**PART A. APPLICATION INFORMATION**

FY 2023-24

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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](https://dot.ca.gov/-/media/dot-media/programs/transportation-planning/documents/sustainable-planning-grants-2021/122822-update/10-final-local-match-calculator-a11y.xlsx)

[ ]  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) |
| **Climate Adaptation** (MPOs, RTPAs, Transit Agencies, Cities, Counties, Tribes, other Public Transportation Planning Entities)  |
|  | 11.47% Local Match requirement (Not Applicable to Native American Tribal Governments) |
| **Sustainable Communities** (MPOs with sub-applicant, RTPAs, Transit Agencies, Cities, Counties, Tribes, other Public Transportation Planning Entities) | **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** (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 Max.)** |
| 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. Two max. may be selected. [ ]  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 (Circulation Element, Land Use Element, Specific Plan)[ ]  Multimodal (Motorized and Active Transportation)[ ]  Technical (Modeling, VMT Mitigation, ZEV Infrastructure, ZEB Transition, etc.)[ ]  Transit (Bus, Light Rail, and Commuter Rail Service) [ ]  Other, specify:  |
| **Underserved Community Definitions**  |
| If applicable to the project, what tools were used to identify the underserved 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 Underserved 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 2020 and 2021?  |  |  |

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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 the Governor’s Office of Planning and Research (OPR) Climate Adaptation Planning Grant Program? Applicants should not submit the same project application to both funding programs. However, applicants may propose to leverage funds from one funding program to another. For instance, an applicant with a large project may propose to fund one component with Caltrans funds, and another with OPR funds. Applicants may also propose two entirely different projects to each funding program. If yes, identify the differences between each proposal, and briefly summarize the leverage opportunity if awarded both Caltrans and OPR funding:  |  |  |  |
| 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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| **PART G. LETTERS OF SUPPORT INFORMATION** |
| List all letters of support received for the proposed project. Letters should be addressed to the applicant. |
| **Name/Agency** | **Name/Agency** |
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