



**Florida's Safe Routes to School  
Infrastructure Application  
2012-2013 Call for Applications  
For anticipated funds through FFY 2018  
Note: fields will expand as needed**



[www.srtsfl.org](http://www.srtsfl.org)

FDOT FORM # 500-000-30

**Section 1 – School, Applicant & Maintaining Agency Information**

**Notes:** Signatures confirm the commitment of the Applicant and Maintaining Agency to follow the Guidelines of Florida's Safe Routes to School (SRTS) Program. The Maintaining Agency is generally responsible for entering into a Local Agency Program (LAP) agreement with the Florida Department of Transportation (FDOT) to design, construct, &/or maintain the project. FDOT Districts have the option to design and/or construct it, but the Maintaining Agency is always responsible for maintaining the project. Check with your District to see how they are handling these issues.

County: \_\_\_\_\_ City: \_\_\_\_\_

School Name: \_\_\_\_\_ Congressional District: \_\_\_\_\_

Type: Elementary: ☐ Middle: ☐ High: ☐

**Check below which of the required agencies or organizations is the Applicant:**

School Board/School: ☐ Private School: ☐ Maintaining Agency ☐

Name of Applicant Agency/Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: **Florida** Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Signature of School Board or school representative **mandatory** when different from applicant:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Typed name: \_\_\_\_\_ Title: \_\_\_\_\_

**Check below which of the required agencies is the Maintaining Agency:**

City: ☐ County: ☐ Florida Department of Transportation: ☐ District: \_\_\_\_\_

Name of Maintaining Agency: \_\_\_\_\_ DUNS Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

City: \_\_\_\_\_ State: **Florida** Zip: \_\_\_\_\_

**Note: your signature below indicates your agency's willingness to enter into a LAP or other formal agreement with FDOT to complete the project if selected for funding.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Metropolitan Planning Organization (MPO) Support: If the city or county is located within an MPO urban area boundary, the MPO representative must fill in the required information below, to indicate support for the proposed project:**

Name of MPO: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: **Florida** Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Designated Contact: Check below the primary contact (the one the District should coordinate with):**

Applicant: ☐ Maintaining Agency: ☐ MPO: ☐

## Section 2 – Eligibility and Feasibility Criteria

**Notes:** This section will help FDOT determine the eligibility and feasibility of the proposed project. Except for the questions in 2A-2C below answering "No" does not constitute elimination from project consideration. **You must fulfill requirements in 2A-2C below before applying!**

**A1.** Has a school-based SRTS Committee (including school representation) been formed? ☐ Yes ☐ No

**A2.** Has at least one meeting of this committee been held? Attach sign in sheet & minutes ☐ Yes ☐ No

**A3.** Public notification of SRTS meeting? ☐ Yes ☐ No

**B1.** Does the school agree to provide required data before and after the project is built, using the NCSRTS [Student In-Class Travel Tally](#) form at <http://www.saferoutesinfo.org/resources/index.cfm> following the schedule provided by the District? ☒ Yes ☐ No

**B2.** Have you attached the National Center's data summary for the Travel Tally to this application? ☒ Yes ☐ No

**Note:** Project planning cannot go forward until public right of way or permanent public access to the land for the proposed project is documented to the District.

**C.** Have you provided either survey/as-builts or right of way documentation that provides detail to show that adequate right of way exists for proposed improvement? ☒ Yes ☐ No

**D.** Is the Maintaining Agency Local Agency Program (LAP) Certified? (currently qualified & willing to enter into a State agreement requiring the agency to design, construct, and/or maintain the project, abiding by Federal, State, & local requirements?) ☐ Yes ☒ No

• **If No:**

- Are they willing to become LAP Certified? ☐ Yes ☒ No
- If the agency is not willing to become LAP Certified, explain how this project could be built without this certification:

**E.** Who do you propose to be responsible for each phase of the project?

Design: ☐ City ☐ County ☐ Other, Including FDOT (Explain below)

Construction: ☐ City ☐ County ☐ Other, Including FDOT (Explain below)

Maintenance: ☐ City ☐ County ☐ Other, Including FDOT (Explain below)

If you checked **Other, including FDOT** for any of the above, please explain the responsible party for each phase, including who you have been talking to about this:

**F.** Is the County/City willing to enter into an agreement with FDOT to do the following, if the District decides this is the best way to get the project completed:

- Install and/or maintain any traffic engineering equipment included in this project? ☐ Yes ☐ No

**G.** Public Support - Explain your public information or public involvement process below. You may attach up to six unique letters, on official letterhead, from groups indicated below. The letters should indicate why and how the authors can support the proposed project at the affected school.

- What neighborhood association or other neighborhood meetings have been held to inform neighbors directly affected by this proposed project and the reaction?
- What PTA/PTO/school meetings have been held to inform parents and school staff about this project and the reaction?
- Explain what other public meetings have been held, such as Metropolitan Planning Organizations, Regional Planning Councils, Citizens' Advisory Committees, Bicycle/Pedestrian Advisory Councils and Community Traffic Safety Teams and the reaction?
- Explain what articles or letters to the editor have been written for newspapers, etc. and the reaction.

Please indicate whether you have attached letters of support from Law Enforcement or other individuals or groups not previously mentioned: ☐ Yes ☒ No

**H.** If the proposed project has been identified as a priority in a Bicycle/Pedestrian or other Plan, or is a missing link in a pedestrian or bicycle system, please explain:

**I. OTHER INFORMATION:** Describe below other relevant information that you believe further supports funding

1. Opportunity to resolve a documented hazardous walking condition and eliminate the resultant school busing. Include a discussion of public support for the project if busing were eliminated:

2. Opportunity to eliminate current courtesy busing being done for a perceived hazardous condition. Include a discussion of public support for the project if busing were eliminated:

### Section 3 – Background Information: Five E's

**Notes:** SRTS is designed to be a comprehensive program. Describe the efforts your school and community have made to address the identified problem through each E so far, and what is planned in the future for each. Each box must be filled in. For more information on the E's, see Florida's SRTS Guidelines and the SRTS Guide: <http://www.saferoutesinfo.org/guide/>

**A1. Engineering Past:**

**A2. Engineering Future:**

**B. Education:** If your school has taught or plans to teach the Florida Traffic and Bicycle Safety Education Program (FTBSEP; see: <http://www.dcp.ufl.edu/centers/trafficSafetyEd/>) or other education program, please provide details below.

**B1. Past:**

**B2. Future:**

**C1. Encouragement Past:**

**C2. Encouragement Future:**

**D1. Enforcement Past:**

**D2. Enforcement Future:**

**E1. Evaluation Past:**

**E2. Evaluation Future:**

### Section 4 – Problem Identification

This section will help us understand your school's situation. If the proposed project includes more than one school, please give the requested information for each school. For a successful SRTS project, we would expect applicants to answer Yes to A, B or both.

**A.** Are many children already walking or bicycling to this school in less than ideal conditions? ☐ Yes ☒ No

If Yes:

- Explain more about the number of children affected:
- Explain more about the conditions/obstacles which prevent walking or bicycling to your school:

**B.** Are enough students living near the school to allow many children to walk or bike to school if conditions were improved? ☐ Yes ☒ No

If Yes:

- Explain more about the number of children living near the school and how this relates to the anticipated success of the proposed SRTS project:

**C.** Write a brief history of the neighborhood traffic issues as background for the proposed project:

**D.** How do the demographics of the school population relate to the anticipated success of the proposed SRTS project? For instance, is there a population of students near the school from a culture which traditionally walks a lot?

**E.** Provide the percent of free or reduced lunch program at the affected school:

**F.** Have you included 5 years of crash data for the project location? ☐ Yes ☐ No

If no, then why?

**G. STUDENT TRAVEL DATA:****1. School data:** based on the [Student In-Class Travel Tally](#):

- a. Number of students currently walking to school:
- b. Number of students currently biking to school:
- c. Total currently walking or biking to school (add a & b)
- d. Number of students in this school:
- e. Percent of children in school currently walking or biking to school: (c divided by d):

**2. Route Data:**

- a. Number of students from the affected schools living along the proposed route:
- b. Based on (mark all that apply): \*Existing School Data: ☐ \*Visual Observation Survey: ☐ \*Estimates: ☐
- c. Number of children currently walking or biking along this route:
- d. Number of children who could walk or bike along the proposed route after improvements:

**SECTION 5: Current Conditions**

**A. LOCATION** *Notes: the entire proposed project must be within 2 miles of the school and in the attendance area for the affected schools. You must attach maps illustrating the area.*

Request #1 St. Name: \_\_\_\_\_ Maintaining Agency: ☐ City ☐ County ☐ State

From: \_\_\_\_\_ To: \_\_\_\_\_

Project's closest point to school: ☐ 0 to ½ mile; ☐ ½ to 1 mile; ☐ 1 to 1 ½ miles; ☐ 1 ½ miles+

Request #2 St. Name: \_\_\_\_\_ Maintaining Agency: ☐ City ☐ County ☐ State

From: \_\_\_\_\_ To: \_\_\_\_\_

Project's closest point to school: ☐ 0 to ½ mile; ☐ ½ to 1 mile; ☐ 1 to 1 ½ miles; ☐ 1 ½ miles+

See Attachment for additional project sites: ☐

Discuss the projects' proximity (within 2 miles) to other facilities which might also benefit from the project, such as other schools or colleges, parks, playgrounds, libraries, or other pedestrian destinations:

**B. ROADWAY CHARACTERISTICS**

Roadway Type: ☐ Urban (curb & gutter) ☐ Rural

Shoulder Type: ☐ Grass ☐ Paved ☐ Curb

Shoulder Grade: ☐ Flat ☐ Steep-Up ☐ Steep-Down

Drainage: ☐ Swale ☐ Concrete Ditch ☐ Curb/Gutter

Status of walking surface: ☐ No walking surface, paved or unpaved ☐ Unpaved surface  
☐ Paved surface with gaps ☐ Continuous paved sidewalks

Describe the status of the current walking surface, or other existing facilities or signs and markings which affect this project (bike lanes, multi-use paths, school zone signs & markings, marked crosswalks, bike parking, etc):

**Section 6 – Specific Infrastructure Improvements Requested**

**A. LOCATION** *Notes: the entire proposed project must be within 2 miles of the school and in the attendance area for the affected schools.*

Request #1 St. Name: \_\_\_\_\_ Maintaining Agency: ☐ City ☐ County ☐ State

From: \_\_\_\_\_ To: \_\_\_\_\_

Project's closest point to school: ☐ 0 to ½ mile; ☐ ½ to 1 mile; ☐ 1 to 1 ½ miles; ☐ 1 ½ miles+

Request #2 St. Name: \_\_\_\_\_ Maintaining Agency: ☐ City ☐ County ☐ State

From: \_\_\_\_\_ To: \_\_\_\_\_

Project's closest point to school: ☐ 0 to ½ mile; ☐ ½ to 1 mile; ☐ 1 to 1 ½ miles; ☐ 1 ½ miles+

See Attachment for additional project sites: |

Discuss the projects' proximity (within 2 miles) to other facilities which might also benefit from the project, such as other schools or colleges, parks, playgrounds, libraries, or other pedestrian destinations:

**B. SIDEWALK, BIKE LANE, PAVED SHOULDER, OR SHARED USE PATH REQUESTED**

<input type="checkbox"/> Continuation of Existing Sidewalk	<input type="checkbox"/> New Sidewalk
<input type="checkbox"/> Continuation of Existing Bike Lane	<input type="checkbox"/> New Bike Lane (includes re-striping or reconstruction)

<input type="checkbox"/> Continuation of Paved Shoulder	<input type="checkbox"/> New Paved Shoulder
<input type="checkbox"/> Continuation of Shared Use Path	<input type="checkbox"/> New Shared Use Path

Describe below your requests in detail, including location, length, side of road, etc.

Request #1:

Request #2:

See Attachment for additional project sites: ☐

**C. OTHER REQUESTS** (describe the location & project characteristics of other requests such as bike parking, traffic calming, or other improvements not listed above)

- Bike parking: include the current and potential numbers of students who could use the facilities:
- Traffic calming: describe the relevance of the request to school safety, traffic speed, whether a speed study has been done and your efforts to work with law enforcement and the community to solve the speeding problems:

Describe any other requests:

**D. TRAFFIC CONTROLS** Mark all that apply in regard to traffic control devices:

- ☐ We have all necessary traffic control devices (**Stop here**)
- |  |   |
|--|---|
| <input type="checkbox"/> We need pedestrian signals (features) | <input type="checkbox"/> We need other school-related signals |
| <input type="checkbox"/> We need traffic signs                 | <input type="checkbox"/> We need other school-related signs   |
| <input type="checkbox"/> We need marked crosswalks             | <input type="checkbox"/> We need other roadway markings       |

Describe the existing and needed traffic controls:

**E. TRAFFIC DATA** Notes: Posted Speed Limit is required. AADT stands for Average Annual Daily Traffic

St 1: Posted Speed Limit:	Operating Speed:	AADT:
St 2: Posted Speed Limit:	Operating Speed:	AADT:

**Section 7 - Cost Estimate**

**Notes:** This is designed to give FDOT a reasonable estimate of the cost of project. Make this cost estimate as accurate as possible.

- This FDOT Transportation Costs website gives various resources, including FDOT District contacts in the Estimates Offices, who can help you with your cost estimate: <http://www.dot.state.fl.us/planning/policy/costs/default.shtm>.
- If your project is seriously considered for funding, a detailed cost estimate, which may be different from the one you submit. However, some Districts fund projects according to the Cost Estimate listed here, and the Applicant and/or Maintaining Agency are responsible for any difference in cost. Contact your District Safety Engineer if you have any questions.
- Infrastructure projects must follow appropriate design criteria. Projects on the State Highway System must follow the criteria in the Plans Preparation Manual (PPM) and FDOT design standards. Projects

Construction Cost	
Maintenance of Traffic (MOT)	
Mobilization	
Subtotal	\$0.00
Contingency (15% of Subtotal)	\$0.00
Total Construction Cost	\$0.00
Professional Engineering Design (15% of Total)	\$0.00
Construction Engineering and Inspection (CEI) (15% of Total)	\$0.00
<b>Grand Total</b>	<b>\$0.00</b>

**Section 7 B– Cost Estimate Narrative**

1. Attach a **MANDATORY** breakdown of the construction costs & quantities by pay item.

## Section 8 - Submission Checklist

**Notes:** This checklist includes required attachments. These will be counted toward total application score.

**Color project maps and/or aerial photos clearly identifying:**

- A. ☐ School location  
 B. ☐ 2 mile radius around school  
 C. ☐ School's attendance area  
 D. ☐ Existing conditions  
 E. ☐ Proposed improvements  
 F. ☐ Adopted School Walking Map

- G. ☐ Travel Survey Tally  
 H. ☐ Sign in sheets and minutes from all meetings  
 I. ☐ Letters of support  
 J. ☐ Map showing where students live  
 K. ☐ Color digital photos of existing conditions  
 L. ☐ Detailed Crash Data  
 M. ☐ Traffic/Engineering report evaluating the problem  
 N. ☐ Detailed Cost Estimate

## For FDOT District Use Only

**Notes:** Please complete this information before sending to Central Office.

Funding type used: \_\_\_\_\_

FPID: \_\_\_\_\_

Does this project fill in a gap or provide a continuous route/path to school? ☐ Yes ☐ No

Once application is reviewed, please check the appropriate box. Both SRTS Coordinator and Liaison should review.

Reviewed by: Liaison ☐ SRTS Coordinator ☐ Other ☐ \_\_\_\_\_