control at the time of this application submittal.  
(This includes temporary construction easements)
- ☐ Project will likely require R/W 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.
- ☐ Project will likely encroach into Caltrans R/W requiring easements, encroachment permits and/or other approvals.

Is Caltrans the "Implementing Agency"? \_\_\_\_\_

*\*See the application instructions for more details on the required coordination, documentation and approval from Caltrans.*

The applicant must attach the approved and signed State Highway Project Impact Assessment Form for ATP projects impacting Caltrans R/W.

**The following project details must match the information shown in the approved State Highway System Project Impact Assessment Form attached above:**

What % of the project (by area) is within Caltrans R/W? \_\_\_\_\_

What is the total construction cost within Caltrans R/W? \_\_\_\_\_

What level of Caltrans project development oversight has been determined to be needed by Caltrans? \_\_\_\_\_

Is the project expected to be tracked by Caltrans as a "Local Assistance" or "Capital" project? \_\_\_\_\_

Has the project schedule been developed to account for the additional time needed for Caltrans to complete its required oversight responsibilities? \_\_\_\_\_

- ☐ Project will likely require R/W, Easements, encroachment and/or approval involving Governmental (excluding Caltrans - as Caltrans impacts are documented above), Environmental, or Railroad owner's property.

*\*See the application instructions for more details on the required coordination and documentation from these agencies.*

Attach a letter of support or neutrality from each separate agency. Combine all letters in one pdf attachment.

The following information should be based on specific prior coordination and agreement between the agencies:

What is the total additional months needed (all project phases) for all of these agencies to complete their required oversight responsibilities and to complete any required actions that are necessary based on the expected R/W impacts? \_\_\_\_\_

Has the project schedule been developed to account for this time? \_\_\_\_\_

- ☐ Program/Plan will likely have an open street/demonstration on state highway.



**Part A5: Project Schedule**

- NOTES: 1) Per CTC Guidelines, all project applications must be submitted with the expectation of receiving federal funding and therefore the schedule below must account for the extra time needed for federal project delivery requirements and approvals, including a NEPA environmental clearance and for each CTC allocation there must also be a Notice to Proceed with Federally Reimbursable work.
- 2) Prior to estimating the durations of the project delivery tasks (below), applicants are highly encouraged to review the appropriate chapters of the Local Assistance Procedures Manual and work closely with District Local Assistance Staff.
- 3) The proposed CTC Allocation dates must be between July 1, 2023 and June 30, 2027 to be consistent with the available ATP funds for Cycle 6.

**NON-INFRASTRUCTURE (NI) AND "PLAN" PROJECTS:** *(This includes combined "I" and "NI" projects)*Will ATP funds be used in this phase of the project? ☐ Yes ☐ No**Proposed CTC "CON Allocation" Date:**

Notice to Proceed with Federally Reimbursable ATP Work:

Expected Start Date for "NI" or "Plan" Construction activities:

Time to complete the CON-Phase activities:

**Expected Completion Date for the CON Phase:**

months

**Part A6: Project Funding**  
(1,000s)

Project Phase	Total Project Costs	Total ATP Funding	ATP Allocation Year*	Total Non-ATP Funding**	Non-Participating Funding	"Prior" ATP Funding	Leveraging Funding	Future Local Identified Funding
PA&ED	-	-		-	-	-	-	-
PS&E	-	-		-	-	-	-	-
R/W	-	-		-	-	-	-	-
CON	-	-		-	-	-	-	-
NI-CON/ PLAN	-	-		-	-	-	-	-
TOTAL	-	-		-	-	-	-	-

\* The CTC Allocation-Year is calculated based on the information entered into the "Project Schedule" section.

\*\* Applicants must ensure that the "Total Non-ATP Funding" values show in this table match the overall Non-ATP Funding values they enter into Page 2 of the PPR (later in this form)

**ATP FUNDING TYPE REQUESTED:**

Per the CTC Guidelines, all ATP projects over \$1M must be eligible to receive federal funding. Agencies with projects under \$1M, especially ones being implemented by agencies who are not familiar with the federal funding process, are encouraged to request State funding. A request for State-Only funds does not guarantee it will be received.

Do you believe your project warrants receiving state-only funding? ☐ Yes ☐ No

If "Yes", provide a brief explanation. (Max of 50 Words)

Words Remaining:

If "Yes", applicants requesting SHA must also attach an "Exhibit 25-F"

**ATP PROJECT PROGRAMMING REQUEST (PPR):**

Using the Project Schedule, Project Funding, and General Project information provided, this electronic form has automatically prepared the following PPR pages. Applicants must review the information in the PPR to confirm it matches their expectations.





## ATP APPLICATION FORM

LAPG 25-U (REV 03/2022)

v1.0

Auto-populated with data from Part A1 and A2

Amendment (Existing Project) Yes <input type="checkbox"/> No <input type="checkbox"/>					Date: <input type="text"/>	
District	EA	Project ID		PPNO	MPOdD	Alt Project. ID/prg.
						ATP
County	Route/Corridor	PM Bk	PMdAhd	Project Sponsor/Lead Agency		
				MPO	Element	
Project Manager/Contact		Phone		E-mail Address		
Project Title						
Location (Project Limits), Description (Scope of Work)						
Component		Implementing Agency				
PA&ED						
PS&E						
Right of Way						
Construction						
Legislative Districts						
Assembly:		Senate:		Congressional:		
Project Benefits (If more space is needed, use the Additional Information field on the next page.)						
Purpose and Need						
Category	Outputs/Outcomes			Unit	Total	
NHS Improvements:		Roadway Class:		Reversible Lane Analysis:		
Inc. Sustainable Communities Strategy Goals:		Reduces Greenhouse Gas Emissions:				
Project Milestone				Existing	Proposed	
Project Study Report Approved						
Begin Environmental (PA&ED) Phase						
Circulate Draft Environmental Document (Document Type)						
Draft Project Report						
End Environmental Phase (PA&ED Milestone)						
Begin Design (PS&E) Phase						
End Design Phase (Ready to List for Advertisement Milestone)						
Begin Right of Way Phase						
End Right of Way Phase (Right of Way Certification Milestone)						
Begin Construction Phase						
End Construction Phase						
Begin Closeout Phase						
End Closeout Phase (Closeout Report)						



# ATP APPLICATION FORM

LAPG 25-U (REV 03/2022)

v1.0

Auto-populated with data from Part A1 and A2

## Additional Information

Date:











## **Part A7: Screening Criteria**

**The following Screening Criteria are requirements for applications to be considered for ATP funding. Failure to demonstrate a project meets these criteria will result in the disqualification of the application.**

### **1. Demonstrated fiscal needs of the applicant:**

- **Is all or part of the project currently (or has it ever been) formally programmed in an RTPA, MPO and/or Caltrans funding program?** ☐ Yes ☐ No

If "Yes", explain why the project is not considered "fully funded". (Max of 200 Words)

Words Remaining:

- **Are any elements of the proposed project directly or indirectly related to the intended improvements of a past or future development or capital improvement project?** ☐ Yes ☐ No

If "Yes", explain why the other project cannot fund the proposed project. (Max of 200 Words)

Words Remaining:

- **Are adjacent properties undeveloped or under-developed where standard "conditions of development" could be placed on future adjacent redevelopment to construct the proposed project improvements?** ☐ Yes ☐ No

If "Yes", explain why the development cannot fund the proposed project. (Max of 200 Words)

Words Remaining:

### **2. Consistency with an adopted regional transportation plan:**

- **Is the project consistent with the relevant adopted regional transportation plan that has been developed and updated pursuant to Government Code Section 65080?** ☐ Yes ☐ No

The applicant must provide that portion of Regional Transportation Plan showing that the proposed project is consistent. Attach a copy of ONLY the following elements of the plan: cover page and pages linking the proposed project to the plan. Highlighted and/or mark the attachment to clearly identify the connection.

*Note: Projects not providing proof will be disqualified and not be evaluated.*

Document why the project should still be considered as being "consistent with the Regional Plan".  
(Max of 200 Words)

Words Remaining:

*Note: Projects not providing proof will be disqualified and not be evaluated.*

**3. Is the Implementing Agency Caltrans?**☐ Yes ☐ No

Per the CTC, Caltrans must document the need to address this project with ATP funds, versus other funding streams available for complete streets through existing Caltrans funding. Attached the necessary documentation:

Per the CTC Guidelines, Caltrans nominated projects must illustrate coordination with the corresponding local and regional agencies. Caltrans is required to show assurance that local communities are supportive of and have provided feedback on the proposed Caltrans ATP project. Attached the necessary documentation:





## **Part B: Narrative Questions**

### **Question #1**

#### **QUESTION #1**

#### **DISADVANTAGED COMMUNITIES (0-10 POINTS)**

☐ This project does not qualify as a Disadvantaged Community.

#### **A. Map of Project Boundaries, Access and Destination (0 points): Required**

Provide a scaled map showing the boundaries of the proposed project, the geographic boundaries of the disadvantaged community, and disadvantaged community access point(s) and destinations that the project is benefiting.

#### **B. Identification of Disadvantaged Community: (0 points)**

Select one of the following 5 options. Must provide information for all Census Tract/Block Group/Place Number that the project affects.

- **Median Household Income**
- **CalEnviroScreen**
- **Free or Reduced Priced School Meals** - Applications using this measure must demonstrate how the project benefits the school students in the project area.
- **Healthy Places Index**
- **Other**

Select Option: \_\_\_\_\_

The Median Household Income (Table ID B19013) is less than 80% of the statewide median based on the most current Census Tract (ID 140) level data from the 2015-2019 American Community Survey (ACS) (<\$60,188). Communities with a population less than 15,000 may use data at the Census Block Group (ID 150) level. Unincorporated communities may use data at the Census Place (ID 160) level. Data is available at: [https://data.census.gov/cedsci/?intcmp=aff\\_cedsci\\_banner](https://data.census.gov/cedsci/?intcmp=aff_cedsci_banner)

Census Tract/Block Group/Place #	Population	MHI

Lowest median household income from above (autofill): \$ \_\_\_\_\_ (to be used for qualifying as benefiting a DAC only)

Median household income by census tract for the community(ies) benefited by the project: \$ \_\_\_\_\_  
(to be used for severity calculation only)

Must attach a copy of FactFinder ACS page for each census tract listed above. Attach all pages as one pdf.

An area identified as among the most disadvantaged 25% in the state according to the CalEPA and based on the California Communities Environmental Health Screening Tool 4.0 (CalEnviroScreen 4.0) scores (score must be greater than 40.05). This list can be found at the following link under SB 535 List of Disadvantaged Communities:

<https://oehha.ca.gov/media/downloads/calenviroscreen/document/calenviroscreen40resultsdatadictionaryf2021.zip>

**NOTE:** Use the CES 4.0 Score value from Column H only! The Census Tract number is in Column A, the Population is in Column B.

Census Tract/Block Group/Place #	Population	CalEnviroScreen Score

Highest California Communities Environmental Health Screening Tool (CalEnviroScreen) score from above (autofill):

\_\_\_\_\_ (to be used for qualifying as benefiting a DAC only)

California Communities Environmental Health Screening Tool (CalEnviroScreen) score for the community benefited by the project:

\_\_\_\_\_ (to be used for severity calculation only)

Must attach a copy of CalEnviroScreen page for each census tract listed above. Attach all pages as one pdf.





School Name	School Enrollment	% of Students Eligible for FRPM
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At least 75% of public school students in the project area are eligible to receive free or reduced-price meals under the National School Lunch Program. Data is available at: <https://www.cde.ca.gov/ds/ad/documents/frpm1920.xlsx> (auto filled from Part A). Applicants using this measure must demonstrate how the project benefits the school students in the project area. Project must be located within two miles of the school(s) represented by this criteria.

**NOTE:** Use the value from Column V only! The School Name is in Column G, the Enrollment is in Column R.

School Name	School Enrollment	% of Students Eligible for FRPM

Highest percentage of students eligible from above (autofill): \_\_\_\_\_ (to be used for qualifying as benefiting a DAC only)

Percentage of students eligible for the Free or Reduced Price Meals Programs: \_\_\_\_\_  
(to be used for severity calculation only)

The Healthy Places Index (HPI) includes a composite score for each census tract in the state. The higher the score, the healthier the community conditions based on 25 community characteristics. The scores are then converted to a percentile to compare it to other tracts in the state. A census tract must be in the 25th percentile or less to qualify as a disadvantaged community. Data and maps found can be found at California Healthy Places Index at <https://healthyplacesindex.org>. Access the map directly at <https://map.healthyplacesindex.org/>. View step-by-step HPI tutorial videos at: <https://healthyplacesindex.org/how-to/>.

Census Tract/Block Group/Place #	Population	HPI Percentile

The Lowest HPI Percentile from above (autofill): \_\_\_\_\_ (to be used for qualifying as benefiting a DAC only)

HPI percentile for the community benefited by the project: \_\_\_\_\_  
(to be used for severity calculation only)

Must attach a copy of the HPI page for each census tract listed above. Attach all pages as one pdf.

#### Other

- Project is located within Federally Recognized Tribal Lands (typically within the boundaries of a Reservation or Rancheria) or is being submitted by a federally recognized Tribal Government?

☐ Yes ☐ No

- If a project applicant believes a project benefits a disadvantaged community but the project does not meet the aforementioned criteria due to a lack of accurate Census data or CalEnviroScreen data that represents a small neighborhood or unincorporated area, the applicant must submit for consideration a quantitative assessment to demonstrate that the community's median household income is at or below 80% of that state median household income. (Max of 100 Words)

Words Remaining:

- **Regional definition:** For the statewide and small urban & rural competitive portions of the Active Transportation Program a regional definition of disadvantaged communities must be adopted as part of a regular 4-year cycle adoption of a Regional Transportation Plan (RTP)/Sustainable Communities Strategy (SCS) by an MPO or RTPA per obligations with Title VI of the Federal Civil Rights Act of 1964. Any regional definition, such as "environmental justice communities" or "communities of concern," must document a robust public outreach process that includes the input of community stakeholders, and be stratified based on severity. If the applicant believes a project benefits a disadvantaged community based on an adopted regional definition, the applicant must submit for consideration the regional definition, as well as how their specific community qualifies under that definition. (Max of 200 Words)

Words Remaining:

**C. Direct Benefit: (0 - 4 points)**

Explain how the program addresses an important need of the disadvantaged community, how it was requested or supported by the disadvantaged community residents, and how the disadvantaged community residents will be included.

(Max of 500 Words)

Words Remaining:

**D. Project Location: (0 - 2 points)**

Is your project located within a disadvantaged community?

**E. Severity: (0 - 4 points)**

Auto calculated





## Part B: Narrative Questions

### Question #2

#### QUESTION #2

**POTENTIAL FOR INCREASED WALKING AND BICYCLING, ESPECIALLY AMONG STUDENTS, INCLUDING THE IDENTIFICATION OF WALKING AND BICYCLING ROUTES TO AND FROM SCHOOLS, TRANSIT FACILITIES, COMMUNITY CENTERS, EMPLOYMENT CENTERS, AND OTHER DESTINATIONS; AND INCLUDING INCREASING AND IMPROVING CONNECTIVITY AND MOBILITY OF NON-MOTORIZED USERS. (0-40 POINTS)**

**Safe Routes to School projects:** The following information related to the Safe Routes to School Projects data was already entered in part 3 of the application.

School	Total Student Enrollment	Approx. # of Students Living Along School Route Proposed
<b>Total</b>	<b>0</b>	<b>0</b>

#### A. Statement of project need (20 points max)

Explain why this program is needed. Describe the issue(s) that this program will address. Include the challenges and barriers to increasing walking and/or biking in the program area.

##### Discuss:

- Current or proposed pedestrian and/or bicycle infrastructure in the program area
- Connectivity and mobility by active transportation to community identified destinations (such as schools, transit facilities, community centers, employment centers, and other destinations.)
- Perceived personal safety of walking and/or biking
- The **local** health concern responses should focus on:
  - Specific local public health concerns, health disparity, and/or conditions in the built and social environment that affect the project community and can be addressed through the proposed program. Please provide detailed and locally relevant answers instead of general descriptions on the health benefits of walking and biking (i.e. "walking and biking increase physical activity").
  - Local public health data demonstrating the above public health concern or health disparity. Data should be at the smallest geography available (state or national data is not sufficient). One potential source is the Healthy Places Index (HPI) (<http://healthyplacesindex.org>)
- Other

(Max of 750 Words)

Words Remaining:

#### B. Addressing the Need (20 points max)

1. Check the box that best describes the Non-Infrastructure program.

- ☐ Start-up program (no program currently exists)
- ☐ Expansion of an existing program
- ☐ New components to an existing program

2. Describe the program, the population it will serve, and how the program will use NI components (i.e., encouragement and education), to address each of the need(s) identified above with the goal of increasing walking and/or biking to community identified destinations within the program area. (Max of 750 words)

Words Remaining:



**Part B: Narrative Questions****Question #3****QUESTION #3**

**POTENTIAL FOR REDUCING THE NUMBER AND/OR RATE OF PEDESTRIAN AND BICYCLIST FATALITIES AND INJURIES, INCLUDING THE IDENTIFICATION OF SAFETY HAZARDS FOR PEDESTRIANS AND BICYCLISTS. (0-10 POINTS)**

- A. Describe the program area's history of pedestrian and bicycle collisions resulting in fatalities and injuries to non-motorized users that this program will mitigate. (10 points max)**

Applicants are encouraged to use the new UC Berkeley SafeTREC TIMS tool which was specifically designed for the ATP to produce these documents in an efficient manner. Applicants with access to alternative collision data tools and training can utilize their choice of methods/tools. Applicants must respond to question 1 or 2, and have the option to respond to both.

1. For applications using the TIMS ATP tool, attach the following:
  - a. **Collision Heat-map of the area surrounding the project limits - demonstrating the relative collision history of the project limits in relation to the overall jurisdiction/community's collision history**
  - b. **Project Area Collision Map - identifying the past crash locations with the program boundary**
  - c. **Collision Summaries and collision lists/reports - demonstrating collision trends, collision types, and collision details**

Combine the various maps/summaries into one PDF file and attach it in the field below.

2. Applications that do not have the collision data above OR that prefer to provide additional collision data and/or safety in a different format can provide this data below. (Examples include: Collision Rates, Community Observations, surveys, Street Story ( <https://streetstory.berkeley.edu/>), Crowd Source, etc.)

The data and corresponding methodologies can be included in written/text form and/or via a separate attachment in the field below.

(Max of 200 Words) (optional)

Words Remaining:

Data and methodologies Attachment (optional)

3. From the project-area collision summaries/data provided in questions 1 and/or 2, enter the total reported pedestrian and/or bicycle collisions using the most recent 5 to 11 years of available data:

How many years of collision data were used in the Heat Maps and collision summaries:

# of Crashes	Pedestrian	Bicycle	Total	Average Per Year
Fatalities			0	
Injuries			0	
Total	0	0	0	

4. Referencing the heat-maps, collision map and collision summaries provided in above, discuss why your agency chose this program area as a priority for addressing ongoing safety and discuss how the program corresponds to the types and locations of the past collisions. **(10 points max)**

As appropriate, discussion may included how the NI program elements:

- Educate pedestrians, bicyclists, and/or drivers about safety hazards for pedestrians and bicyclists
- Encourage safe behavior

(Max of 900 Words)

Words Remaining:



# ATP APPLICATION FORM

LAPG 25-U (REV 03/2022)

Auto-populated with data from Part A1 and A2

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## **Part B: Narrative Questions**

### **Question #4**

#### **QUESTION #4**

#### **PUBLIC PARTICIPATION and PLANNING (0-15 POINTS)**

**Describe the community based public participation process that culminated in the project**

- A. Describe who was engaged in the identification and development of this program. How were they engaged? Describe the type, extent, and duration of outreach and engagement conducted to relevant stakeholders. What was their feedback and how was it incorporated into the program proposal? Describe the strategies used to address engagement challenges that arose due to the COVID-19 pandemic and any unique engagement challenges that the community faced. (5 points max) (Max of 700 words)

Words Remaining:

- B. Describe how stakeholders will continue to be engaged in the implementation of the program. Include which agencies and stakeholder groups (e.g., public health, Community Based Organizations, public schools, law enforcement, or other non-traditional partners) will be involved in implementing the program. (10 points max) (Max of 700 words)

Words Remaining:



**Part B: Narrative Questions****Question #5****QUESTION #5****EVALUATION and SUSTAINABILITY (0-10 POINTS)**

- A. How will the effectiveness of the program be measured? Describe the effectiveness measures that will be evaluated (public support, mode shift, knowledge increase, safety, etc.) and the tools that will be used (such as surveys, counts, observations, etc.) to quantify the success. (5 points max) (Max of 300 words)

Words Remaining:

- B. How will the program be sustained after completion? As you address this question, consider the following: (5 points max)

- Train the Trainer
- "How-to" toolkits and guides to transfer the program materials and equipment to another party (e.g., teachers, school district, parent volunteers, PTA, an after-school program, community volunteers, community organization)
- Other sources of funding

(Max of 300 words)

Words Remaining:

e



**Part B: Narrative Questions**

**Question #6**

**QUESTION #6**

**INNOVATIVE PROGRAM ELEMENTS (0-5 POINTS)**

- A. Does this program propose any elements that are new to the region? AND/OR does this program utilize any recognized best practices that have been proven successful in a similar local community context? Explain why the program chose to include these elements.  
(5 points max) (Max of 500 words)

Words Remaining:



## **Part B: Narrative Questions**

### **Question #7**

#### **QUESTION #7**

#### **PROGRAM SCOPE AND IMPLEMENTATION (0 - 10 points)**

##### **A. Complete the 25-R (10 points)**

ATP applications must develop and document the proposed program's scope, cost, and schedule in the 25-R. (Attachment G)

The 25-R will be evaluated for:

- How well it reflects the applicant's responses throughout this application
- How well the overall scope meets the Purpose and Goals for the ATP, as defined CTC Guidelines
- Compliance with the ATP Non-Infrastructure Program Guidance





## **Part B: Narrative Questions**

### **Question #8**

#### **QUESTION #8**

**USE OF CALIFORNIA CONSERVATION CORPS (CCC) OR CERTIFIED LOCAL COMMUNITY CONSERVATION CORPS (CALCC)  
(-5 to 0 POINTS)**

**- For project "Plan" types, this section is not required. -**

- ☐ Applicant has not coordinated with both corps, or Tribal Corps (if applicable) (-5 points)
- ☐ Applicant contacted the corps; but does not intend to partner with any corps (-5 points)
- ☐ Applicant is not requesting Construction funds (0 points)

**Step 1:** The applicant must submit the ATP Corps Consultation Form to both the CCC and CALCC at least ten (10) business days prior to the application submittal to Caltrans. The CCC and CALCC will respond within ten (10) business days from receipt of the information. Links to the ATP Corps Consultation Form, instructions and contact information for submission or questions can be found at:

[California Conservation Corps ATP webpage](#)

Or

[Certified Local Conservation Corps ATP webpage](#)

The applicant must also attach any email correspondence from the CCC and CALCC or Tribal Corps (if applicable) to the application verifying communication/participation. Failure to attach their email responses will result in a loss of 5 points.

Attach submittal email, response email and any attachment(s) from the CCC:

Attach submittal email, response email and any attachment(s) from the CALCC:

Attach submittal email, response email and any attachment(s) from the Tribal Corps (If applicable):

**Step 2:** The applicant has coordinated with the CCC AND with the CALCC, or the Tribal Corps and determined the following: (check appropriate box)

- ☐ Applicant intends to utilize the CCC, CALCC, or the Tribal Corps on the following items listed below. (0 points) (Max of 100 Words)

**Words Remaining:**

- ☐ No corps can participate in the project. (0 points)
- ☐ At the time that the application was submitted, the applicant had not received a response from the following corps: (0 points)
  - ☐ the CCC    ☐ the CALCC    ☐ the Tribal Corps (if applicable)



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**Part B: Narrative Questions**

**Question #9**

**APPLICANT'S PERFORMANCE ON PAST ATP FUNDED PROJECTS (0 to -10 points)**

For CTC use only.



### Part C: Application Attachments

***Applicants must ensure all data in this part of the application is fully consistent with the other parts of the application. See the Application Instructions and Guidance document for more information and requirements related to Part C.***

#### List of Application Attachments

The following attachment names and order must be maintained for all applications. Depending on the Project Type (I, NI or Plans) some attachments will be intentionally left blank. All non-blank attachments must be identified in hard-copy applications using “tabs” with appropriate letter designations.

<b>Application Signature Page</b> (Required for all applications)	<b>Attachment A</b>
<b>Engineer's Checklist</b> (Required for Infrastructure & Combo Projects)	<b>Attachment B</b>
<b>Project Location Map</b> (Required for all applications)	<b>Attachment C</b>
<b>Project Layout/Plans showing existing and proposed conditions</b> (Required for all Infrastructure Projects)	<b>Attachment D</b>
<b>Photos of Existing Conditions</b> (Required for all applications)	<b>Attachment E</b>
<b>Project Estimate</b> (Required for all Infrastructure Projects)	<b>Attachment F</b>
<b>Non-Infrastructure Work Plan</b> ( <a href="#">Exhibit 25-R</a> ) (Required for all projects with Non-Infrastructure Elements)	<b>Attachment G</b>
<b>Plan Scope of Work</b> ( <a href="#">Exhibit 25-Plan</a> ) (Required for all Plan Projects)	<b>Attachment H</b>
<b>Letters of Support (10 maximum) and Support Documentation</b> (Required or recommended for all projects as designated in the instructions) (All letters must be scanned into one document.)	<b>Attachment I</b>
<b><a href="#">Exhibit 25-F</a> State Funding</b>	<b>Attachment J</b>
<b>Additional Attachments</b> (Additional attachments may be included. They should be organized in a way that allows application reviewers easy identification and review of the information.) (All additional attachments must be scanned into one document.)	<b>Attachment K</b>