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| <p style="text-align: center;">BICYCLE FACILITY PROGRAM FY 2009/10 GRANT APPLICATION FORM</p> |
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INSTRUCTIONS

Complete Part 1 of this grant application in Microsoft Excel and email to grants@baaqmd.gov.

Print and complete Parts 2 through 6. Submit two (2) hard copies of complete application (including Part 1 and attachments) by mail and/or hand-delivery to:

Karen M. Schkolnick
District Grant Programs Manager
Strategic Incentives Division
Bay Area Air Quality Management District
939 Ellis Street
San Francisco, CA 94109

Application Parts 2 – 6 and attachments sent by email and/or fax will not be accepted.

An electronic copy of this form can be found at: <http://www.baaqmd.gov/Divisions/Strategic-Incentives/Bicycle-Facility-Program.aspx>, or by requesting an electronic form of the document in Microsoft Word from grants@baaqmd.gov.

PART 2. PROJECT DESCRIPTION

A) For Bicycle Paths, Lanes, and Routes: Answer these questions for each noncontiguous segment of bikeway in this project (please provide information on each separate component of your project).

Project Specifications

- 1) Type and length of proposed facility (select multiple classes if appropriate):
 - Class I Length _____ miles (round to two (2) decimal places)
 - Class II Length _____ miles (round to two (2) decimal places)
 - Class III Length _____ miles (round to two (2) decimal places)
- 2) Describe key design specifications & features (maximum 100 words):

Project Implementation Area(s) (describe the implementation area(s) for the project (i.e., specific neighborhood or corridor, city, county, etc.)

- Class I Implementation Area: _____

- Class II Implementation Area: _____

- Class III Implementation Area: _____

B) For Bicycle Parking Facilities & Bicycle Racks on Public Transportation Vehicles: please answer these questions for each bicycle parking facility in this project:

Project specifications

- 1) Type of lockers or racks to be purchased (including name of the vendor, if known)
 - Mechanical Lockers Vendor _____
 - Electronic Lockers Vendor _____
 - Racks: Type _____ Vendor _____
 - Retrofit Kits Vendor _____

- 2) Expected lifespan of lockers/racks (Attach summary of specifications):
_____Years

Project Implementation Area(s): describe the implementation area(s) (i.e. location(s) where the proposed lockers/racks will be installed) for the project component (maximum 100 words).

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PART 3. PROJECT BUDGET

A) **BFP Funding Request:** List each applicable project component proposed and the amount of BFP funds requested. Please identify each individual component separately (bikeway segment; rack and locker location; and/or type of public transportation vehicle).

| Bikeway | Distance | Request per Mile (Guideline # 16) | Amount Requested per Item |
|---|----------|-----------------------------------|---------------------------|
| Class I (Bicycle Path) | | | |
| • | | miles \$ | \$ |
| • | | miles \$ | \$ |
| Class II (Bicycle Lane) – Cont. Construction | | | |
| • | | miles \$ | \$ |
| • | | miles \$ | \$ |
| Class II (Bicycle Lane) – Standard | | | |
| • | | miles \$ | \$ |
| • | | miles \$ | \$ |
| Class III (Bicycle Route) | | | |
| • | | miles \$ | \$ |
| • | | miles \$ | \$ |
| Total # | | miles Total | \$ |

| Bicycle Parking | Bicycle Capacity | Request per Bicycle Capacity (Guideline #16) | Amount Requested |
|---------------------------------------|------------------|--|------------------|
| Bicycle Locker(s) – Electronic | | | |
| • | | bicycles \$ | \$ |
| • | | bicycles \$ | \$ |
| Bicycle Locker(s) – Mechanical | | | |
| • | | bicycles \$ | \$ |
| • | | bicycles \$ | \$ |
| Bicycle Lockers(s) – Retrofit | | | |
| • | | bicycles \$ | \$ |
| • | | bicycles \$ | \$ |
| Bicycle Rack(s) | | | |
| • | | bicycles \$ | \$ |
| • | | bicycles \$ | \$ |
| Secure Bicycle Parking | | | |
| • | | bicycles \$ | \$ |
| • | | bicycles \$ | \$ |
| Total # | | bicycles Total | \$ |

| Bicycle Rack(s) on Public Transportation Vehicles | Number of Racks | Request per Rack (Guideline #16) | Amount Requested per Item |
|---|-----------------|----------------------------------|---------------------------|
| • | | racks \$ | \$ |
| • | | racks \$ | \$ |
| Total # | | racks Total | \$ |

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B) BFP Covered Project Expenses: Check the boxes of the following Project costs that the BFP funding would be used cover (only costs identified in this grant application will be eligible for reimbursement):

- Salaries, wages, and benefits directly and solely related to implementation of the BFP project;
 - o Specify _____
- Construction and/or installation costs;
 - o Specify _____
- Contractor labor charges related to the BFP project including: design, engineering, and preparation of required environmental review documents; and
 - o Specify _____
- Capital and materials costs, including project features such as signage, pavement markings (striping and stenciling), bicycle loop detectors and signals, and lighting
 - o Specify _____

C) Matching Funds (should equal amount on cover page): Projects eligible for BFP funding must have secured all other funding necessary to complete the project. Please specify the amount and source of all matching funds and attach documentation

| Source of Funds | Amount (\$) | Date funds became secured |
|-----------------------------|-------------|---------------------------|
| | | |
| | | |
| | | |
| Total Matching Funds | | |

PART 4. ELIGIBILITY

A) Bicycle Plan: Are all project components contained in an adopted countywide bicycle plan, Congestion Management Program (CMP), or the Metropolitan Transportation Commission’s Regional Bicycle Plan? For racks and lockers, language regarding bicycle parking may suffice if exact locations are not stated.

- YES (Attach documentation) NO If no, explain: _____

B) Design Standards: Do all facilities comply with applicable Caltrans design standards (See Chapter 1000 in California Highway Design Manual)?

- YES NO If no, explain: _____

C) Activity Centers: Are there at least three major activity centers within one-half mile of each contiguous section of bikeway?

- YES NO If no, does this project provide a gap closure in a system that already services major activity centers? Explain: _____

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List those major activity centers and their distance from each bikeway segment (replicate table for each segment if project continues over multiple segments):

| | Activity Center | Distance to Bikeway |
|---|-----------------|---------------------|
| 1 | | |
| 2 | | |
| 3 | | |

N/A (application does not contain bikeways)

PART 5. CERTIFICATION AND SURVEY

Applicant must read and initial each item below to indicate understanding and agreement:

I understand that this application is for evaluation purposes only and does not guarantee project funding.

Initial: _____

I certify that the proposed project and the emission reductions that would be realized from it are not required by any federal, state or local regulation, judicial order, agreement, memorandum of understanding, contract, mitigation requirement, or other binding obligation that requires the project applicant to implement any portion of the project that would be funded by the Air District under the BFP program.

Initial: _____

I certify that this application is for bicycle facilities that have not already been funded, nor are currently under consideration for funding by another air district, the California Air Resources Board (ARB) or by another public agency.

Initial: _____

I certify that to the best of my knowledge, the information contained in this application and in any documentation accompanying this application or submitted in furtherance of this application is true and accurate and I understand that any misstatements or omissions of material facts may disqualify this grant application and any monies awarded based on it.

Initial: _____

I understand and agree that no costs funded by this program can be incurred until after the funding agreement is executed between the equipment owner and the District.

Initial: _____

I certify that I have the legal authority to apply for funding on behalf of the applicant entity and that I am authorized to sign this application on behalf of applicant.

Signed: _____ **Date:** _____
(Authorized Representative of Applicant Organization)

Name (Please Print): _____

Title: _____

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Survey Questions:

1. Was this application easy to follow? Yes No

If not, do you have any recommendations for making it easier to understand?

2. Please provide any suggestions for improvements to the program for future funding cycles:

3. Is this your 1st time applying to the BFP or TFCA? Yes No

PART 6. ATTACHMENTS & DOCUMENTATION CHECKLIST

Ensure that the following attachments are clearly labeled and included with the grant application. Please note that your application may not be reviewed until all items are submitted.

- Map of location of project:** Any map showing the location of the project (please highlight project bikeway segments or parking locations).
- Bicycle Plan:** Documentation that each project component is contained in an adopted countywide bicycle plan, Congestion Management Program, or the Metropolitan Transportation Commission's *Regional Bicycle Plan* (please submit copies only of the pages pertaining to the project and highlight the project-specific information).
- Matching Funds:** Documentation that all matching funds have been secured and their source (please highlight the project-specific language or reference in budget documents).
- Before Photographs:** Projects including bikeway components should attach "before" photographs of the corridor to house the funded bikeway.
- Parking Facility Specifications:** Bicycle parking and public transit projects should include a summary of the specifications of the racks or lockers to be installed.
- Authority to Apply:** Provide documentation authorizing the submittal of the application that identifies the individual authorized to submit and carry out the project. Applications must include either:
 - a signed resolution from a governing body, or
 - an authorizing letter of commitment from an individual with authority to enter into a funding agreement and carry out the project