



2022 Combined Call for Projects CMAQ/TDA Article 3/ SB 1 SGR Project Application

Project Applicant Information

Lead Agency or Organization:		
Mailing Address:		
City:	State:	Zip:
Contact Person Name:		Phone:
Title:	E-mail:	

Project Information

1. <u>Project Name:</u>
2. <u>Project Type:</u> (Check all that apply) <input type="checkbox"/> Transit <input type="checkbox"/> Bicycle Facility <input type="checkbox"/> Pedestrian Facility <input type="checkbox"/> Other _____
3. <u>Project Description:</u> (e.g., number of replacement or expansion vehicles including type, size, and purpose, for capital improvements include location, length, limits of work, size, etc. If bike lane, include length and class.)
4. <u>Project Location:</u> <input type="checkbox"/> Vicinity Map Attached <input type="checkbox"/> Project Site Map or Site Plan Attached <input type="checkbox"/> Photos Attached <input type="checkbox"/> N/A
5. Local or Regional Significance <input type="checkbox"/> Check Box if project is a stand-alone project <input type="checkbox"/> Check Box if project is part of a larger project. If project is part of a larger project, please describe:



6. Financial Information:

Identify the proposed funding scenario for the project using the table below. Note that approved awarded funds may differ from proposed scenario.

	CMAQ (Federal)	Article 3 / SGR (State)	Required 11.47% Matching Funds <small>(check box below)</small>	Additional Local Funds	Total Project Cost
PE	\$	\$	\$	\$	\$
R/W	\$	\$	\$	\$	\$
CON	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$

Additional Financial Information

- Check Box if Requesting Toll Credits for CMAQ Local Match Requirements

7. Project Schedule:

SCHEDULE			
<i>(month/year)</i>			
	Funds Obligated	Start Date	Completion Date
Preliminary Engineering			
Environmental			
Right-of-Way			
Construction			

Project Screening Information

8. Project Readiness: Briefly describe (no more than 100 words) the project work plan and timeline:

Check boxes for all items that have already been completed:

Preliminary Design

- Project Feasibility Study Completed
- Right-of-way needs and utility conflicts identified
- Vehicle specifications identified



- Planning Level Cost Estimates

30% Design

- Dimensioned drawings showing existing and proposed improvements, topography, utilities and row etc..
- Revised Cost Estimates and Schedule

Environmental Clearance

- CE or Checklist Complete
- Draft Environmental Document Completed
- Final Environmental Document Completed

Final Construction Plans, Specifications, and Estimates or Vehicle Specifications

- Construction Plans, Specifications Completed
- Final Vehicle Specifications and Bid Packet Completed
- Ready to Advertise

- No Right of way needed or Right-of-Way Acquired
- No need to relocate utilities or Utilities Relocated

_____ Number of Community Meetings Held (not including meetings to adopt community-wide master plans)

9. Safety and Security: Will the project improve safety and security at existing facilities or improve safety by building new facilities? Please list the specific improvements proposed and how they will improve safety.

10. Air Quality Improvement: Briefly describe how the project will improve air quality.

- For bicycle and/or pedestrian projects please provide estimated new average daily trips.
- For bicycle and/or pedestrian projects please provide average daily traffic volumes on adjacent or nearest parallel roadway.
- For transit, bicycle and/or pedestrian projects provide estimated annual VMT reduced.
- Average projected ridership.
- Will the project improve the level of service of a transit system?
- For transit vehicle purchases, please provide vehicle type, fuel type.

11. Project's Potential to Increase Transit System Capacity and/or Ridership, Attract Active Transportation Users, Reduce Motor Vehicle Trips and Serve Destinations: Describe the project's



direct relationship to streets, bicycle facilities, pedestrian facilities, transit systems, employment centers, and activity centers.

12. Network Connectivity and Local or Regional Significance: Does the project serve more than one mode of transportation? Yes No

If yes, please explain how:

13. Local or Regional Significance: Is the project consistent with the local, regional or statewide plans, the District Air Quality Management Plan, the Short Range Transit Plan, or TAM? Yes No

14. Local or Regional Significance: Is the Project identified in an adopted Local or Regional Transportation Plan (Short Range Transit Plan, Bicycle, Pedestrian, Active Transportation, Strategic Plan, CMP, ITS plan, Signal Plan, TAM Plan, SRTS Plan, VCTC Bicycle Wayfinding Plan Corridor Plan) or Capital Improvement Plan? Yes No

If yes, please provide the name(s) of the document(s):

15. Leveraging funds: Describe how the proposed project and funding scenario will act as leverage, or “local share” for other State or Federal grant applications?

16. Public Participation Process: Briefly describe the public participation process (e.g. public meetings, public notices, project website, mailings, newspaper articles, etc...). How did the agency consider comments and responses from meetings when designing the project?



17. Transit Project Necessity: For Transit Projects, describe the Project’s necessity in relation to the Continued Operation of the Existing Transit System with Reliable Equipment.

[Empty box for project necessity description]

CEO CERTIFICATION

I hereby certify that the applications included in this submittal package represent this agency’s complete proposal for projects recommended for funding at this time. Should the projects be approved for funding by the Ventura County Transportation Commission, this agency will commit the local match as specified in the applications and will make a priority of meeting the stated project delivery deadlines.

This agency is willing and able to maintain and operate the projects contained in the applications, and hereby assures that it will do so, with the proviso that the agency is permitted to transfer this responsibility to another qualified agency that is willing to do so.

Signature

Printed Name

Date

Title*

Agency

*Must be signed by City Manager, County Executive Officer, County Transportation Agency Director, or other organizational CEO.