Alameda County Transportation Commission

Safe Routes to School Mini Grant Program

Funding Application

**Section 1: Applicant Agency Information**

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

|  |  |
| --- | --- |
| **Project Title:** |  |

**Section 2: Project Scope and Location**

*Describe project scope and location(s).* *Indicate whether the school is an Access School or if it is located in a Community of Concern.*

* *Attach a map of the general area and specific project streets and limits.*
* *Attach a map of the School Site Assessment(s) (SSA) or from any other planning effort that led to this Project, and specify which recommendations would be implemented. If the proposed improvements deviate from the initial SSA recommendations or planning effort, indicate how and its justification.*

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**Section 3: Project Benefits**

*Describe how project improves safety for active transportation around the school sites and how it benefits its surrounding community.*

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| **Project Maintenance:** | |
| 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.*

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| --- | --- | --- |
| **Project Milestones** | **Begin** | **End** |
| Effective Date (for eligible costs) | 7/1/21 | 06/30/23 |
| Construction |  |  |
| Other: |  |  |
| Other: |  |  |
| Deadline to submit Final Report and Final Request for Reimbursement |  | 12/31/23 |
| Agreement Expiration Date |  | 12/31/23 |

**SECTION 5: Project Funding**

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

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| --- | --- | --- | --- | --- |
| **Project Funding**  **By Phase** | **Alameda CTC Program**  **Funds** | **Sponsor**  **Matching**  **Funds** | **Total**  **Project**  **Funding** | **Matching**  **Percentage** |
|  | $ | $ | $ |  |
|  | $ | $ | $ |  |
|  | $ | $ | $ |  |
| **Total Project Funding** | **$** | **$** | **$** |  |

*Note: The Matching Percentage is Alameda CTC Program 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 cost by phase. Add more phase tables as necessary.*

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| --- | --- | --- | --- |
| **PHASE:** | **Alameda CTC**  **Program**  **Funds** | **Sponsor**  **Matching**  **Funds** | **Total**  **Cost** |
| **Staff/Labor** | $ | $ | $ |
| **Consultant Contracts** | $ | $ | $ |
| **Other Direct Costs**  *(specify in space below)* | $ | $ | $ |
| **Total Cost** | **$** | **$** | **$** |

|  |  |  |  |
| --- | --- | --- | --- |
| **PHASE:** | **Alameda CTC**  **Program**  **Funds** | **Sponsor**  **Matching**  **Funds** | **Total**  **Cost** |
| **Staff/Labor** | $ | $ | $ |
| **Consultant Contracts** | $ | $ | $ |
| **Other Direct Costs**  *(specify in space below)* | $ | $ | $ |
| **Total Cost** | **$** | **$** | **$** |

*Note: Staff/Labor costs are not eligible for reimbursement from Alameda CTC Program Funds, 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.*