



FY 2012-2013 PEDESTRIAN OR BICYCLE IMPROVEMENT GRANT APPLICATION

Instructions

Read the instructions thoroughly prior to filling out the application form.

Bicycle-Pedestrian Grant Program Web site: www.oregon.gov/ODOT/HWY/BIKEPED/grants1

Your application may include a maximum of 12 pages; all pages shall be 8.5-by-11-inch paper.

- Application (3 pages)
- The signature page (1 page)
- Project budget (1 page)
- **Maps and drawings: Maximum three total** (See instruction for maps on figures on our Web page.)
 - **DO NOT attach large plans or blueprints.**
- Letters of support from the community (4 pages maximum)

ALL PROJECTS MUST BE IN A STREET RIGHT-OF-WAY

Grant money is constitutionally limited to the street right-of-way. Applications for projects outside the street right-of-way are not eligible and will be rejected.

Some basic pointers:

1. **Clarity and brevity** will help reviewers understand your project better.
2. Excessive language that does not answer questions directly will make it harder for reviewers to understand the relevant items.
3. Pedestrian and Bicycle Program staff will review all projects in the field; please make it clear what we will be looking at.
4. Refer to sample applications on the web site for guidance.
5. Follow all directions, as we will return applications that don't adhere to the required format.
6. Download all forms and save them to your computer before beginning to fill them in.
7. Each field allows a specific maximum number of characters. Please keep responses inside the fields. The form is password protected and does not allow formatting changes.

Application elements

Your application may be **up to 12** pages. The parts of the application include:

- **Three-page application form.** Fill in the form on a computer, and keep all answers within the allotted space. Typed or handwritten applications will be accepted.
- **Signature page**
- **Project budget**
- **Maps and drawings- 3 pages maximum**, 8.5-by-11-inch only, Color maps allowed, but not required.
- **Letters of support – 4 pages maximum**

Continued

All other attachments will be discarded. You may attach a cover letter; however, cover letters are removed from the application before review. Letters of support in excess of 4 pages will result in all letters being discarded.

Other instructions and notes

Contact your local ODOT District Manager immediately if the proposed work is within the state highway right-of-way, as you will need the District Manager's support before submitting the project. For District Manager contact information, contact the ODOT Bicycle Pedestrian Grants office, or visit the Web site: <http://www.oregon.gov/ODOT/HWY/BIKEPED/grants1.shtml>

If your project is on or **within 500 feet of a railroad crossing**, you must obtain approval of the railway company and the ODOT Rail Crossing Safety Unit, (503) 986-4273.

Contact other agencies or jurisdictions immediately if any part of your proposal requires concurrence, a permit, or other form of authorization.

Obtain formal support from local government (city council or county board of commissioners) to ensure support for the project if it is selected.

Call the ODOT Bicycle Pedestrian Grants office [(503) 986-3555 or (503) 986-3554] if you need any help filling out the application, or if you have questions or concerns about project merit, design standards, etc. Acceptable design standards are available at www.oregon.gov/ODOT/hwy/bikeped/planproc. For bike/ped standard drawings, go to www.oregon.gov/ODOT/hwy/bikeped and click on the relevant standard drawings.

Due dates

Projects on state highways must be turned in to the local ODOT District Office by June 1, 2010, to allow 30 days for staff to review the proposal and suggest modifications if necessary. It is your responsibility to retrieve the application from the District Office and submit it to the ODOT Bicycle Pedestrian Grants office by the postmark date – **July 9, 2010**.

All applications (local streets and state highways) must be postmarked no later than July 9, 2010
Electronic or faxed submissions will not be accepted.

Mail or deliver application packages to:

ODOT Bicycle Pedestrian Grants
Roadway Engineering Services
355 Capitol St. NE, Room 222
Salem, OR 97301-3871



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GRANT APPLICATION
CHECKLIST

Use this checklist to ensure your application is complete.

Item description	Maximum pages
<i>Required:</i>	
<input type="checkbox"/> Application3	
<input type="checkbox"/> Signature page with all applicable signatures 1	
<input type="checkbox"/> Maps3	
<input type="checkbox"/> Project budget..... 1	
<input type="checkbox"/> Letters of support4	
<input type="checkbox"/> Matching funds..... 10% of total project costs	



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Applicant information

ORGANIZATION NAME		DATE	
CITY OR COUNTY OF PROJECT		ODOT REGION	ODOT DISTRICT
CONTACT PERSON NAME		TITLE	
ADDRESS		PHONE ()	FAX ()
CITY, STATE, ZIP		E-MAIL	

Project information

PROJECT NAME			
1.	TYPE OF PROJECT (CHECK ALL THAT APPLY. IF INTERSECTION OR PEDESTRIAN CROSSING IMPROVEMENT, OR OTHER, DESCRIBE) <input type="checkbox"/> Sidewalks <input type="checkbox"/> Bike-lane striping <input type="checkbox"/> Shoulder widening <input type="checkbox"/> Streetscape <input type="checkbox"/> Pedestrian crossing improvement <input type="checkbox"/> Other/describe:		
2.	NAME OF STREET, ROAD, OR HIGHWAY ON WHICH PROJECT IS LOCATED		CHECK IF APPLICABLE <input type="checkbox"/> State highway
	CROSS STREET OR OTHER REFERENCE POINT (STATE HWY MILEPOST BEGIN/END IF APPLICABLE)	LENGTH IN FEET	SIDE(S) OF ST (BOTH, N, S, E, W, ETC.)
3.	a. Estimated project cost, including engineering and local match		\$
	b. State's share (grant amount you are seeking).....		\$
	c. Local share (match 10% minimum)		\$
	IF SOFT MATCH, DESCRIBE		
	d. Other funding source		\$
	DESCRIBE OTHER FUNDING SOURCE		
4.	Can the project be divided into two phases? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the two sections, costs, and your priority for completing each. This may affect project selection if there is insufficient funding for your project as submitted. DESCRIBE		
5.	Briefly describe the problem and the proposed solution. Describe the need, the current conditions, and how the project would improve the situation. Describe how the project would fill gaps or provide connectivity to other facilities. (See instructions for drawing and map requirements.) DESCRIBE		

Continued...

6.	Is the proposed project included in an adopted local transportation system or capital-improvement plan?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
	IF YES, IDENTIFY
	If no, has the need been identified elsewhere? <input type="checkbox"/> Yes <input type="checkbox"/> No
	IF YES, WHERE?
	Is this a Scenic Bikeway/Oregon Coast Bike Route or Historic Columbia Gorge Highway? <input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have local elected officials formally expressed support for this project? * <input type="checkbox"/> Yes <input type="checkbox"/> No
	IF YES, HOW?
8.	Are there currently accesses, driveways or on-street parking within project limits? <input type="checkbox"/> Yes <input type="checkbox"/> No
	a. If yes, have local elected officials expressed support to any proposed changes? * <input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Are you prepared to hold public hearings if required? * <input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Does the proposed facility lie within road or street rights-of-way?..... <input type="checkbox"/> Yes <input type="checkbox"/> No (Projects in parks or abandoned railway lines are not eligible.)
	a. Will extra right-of-way need to be purchased?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Does an agency other than the applicant have jurisdiction over the right-of-way? <input type="checkbox"/> Yes <input type="checkbox"/> No
	IF YES, WHO?
	a. Does the right-of-way holder concur with your project request? * <input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Who will maintain the improvements, including landscaping? *
	NAME OF AGENCY
12.	Is the proposed project to be included in a larger project? <input type="checkbox"/> Yes <input type="checkbox"/> No (Projects that add sidewalks or bikeways as part of new road construction or reconstruction are not eligible. Projects that tie into other work such as repaving, utility, or drainage work, are eligible and encouraged.)
	IF YES, LARGER PROJECT DESCRIPTION, TIMELINE AND OTHER FUNDING SOURCES
13.	Does the proposed facility provide a link to transit or park-and-ride facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No
	IF YES, DESCRIBE
14.	Does the project include a railroad crossing, or is it within 500 feet of one? <input type="checkbox"/> Yes <input type="checkbox"/> No
	a. If yes, do the railroad company and the ODOT Rail Crossing Safety Unit concur with the project request? * <input type="checkbox"/> Yes <input type="checkbox"/> No
15.	The project accommodates:..... <input type="checkbox"/> Both pedestrians and bicyclists <input type="checkbox"/> Pedestrians only <input type="checkbox"/> Bicyclists only

Continued...

* Please fill in appropriate box on signature page.

16.	Are any bridges, tunnels, retaining walls, or other structures required? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, DESCRIBE
17.	Describe project elements and design that enhance the bicycling and/or walking experience, or that create a sense of place. (See Question 7 of grant criteria for elements to consider.) DESCRIBE
18.	What else should we know about your project and grant application? DESCRIBE



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SIGNATURE PAGE

PROJECT NAME	
ORGANIZATION NAME	CONTACT PERSON NAME

Signatures

Applicant — This section must be completed by all applicants.

NAME	TITLE	
APPLICANT SIGNATURE X	DATE	

Lines 7 and 8: Elected official support — This section to be completed by applicants checking Yes on Line 7 or Line 8.

NAME	TITLE	
SIGNATURE X	DATE	

Lines 11 and 11a: Support of right-of-way owner — This section to be completed by applicants checking Yes on Lines 11 and 11a.

NAME	TITLE	
SIGNATURE X	DATE	

Line 11b: Agreement from agency to maintain facility — This section to be completed by all applicants.

NAME	TITLE	
SIGNATURE X	DATE	

Line 14: Support from railroad company and ODOT Rail Crossing Safety Unit — This section to be completed by applicants checking Yes on Line 14.

Railroad company

NAME	REPRESENTATIVE TITLE AND NAME OF COMPANY	
SIGNATURE X	DATE	

ODOT Rail Crossing Safety Unit

NAME	TITLE	
SIGNATURE X	DATE	