



Sustainable Transportation Planning Grant Program

GRANT APPLICATION COVER SHEET

PART A. APPLICATION INFORMATION

FY 2021-22

Grant Category (choose only one)

<input checked="" type="checkbox"/>	Sustainable Communities (MPOs with sub-applicant, RTPAs, Transit Agencies, Cities, Counties, Tribes, other Public Transportation Planning Entities)	<input checked="" type="checkbox"/>	Strategic Partnerships (MPOs and RTPAs only)
	Sustainable Communities Competitive (11.47% Local Match requirement)		Strategic Partnerships (FHWA SPR Part I) (20% Local Match requirement)
	Sustainable Communities Competitive Technical (11.47% Local Match requirement)		Strategic Partnerships Transit (FTA 5304) (11.47% Local Match requirement)

Application Submittal Type

<input checked="" type="checkbox"/>	New	<input checked="" type="checkbox"/>	Prior Phases	<input checked="" type="checkbox"/>	Re-Submittal
	New Application		Continuation of a prior project. If so, list the project title below.		Re-submittal from a prior grant cycle. If so, list below how many times grantee has submitted an application for this project

PART B. PROJECT INFORMATION

Project Title and Location

Project Title			
Project Location (City)		Project Location (County)	

PART D: Funding Information

- 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](#)
 Minimum Local Match Over-Match
- What is the source of Local Match funds being used? (MPOs – Federal Toll Credits, PL, and FTA 5303 Funds cannot be used to match Sustainable Communities Competitive)
 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



Sustainable Transportation Planning Grant Program
GRANT APPLICATION COVER SHEET

PART C. CONTACT INFORMATION

	Applicant	Sub-Applicant	Sub-Applicant
Organization (legal name)			
Street Address			
Phone Number			
City			
Zip Code			
Executive Director Name			
Title			
Contact Person Name			
Contact Person Title			
Phone Number			
Contact E-mail address			

PART D. COMPLIANT HOUSING ELEMENT

City/County Applying for Sustainable Communities Grants	Yes (X)	No (X)
Does the City/County have a compliant Housing Element?		
Has the City/County submitted Annual Progress Report to HCD for calendar years 2018 and 2019?		



Sustainable Transportation Planning Grant Program GRANT APPLICATION COVER SHEET

PART E. LEGISLATIVE INFORMATION

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

PART F. LETTERS OF SUPPORT

List all letters of support received for the proposed project.

Name/Agency	Name/Agency