**PART A. APPLICATION INFORMATION**

FY 2026-27

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| **Project Title and Location** |
| Project Title |  |
| Project Location (City)  |  | Project Location (County)  |  |
| **Funding Information** |
| 1. Is the applicant proposing to meet the minimum local match requirement or an over-match? Use the Match Calculator to determine the appropriate match. [Match Calculator (Posted on STPG Website)](https://dot.ca.gov/programs/transportation-planning/division-of-transportation-planning/regional-and-community-planning/sustainable-transportation-planning-grants)

[ ]  Minimum Local Match [ ]  Over-Match 1. What is the source of Local Match funds being used?

(MPOs – Federal Toll Credits, PL, and FTA 5303 cannot be used to match Sustainable Communities Competitive or Adaptation Planning grants) [ ]  Local Transportation Funds [ ]  Local Sales Tax [ ]  Special Bond Measures [ ]  Other, **specify**: |
| **Grant Funds Requested** | **Local Match (Cash)** | **Local Match (In-Kind)** | **Total** **Local Match** | **%** **Local Match** | **Total** **Project Cost** |
| **$** | **$** | **$** | **$** |  | **$** |

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| **Grant Category** (select only one) |
| **Sustainable Communities** (MPOs with sub-applicant, RTPAs, Transit Agencies, Cities, Counties, Tribes, other Public Transportation Planning Entities) | **Strategic Partnerships** (MPOs & RTPAs only)**Strategic Partnerships Transit** (MPOs, RTPAs & Transit Agencies only) |
|  | Sustainable Communities Competitive (11.47% Local Match requirement) \*\*Not applicable to Native American Tribal Governments\*\* |  | Strategic Partnerships (FHWA SPR Part I)(20% Local Match requirement) |
|  | Sustainable Communities Competitive Technical(11.47% Local Match requirement) \*\*Not applicable to Native American Tribal Governments\*\* |  | Strategic Partnerships Transit (FTA 5304)(11.47% Local Match requirement) |
| **Application Submittal Type** (more than one may be selected) |
| **New** | **Prior Phases** | **Re-Submittal** |
|  | New Application |  | Continuation of a prior project. If so, list the Grant FY and project title below.  |  | Re-submittal from a prior grant cycle.  |
|  |  |  | How many times has an application been submitted for this project, including this one? |

**PART B. PROJECT INFORMATION**

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| **Project Description (3-5 Sentences Maximum)** |
| Insert Application Narrative: 1. Project Description |  |
| **Project Type** |
| Choose the Project Type that best represents the focus of the proposed project. See Grant Application Guide for examples. **Select a maximum of two project types.** [ ]  Active Transportation (Bicycle and Pedestrian)[ ]  Climate Change (Infrastructure Adaptation, Vulnerability and Resiliency)[ ]  Complete Streets (Multimodal specific type)[ ]  Corridor (Local Streets or Highways)[ ]  Freight/Goods Movement [ ]  General Plan-Related (Circulation Element, Land Use Element, Specific Plan)[ ]  Multimodal (Motorized and Active Transportation)[ ]  Safety (Vision Zero, Safe Routes to Schools)[ ]  Technical (Modeling, VMT Mitigation, ZEV Infrastructure, ZEB Transition, etc.)[ ]  Transit (Bus, Light Rail, and Commuter Rail Service) [ ]  Other, specify:  |
| **Under-Resourced Community Definitions**  |
| If applicable to the project, what tools were used to identify the under-resourced communities in the project area? Choose all that apply.[ ]  Rural Communities of 50,000 or less and outside of urbanized areas[ ]  Native American Tribal Governments[ ]  Regionally/Locally Defined Under-Resourced Communities[ ]  At/Below 80% Assembly Bill 1550 (Gomez, Statutes of 2016)[ ]  At/Above 75% California Department of Education, Free or Reduced Priced Meals Data[ ]  At/Above 75% CalEnviroScreen Version 4.0[ ]  At/Below 25% California Healthy Places Index |

**PART B. PROJECT INFORMATION (CONTINUED)**

**PART C. CONTACT INFORMATON\***

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|  | Primary Applicant | Sub-Applicant | Sub-Applicant |
| Organization (Legal name) |  |  |  |
| Dept./Division  |  |  |  |
| Street Address |  |  |  |
| City |  |  |  |
| Zip Code |  |  |  |
| Phone Number |  |  |  |
| Executive Director Name |  |  |  |
| Title |  |  |  |
| Executive Director E-mail |  |  |  |
| Financial Manager Name |  |  |  |
| Title |  |  |  |
| Financial Manager E-mail |  |  |  |
| Contact Person Name |  |  |  |
| Title |  |  |  |
| Contact Phone Number |  |  |  |
| Contact E-mail |  |  |  |
| \*Use additional pages if necessary. |
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| **City/County Primary/Sub-Applicants for Sustainable Communities Grants**  | **Yes** | **No** |
| Does the City/County have a compliant Housing Element? If No, explain the current status:  |  |  |
| Has the City/County submitted Annual Progress Report to the California Department of Housing and Community Development for calendar years 2023 and 2024?  |  |  |

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| Applicants may leverage other program funds for this planning grant, as long as the activities are eligible.  |
|  | **Yes** | **No** | **N/A** |
| Is the applicant applying for any other funding programs to complete this project? If yes, list them here: |  |  |  |

**PART E. OTHER FUNDING PROGRAMS**

**PART D. COMPLIANT HOUSING ELEMENT**

**PART F. LEGISLATIVE INFORMATION**

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| Use the following link to determine the appropriate legislative members in the Project area. Search by address: <http://findyourrep.legislature.ca.gov/> |
| **State Senator(s)** | **Assembly Member(s)** |
| **District** | **Name** | **District** | **Name** |
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| List all letters of support received for the proposed project. Letters should be addressed to the applicant. Letters received after the final application filing date will not be considered. |
| **Name/Agency** | **Name/Agency** |
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**PART G. LETTERS OF SUPPORT INFORMATION**