Alameda County Transportation Commission

COVID-19 Rapid response

Bicycle/Pedestrian Grant Program

Funding Application

**Section 1: Applicant Agency Information**

|  |
| --- |
| **Applicant Agency** |
|  |
| **Contact Information** |
| Name: |  |
| Title: |  |
| Phone: |  |
| Email: |  |

|  |  |  |
| --- | --- | --- |
| **Date of Application** |  |  |
|  |  |  |  |

**Section 2: Project Scope and Location**

*Describe project scope and location(s).* *Include general area as well as specific project streets and limits. Also, indicate whether project location(s) are in a Community of Concern (COC) and/or Priority Development Area (PDA).*

|  |
| --- |
|  |

**Section 3: Project Benefits**

*Describe how project improves bicycle and pedestrian access to local businesses and benefits the community*.

|  |
| --- |
|  |

|  |
| --- |
| **Project Maintenance:**  |
| At this time, how long are the proposed improvements anticipated to be in place/maintained?  |
|  |
| Will the applicant agency maintain the project during this period?  | [ ] Yes [ ] No |
| If no, which agency will maintain the project? |  |

**SECTION 4: Project Implementation Schedule**

*Define the project implementation schedule of key project milestones.*

|  |  |  |
| --- | --- | --- |
| **Project Milestones**  | **Begin** | **End** |
| Effective Date (for eligible costs) | July 23, 2020 | March 31, 2021 |
| Construction  |  |  |
| Other:  |  |  |
| Other:  |  |  |
| Deadline to submit Final Report and Final Request for Reimbursement |  | April 30, 2021 |
| Agreement Expiration Date |  | June 30, 2021 |

**SECTION 5: Project Funding**

*Specify amount of Alameda CTC Program funds requested (up to $75,000), and your agency’s local matching contribution. Note local match must meet the minimum match requirements, per the Program Guidelines.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Funding****By Phase** | **Alameda CTC** **Measure B****Disc-BP Funds** | **Sponsor****Matching** **Funds** | **Total****Project****Funding** | **Matching****Percentage** |
|  | $ | $ | $ |  |
|  | $ | $ | $ |  |
|  | $ | $ | $ |  |
| **Total Project Funding** | **$** | **$** | **$** |  |

*Note: The Matching Percentage is Alameda CTC Measure B Funds divided by Total Project Funding, and also serves as Alameda CTC’s reimbursement ratio by phase.*

**SECTION 6: Project COST SUMMARY**

*Specify the estimated cost breakdown of the total project costs.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Cost Summary** | **Alameda CTC** **Measure B****Disc-BP Funds** | **Sponsor****Matching** **Funds** | **Total****Cost** |
| **Staff/Labor** | $ | $ | $ |
| **Consultant Contracts** | $ | $ | $ |
| **Other Direct Costs** *(specify in space below)* | $ | $ | $ |
| **Total Project Cost** | **$** | **$** | **$** |

*Note: Staff/Labor costs are not eligible for Measure B reimbursement, but may be included as cost matching. Actual fringe benefits rates applied to Project Sponsor staff costs are reimbursable up to a maximum rate of 70% of the hourly wage.*