**North Carolina Department of Transportation Application for Bicycle and Pedestrian Planning Grant Funds - 2019 Call for Proposals**

*Updated*: Submittal Deadline is Friday November 15, 2018

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| **Applicant Information** | | | | | FOR NCDOT USE ONLY  Proposal eligible [Proposal Eligible] | | |
| Name of Municipality:  [Name of Municipality] | | Population  [Population] | | County  [County] | | | NCDOT Division  [Division] |
| Municipality agrees to enter into a reimbursement agreement with NCDOT:  [Municipality agrees to enter into a reimbursement agreement with NCDOT] | | | | | Municipality is member of:  [Municipality is member of] | | |
| Department applying for grant:  [Department applying for grant] | | | | | | | |
| Contact Person:  [Contact Person] | Title:  [Contact Person Title] | | | | | Work Phone Number:  [Work Phone Number] | |
| Work Fax Number:  [Work Fax Number] | E-mail Address:  [E-mail Address] | | | | | | |
| Mailing Address:  [Mailing Address] | | | City:  [City] | | | State:  [State] | Zip Code:  [Zip Code] |

I certify that the City/Town/County of [City/Town/County], in applying for Bicycle or Pedestrian Planning Grant funds, attests a commitment to the plan’s development, management, financing and completion, and that the completed plan will be submitted to the City/Town/County Council or other approving authority for adoption.

\_ Signature\* Title

\_ Name (printed) Date

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| **Eligibility Criteria** | |
| **Plan Category:** [Plan Category]  Municipalities may apply for funding to undertake either a bicycle plan, pedestrian plan or joint bicycle & pedestrian plan in any given fiscal year. Municipalities with a population below 10,000 are eligible to apply for a joint bicycle and pedestrian plan. (**Municipalities with a population below 5,000 are also eligible to apply for a project acceleration plan - to apply for this type of plan, please use the Project Acceleration Plan Application.**) Counties with population [less than 50,000](mailto:bwpoole@ncdot.gov) may apply for a bicycle or pedestrian plan on behalf of incorporated communities and/or unincorporated areas within their jurisdiction. | |
| Has the City/Town/County Council passed a resolution supporting this application? | [Has the City/Town/County Council passed a resolution supporting this application?]  Date Anticipated: [City/Town/County Council Date Anticipated] |
| For municipalities within a Metropolitan Planning Organization (MPO), has the MPO passed a resolution supporting this application? | [For municipalities within a Metropolitan Planning Organization (MPO), has the MPO passed a resolution supporting this application?]  Date anticipated: [MPO Date Anticipated] |
| For municipalities within a Rural Planning Organization (RPO), has the RPO passed a resolution supporting this application? | [For municipalities within a Rural Planning Organization (RPO), has the RPO passed a resolution supporting this application?]  Date anticipated: [RPO Date Anticipated] |

\*THE SIGNATURE OF AN AUTHORIZED STAFF PERSON (I.E. CITY/TOWN MANAGER, ADMINISTRATOR, ETC.) IS REQUIRED. AFTER COMPLETING THE APPLICATION, PRINT THIS PAGE, OBTAIN THE APPROPRIATE SIGNATURE, SCAN AND SEND AS A SEPARATE ATTACHEMENT.

\*\*A RESOLUTION BY THE APPROPRIATE MUNICIPAL GOVERNING BODY AND BY THE MPO, IF APPLICABLE, MUST ACCOMPANY THE APPLICATION, OR MUST BE SUBMITTED PRIOR TO DECEMBER 31, 2018 TO BE ELIGIBLE FOR FUNDING. RPO RESOLUTION, IF APPLICABLE, IS HIGHLY ENCOURAGED. PLEASE INDICATE THE DATE YOU ANTICIPATE RECEIVING A PENDING

**RESOLUTION.**

*Municipality/County Name:* [Municipality/County Name]

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| **Narrative Description** |
| In a few short sentences, please provide some general information about your community (unscored question).  [In a few short sentences, please provide some general information about your community (unscored question).] |
| 1. Please describe the community’s vision for improving bicycle AND/OR pedestrian transportation and the realistic and measurable goals that have been set to achieve this vision.   [Please describe the community’s vision for improving bicycle AND/OR pedestrian transportation and the realistic and measurable goals that have been set to achieve this vision.] |
| **2)** What are the reasons the community needs this plan? Consider including discussion and data regarding safety, land use,  connectivity, demographics, diverse and special user groups, etc. Additionally, identify high-use bicycle and/or pedestrian  areas within or around the community. |
| [What are the reasons the community needs this plan?] |

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| **3)** Provide an overview of the current bicycling AND/OR pedestrian transportation system, briefly discussing strengths and weaknesses. Describe facilities currently in place or planned for completion in the next five years (designated bicycle route system, miles of off-road paths, extent of sidewalk network, etc.) as well as potential barriers that inhibit developing the system. Please provide links to relevant documents or maps, or provide as attachments if not available online. |
| [Provide an overview of the current bicycling AND/OR pedestrian transportation system, briefly discussing strengths and weaknesses. Describe facilities currently in place or planned for completion in the next five years.] |
| **4)** What is the current picture of the community’s bicycle & pedestrian programs involving education, enforcement, and/ or encouragement? Consider discussing how the community supports these programs and/or how they may be lacking.  [What is the current picture of the community’s bicycle & pedestrian programs involving education, enforcement, and/or encouragement?] |

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| **5)** How will having a bicycle and/or pedestrian plan contribute to improving the overall health of the community? Describe any existing or proposed health programs, initiatives or goals in the community. If applicable, please provide links to relevant documents or provide as attachments if not available online.  [How will having a bicycle and/or pedestrian plan contribute to improving the overall health of the community?] |
| **6)** How has the community implemented other locally adopted plans and how have these documents guided local decision- making? Have these planning efforts improved bicycle and/or pedestrian connectivity, accessibility, and/or safety? If applicable, please indicate any related municipal, county and/or regional bicycle planning and/or pedestrian planning activities currently underway or undertaken in the past, including bicycle/pedestrian/greenway elements in broader municipal planning documents (list years and provide links to this information). |
| [How has the community implemented other locally adopted plans and how have these documents guided local decision-making? Have these planning efforts improved bicycle and/or pedestrian connectivity, accessibility, and/or safety?] |

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| **7)** List the name and title/position of the full-time, permanent municipal staff person responsible for project oversight, as well as any others who will have involvement in plan development (include resumes as attachments). Describe any prior experience these individuals may have in the management, preparation and/or implementation of a bicycle and/or pedestrian plan or other  transportation/community planning efforts (provide links where appropriate). |
| [List the name and title/position of the full-time, permanent municipal staff person responsible for project oversight, as well as any others who will have involvement in plan development (include resumes as attachments).] |
| **8)** Describe what elected officials and other stakeholders have done to support bicycle and/or pedestrian programs, policies and projects in the past. Additionally, list existing bicycle, pedestrian, greenway, open space or other relevant committees/groups and task forces in the surrounding area that are charged with addressing bicycle issues and/or pedestrian issues and explain how (or  if) they will be integrated in the planning process. |
| [Describe what elected officials and other stakeholders have done to support bicycle and/or pedestrian programs, policies and projects in the past.] |

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| **9)** What individuals, groups and/or represented interests will be included on the steering committee and what will be the role of the steering committee in plan development. Describe how citizen participation in plan development will be sought. |
| [What individuals, groups and/or represented interests will be included on the steering committee and what will be the role of the steering committee in plan development?] |
| **10)** How does your community intend to facilitate the implementation of your bike and/or pedestrian plan and what are the anticipated outcomes for your municipality/county? Additionally, indicate any available and unique resources (funding and other) and partners that may be involved with plan implementation.  [How does your community intend to facilitate the implementation of your bike and/or pedestrian plan and what are the anticipated outcomes for your municipality/county?] |

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| **Project Cost Information** | | |
| **Project Cost Range\*:**  $ [Project Cost Range\*] | **Local Match Percentage**\*:  % [Local Match Percentage\*] | **Source(s) of Local Matching Funds (list all applicable):**  [Source(s) of Local Matching Funds] |

**\*SEE *BICYCLE AND PEDESTRIAN PLANNING GRANT INITIATIVE OVERVIEW* DOCUMENT FOR TABLES ON COST RANGE AND LOCAL MATCH**

[**PERCENTAGES: https://connect.ncdot.gov/municipalities/PlanningGrants/Pages/Pl**](https://connect.ncdot.gov/municipalities/PlanningGrants/Pages/IMD-Multimodal-Planning-Program.aspx)**anning-Grant-Initiative.aspx.**

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| **Attachments (via email)** | |
| **Required**: | **Optional** (if information is available on-line, please list link): |
| Municipal Resolution: [Municipal Resolution]  MPO Resolution (if applicable): [MPO Resolution]  RPO Resolution (if applicable): [RPO Resolution]  Resume(s) of overseeing staff and other individuals: [Resume(s) of overseeing staff and other individuals]  [Number of Resumes] attached  Map of Municipality: [Map of Municipality]  Letters of Support: [Letters of Support]  [Number of Letters of Support Attached or Sent] attached or were sent | Copies of previous plans (summaries and/or web links preferred): [Copies of previous plans]  [Summaries and/or web links]  Other Maps: [Other Maps]  [Links to Other Maps]  Other (please identify): [Other (please identify)] |

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| **Preparer Information\*\*** | | | | |  |
| Please provide information on the primary person who prepared this application and indicate the municipal department, local agency, consulting firm, or other organization with which they are affiliated. | | | | |  |
| Agency/Consulting Firm/Organization:  [Agency/Consulting Firm/Organization] | | | | |
| Name of Preparer:  [Preparer's Name] | Title:  [Preparer's Title] | | Work Phone Number:  [Preparer's Work Phone] | |
| Work Fax Number:  [Preparer's Work Fax] | E-mail Address:  [Preparer's Email Address] | | | |
| Mailing Address:  [Preparer's Mailing Address] | | City:  [Preparer's City] | State:  [Preparer's State] | Zip Code:  [Preparer's Zip Code] |

**\*\* WE ENCOURAGE MUNCIPALITIES TO USE LOCAL STAFF MEMBERS TO COMPLETE THE APPLICATION.**

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| **Digital Submittal Information** | |  |
| For more detailed information on completing the application please see the *Application Instructions* document online at [https://connect.ncdot.gov/municipalities/PlanningGrants/Pages/Planning- Grant-Initiative.aspx](https://connect.ncdot.gov/municipalities/PlanningGrants/Pages/IMD-Multimodal-Planning-Program.aspx)  Application form and relevant documents will be accepted in digital format only and should be emailed to the NCDOT, Division of Bicycle Pedestrian Transportation through Bryan Lopez at [balopez@ncdot.gov.](mailto:bwpoole@ncdot.gov)  ***Updated Deadline*: Applications will be accepted no later than 5:00 pm on November 15, 2018**. | **Application Packet will be accepted via email ONLY Emailing Address:**  **Contact:** Bryan Lopez at [balopez@ncdot.gov](mailto:bwpoole@ncdot.gov)  **Subject Title:** 2019 Planning Grant Initiative Application  – Your Municipality/County Name  **Format:** Every effort should be made to convert the completed application form and all scanned files to PDF format  **Application Package:** There is a maximum 25 megabyte application packet size for emailing per municipality |  |

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| **Commitment for Participation in Implementation Survey Report** |
| If awarded funding, indicate acknowledgment of future participation in survey. See Planning Grant Initiative Program Overview for more information.  [Acknowledgment of future participation in survey] |