

2014-2017

# Transportation Alternatives Program (TAP) Application



PROJECT TITLE: \_\_\_\_\_

## GENERAL PROJECT INFORMATION

Agency or Organization \_\_\_\_\_

Phone Number \_\_\_\_\_

Contact Person \_\_\_\_\_

Email Address \_\_\_\_\_

## Project Information

### Project Type

For a full description of eligible project types, please refer to FHWA's [TAP Interim Guidance](#).

- Bicycle and pedestrian facilities
- Facilities that provide safe routes for non-drivers (including children, older adults, and individuals with disabilities)
- Conversion and use of abandoned railroad corridors for nonmotorized trails
- Safe routes to school project and/or program
- Other eligible activity:

### Project Location

### Project Description

Include the project scope, length, purpose, and brief comparison of existing and proposed conditions.

**Please describe how or why the project relates to the transportation system** (functional, proximity, or impact).

Projects lacking a functional, proximity or impact linkage to the transportation system are not eligible.

## Proposed Timeline

	PE	RW	CN	Other
Estimated obligation date (m/d/yy)	_____	_____	_____	_____
Estimated completion date (m/d/yy)	_____	_____	_____	_____

## Attachments

Please provide a vicinity map, signed Project Endorsement Form, and Complete Streets Checklist.

<input checked="" type="checkbox"/> <b>SRTC Staff</b> <input type="checkbox"/> Vicinity map <input type="checkbox"/> Endorsement <input type="checkbox"/> Complete Streets Checklist or Exempt
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## Cost Summary

A. Previous obligations (all fund sources, all phases)	\$	TAP funding is requested for the following phases (check all that apply): <input type="checkbox"/> Preliminary Engineering/Design <input type="checkbox"/> Right-of-way <input type="checkbox"/> Construction <input type="checkbox"/> Other (planning, etc.)
<b>B. Requested TAP Funds</b>	<b>\$</b>	
C. Other secured federal funds, source:	\$	
D. Secured state funds, source:	\$	
E. Secured local funds (13.5% match), source:	\$	
F. Secured private funds, source:	\$	
G. Total Estimated Cost of Project (All Phases) [A through F]	\$	

Cost summary notes (optional, if additional information is needed).

Describe the commitment of secured matching funds or other funds and the status of obtaining any unsecured funds.

*Note: matching funds must be available at the time of fund obligation.*

**SYSTEMS OPERATIONS, MAINTENANCE, AND PRESERVATION**

**5PTS**

What is the design life of the project?

The project sponsor must indicate that the project, once completed, will be maintained for the life of the project.

**ECONOMIC VITALITY**

**15 PTS**

**Employment and Destination Accessibility**

**6**

Please describe how the project enhances connections to existing key destinations (i.e. employment centers, city/regional centers and attractions, schools, or parks) or major transportation routes and/or transportation hubs (including transit). Include the distance from the project location to any referenced key destinations.

*Note: Project must be located within ½ mile (pedestrian project) or 3 miles (bicycle project) of a key destination.*

**Consistency with Economic Development Plans**

**3**

Is the project consistent with an adopted local economic development/revitalization plan? If so, please cite the plan and the page number that indicates the project is consistent with the plan.

**Existing Development**

**6**

Project is located within an area of existing development. Please refer to the [2010 Population/Employment Density](#) map to identify the density of the project location. Check **all** densities that apply to the project location (if it traverses more than one density type, an average score will be given).

- Low density
- Medium density
- High density

6 point max. { 2  
4  
6

**COOPERATION AND LEADERSHIP**

**10 PTS**

**Consistency with Regional and Local Plans**

**5pts**

Please indicate the project's consistency with regional and local plans. Check all applicable boxes.

The project is listed in [SRTC's 2011-2035 Metropolitan Transportation Plan](#) as:

- A planned improvement (specifically listed in Section 4, pages 12-17); 5
- An unfunded transportation need (specifically listed in Section 4, pages 18-19); 3
- The project is not specifically listed, but is consistent with the goals and policies of the MTP (as described in Section 1). 1  
Cite the page number and text that indicates consistency with the MTP:

The project is listed in a local agency long-range plan or capital improvement program as:

- A programmed or planned improvement (specifically listed). Plan/program and page number: 3
- An unfunded transportation need (specifically listed). Plan/program and page number: 1
- The project is not specifically listed in a plan or program, but is consistent with the goals and policies of the comprehensive plan. Cite the page number and text that indicates consistency with the plan: 0

5 point max.

The project is listed in an approved regional (SRTC) plan:

- [Spokane Regional Pedestrian Plan](#) Page 3
- [Spokane Regional Bike Plan](#) Page 3
- [Spokane Regional ITS Architecture Plan, Implementation Plan](#) Page 3
- Other: Page 3

**Agency Coordination**

**2 pts**

Is the project a joint venture between multiple jurisdictions and/or agencies (including public/private partnerships)? If so, please describe:

2

**Public Involvement**

**3 pts**

Please describe the extent to which the project has been reviewed by the public or other agencies (public meetings, environmental review, legislative actions, etc).

3

**STEWARDSHIP**

**10 PTS**

**Environmental Mitigations**

**3**

Does the project improve the environment or minimize the environmental impact of the facility above and beyond current design standards (i.e. use of recycled materials, innovative storm water treatment, use of drought tolerant vegetation, air quality benefit, etc.)? If so, please describe.

3

**Ability to Advance**

**5**

Describe the status of the project:

- Environmental documentation (NEPA) is complete & approved, or categorically excluded (CE) 3
- Right-of-way plans approved 1
- Right-of-way acquisition is complete, or not needed 3
- Design is 30% complete 1
- Design is 60% complete 2
- Design is 90% complete 3

5 point max.

Project status notes. Please indicate if there any circumstances that could delay the project and/or if there are any critical timelines associated with this application (e.g. right of way acquisition, environmental documentation, other funds needed for full funding).

**Previous SRTC funding** **2**

Has the project received partial federal funding through SRTC in the past? 2

**QUALITY OF LIFE** **10 PTS**

Does the project include design elements that contribute to quality place making? If so, please check all that apply: 5

- |  |   |
|--|---|
| <input type="checkbox"/> Lighting                                | <input type="checkbox"/> Unusual or unique surfaces (pavers or stamped) |
| <input type="checkbox"/> Bicycle parking                         | <input type="checkbox"/> Public art                                     |
| <input type="checkbox"/> Benches, bus shelters                   | <input type="checkbox"/> Garbage/recycling receptacles                  |
| <input type="checkbox"/> Traffic calming measures                | <input type="checkbox"/> Bollards                                       |
| <input type="checkbox"/> Landscaping, pots/planters, tree grates | <input type="checkbox"/> Other design elements, please describe:        |
| <input type="checkbox"/> Raised or uniquely treated crosswalks   |   |

Does the project support health-promoting transportation options for people of all abilities and ages (walking, biking, transit, safe routes to school, etc.)? If so, please describe. 5

**CHOICE AND MOBILITY** **30 PTS**

**Bicycle and Pedestrian Improvements** **14**

Will the project add or improve pedestrian facilities (ADA requirements, crossings, completes a gap, extends connection, eliminates barriers, vegetated buffers, width >5 ft, pedestrian islands, etc.)? If so, please describe. 7

Is the facility on a designated bicycle route? If so, what type of route is it (separated path, bike lane, shared roadway, etc.)? Will the project add or improve bicycle facilities (lanes, pavement markings, signage, completes a gap, extends connection, eliminates barriers, etc.)? If so, please describe. 7

**Transit Access** **7**

Has the project been coordinated with STA or other transit operators? If so, please describe. 1

Does the project improve transit access? If so, please describe.

Note: Project must be within ½ mile (pedestrian projects) or 3 miles (bicycle projects) of a transit stop. Include the distance from the project location to the closest transit stop.

If the project does improve transit access, how many buses per day traverse the facility?  
Number of buses (include both inbound and outbound)

- |   |   |
|---|---|
| <input type="checkbox"/> 1-30 buses per day | 3 |
| <input type="checkbox"/> 30+ buses per day  | 6 |

**Shared Use of Infrastructure** **7**

Project encourages or allows for the shared use of infrastructure for multiple users (i.e. new shared use path, or the addition of facilities for a new user group on an existing facility). 4

**Transportation Choices** **5**

Project serves low income and/or minority communities or establishes a new or enhances an existing transportation choice to the transportation disadvantaged. Please refer to the [2010 Environmental Justice](#) maps to determine whether the project is located in an area of disproportionately high percentages of low income and/or minority residents. Please check **all** classifications that apply to the project location (if it traverses more than one classification, an average score will be given).

- |  |              |   |   |
|--|--------------|---|---|
| <input type="checkbox"/> Low proportion of low income    | 5 point max. | } | 1 |
| <input type="checkbox"/> Low proportion of minorities    |              |   | 1 |
| <input type="checkbox"/> Medium proportion of low income |              |   | 3 |
| <input type="checkbox"/> Medium proportion of minorities |              |   | 3 |
| <input type="checkbox"/> High proportion of low income   |              |   | 5 |
| <input type="checkbox"/> High proportion of minorities   |              |   | 5 |

**SAFETY** **20 PTS**

**Addresses Existing Safety Concern** **10**

Does the project address an existing safety concern(s)? If yes, please indicate the existing safety concern(s). 0

- |   |   |
|---|---|
| <input type="checkbox"/> Collisions involving pedestrians, bicyclists | <input type="checkbox"/> Lack of separated facilities for user groups |
| <input type="checkbox"/> Lack of safe pedestrian crossing             | <input type="checkbox"/> High volumes/speeds on facility              |
| <input type="checkbox"/> Other safety concern:                        |   |

Does the project address the existing safety concern(s) via the one or more of the following strategies? 10

- |  |  |
|--|--|
| <input type="checkbox"/> Provides sidewalks/walkways and curb ramps                                    | <input type="checkbox"/> Add signage directed to improve safety concern                                      |
| <input type="checkbox"/> Provides bike lanes, markings, signage  | <input type="checkbox"/> Install/improve traffic and bike/pedestrian signals                                 |
| <input type="checkbox"/> Implement roadway narrowing measures  | <input type="checkbox"/> Provide crosswalk enhancements (including striping, refuge islands, raised medians) |
| <input type="checkbox"/> Add traffic calming improvements  | <input type="checkbox"/> Other safety improvements consistent with <i>NCHRP 500</i> :                        |
| <input type="checkbox"/> Includes a safety education program (for Safe Routes to School Projects only) |  |

Provide the location and details for **bicycle and pedestrian collisions** on the project facility for the three most current years available. This information can be obtained from the [Statewide Travel & Collision Data Office \(STCDO\)](#).

Fill out a separate row for each collision. Provide information on the location, collision type, severity, contributing circumstances, and the primary countermeasure to eliminate or mitigate the collision (countermeasure must be consistent with project scope).

SRTC staff will use this information to assign points (0-10) on a sliding scale.

Collision Location (provide location details or milepost)	Collision Type (bicycle, pedestrian)	Number of Injuries	Number of Fatalities	Cause or Contributing Circumstance (driver and/or bicyclist/pedestrian – failure to yield, inattention, etc.)	Primary Countermeasure (must be consistent with project scope)
<i>ex. Grand Blvd at 13<sup>th</sup> Ave</i>	<i>Pedestrian</i>	<i>1</i>	<i>0</i>	<i>Driver – failure to yield right-of-way</i>	<i>Signed crosswalk</i>

Collision Involving	A. Total Number <i>Note: Only include collisions that would be addressed by the proposed project</i>	B. Factor	C. Accident Cost (A x B)	Benefit (Sum of Column C)
Injuries		\$375,000		
Fatalities		\$4,400,000		
	<b>TOTAL</b> (Sum of Column A)		<b>TOTAL</b> (Sum of Column C)	

Project has demonstrated community support. Please describe the level of community support for the project, including a list of stakeholder groups and/or jurisdictions/agencies that have submitted a letter of support on behalf of the project (letters must be submitted with grant application).

3