# About the application process

Note: This document is intended as a “worksheet” for response preparation. All applications must be submitted using the online application at <https://app.smartsheet.com/b/form/44dab36a95a740f6b7c80749eca47b99>.

Prior to applying, please carefully review the information available at <https://connect.ncdot.gov/projects/BikePed/Pages/Non-Infrastructure-Alternatives-Program.aspx>.

For questions, contact NCDOT Safe Routes to School Coordinator Ed Johnson at (919) 707-2604 / [erjohnson2@ncdot.gov​​​](file:///C:/Users/erjohnson2/Downloads/erjohnson2@ncdot.gov​​​) or Statewide Planning and Programming Manager Joe Furstenberg at (919) 707-2603 / [jcfurstenberg@ncdot.gov](mailto:jcfurstenberg@ncdot.gov).

# Application questions

Applicant Information

Name of Lead Agency\*

Department\*

Contact Name\*

Contact Title\*

Contact Email\*

Street Address\*

Zip\*

County\*

Phone Number\*

Is this agency willing and authorized to enter into a reimbursement agreement with NCDOT?\* *Select yes or no.*

Geographic and School Coverage

Please identify the geographic level at which the proposed project will be implemented.

Area of Coverage\*

*Identify the geographic level at which the proposed project will be implemented. Select: cluster of schools in proximity; community wide, regional, or statewide.*

Public Schools Affected\*

*How many public schools will be affected or targeted by your project within this area of coverage?*

Charter Schools Affected\*

*How many charter schools will be affected or targeted by your project within this area of coverage?*

Private Schools Affected\*

*How many private schools will be affected or targeted by your project within this area of coverage?*

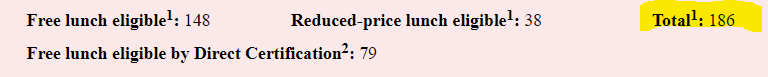
Student Enrollment\*

*What is the approximate total student enrollment in these schools?*

Free and Reduced-Price Lunch\*

*Of these students, how many are eligible for free or reduced-price lunch?*

(If these numbers are not available from the school district(s) then they can be added together from individual school entries available by searching [www.nces.gov](http://www.nces.gov) and looking at each school record entry category labeled “Total” to right of “Reduced-price lunch eligible.” See yellow highlight below for example.)



Project Information

Project Needs\*

*Please describe the specific needs or problems your project will address. Discuss any major safety concerns; real and perceived problems or risks; and/or school or agency policies that may conflict with or prohibit walking/biking to school. (Maximum 2 paragraphs)*

Project\*

*Describe your project. Specifically identify (1) educational, (2) encouragement, and (3) evaluation programs and/or activities for which you are requesting funding. Explain how you will develop and/or implement this project. (Maximum 3-4 paragraphs)*

Addressing Inequities\*

*How will this project address transportation equity issues in your community? The NCDOT Transportation Disadvantage Index considers zero-vehicle ownership, poverty level, youth aged 15 and under, seniors aged 65 and older, mobility impairments and Black, Indigenous and Persons of Color (BIPOC) so responses should address some / all these elements. Applicants can use this link to the*[*TDI Map*](https://connect.ncdot.gov/projects/planning/Pages/EJ-TDI-maps.aspx)*to help answer this question. (Maximum 1 paragraph)*

Target Audience\*

*Identify your project's target audience. For each audience identified, explain how you intend to reach it. (Maximum 1 paragraph)*

Support for Children\*

*Describe how this project will support K-12 students in walking and/or biking to or at schools within your area of coverage. (Maximum 1 paragraph)*

Project Context

Current Programs and Activities\*

*Identify current educational, encouragement, and evaluation programs and/or activities already underway within your area of coverage, if any. Describe how they support or complement your proposed project. (Maximum 3 paragraphs)*

Proposed Programs and Activities\*

*Are there any of the proposed programs or activities also recommended through an existing plan or policy (e.g., SRTS, bicycle or pedestrian plan; greenway plan; standard course of study or other curriculum standard; school policy; etc.) for your area of coverage? If so, please explain. (Maximum 2 paragraphs)*

Pedestrian and Bicyclist Crash History

Please use the pedestrian and bicyclist crash data tables provided at <https://connect.ncdot.gov/projects/BikePed/Pages/Non-Infrastructure-Alternatives-Program.aspx> in “Related Links” section on right side of the page to answer the following questions. Note that there are two tables – one for city-level data and one for county-level data. Both tables provide the total number of pedestrian injuries and deaths for ages 17 and younger in the last 5 years. Select the table that best fits your response to “area of coverage” question.

Total number of pedestrian injuries and deaths in the area of coverage for ages 17 and younger in the last 5 years.\*

Total number of bicyclist injuries and deaths in the area of coverage for ages 17 and younger in the last 5 years.\*

Project Evaluation

Project Goals & Anticipated Results\*

*All TAP-funded projects must be evaluated to determine the success of their implementation. How will this project make a difference for its target audiences and area? List 2-4 anticipated results or goals of the project. (Maximum 1-2 short paragraphs)*

How Progress Measured\*

*When considering the anticipated results or goals listed in the previous question, describe how progress towards them will be measured as part of this project. Describe how you will know whether goals have been reached. Include what data sources will be used. (Maximum 2-3 paragraphs)*

Key Staff, Partners, Stakeholders and Others

Lead Contact Project Oversight\*

*The lead agency contact person will be responsible for all project oversight. Please describe the qualifications and experience this person has that relate to the proposed work. (Maximum 1 paragraph)*

Partner Organizations\*

*Please list your partner agencies/organizations and contact names for each. If you plan to invite additional partners, list them and indicate that they are prospective.*

Leveraged Resources\*

*Please identify any partner, stakeholder, or community resources that can be used to promote, complement, and/or enhance your proposed project. Describe how these entities can assist, what they may provide or contribute, and explain specific activities they may undertake, if any. A letter of support must be submitted.*

Implementation Tasks and Timeline

Please list the tasks involved with developing and implementing your proposed project. Include tasks such as event dates, key decisions, deliverables, public meetings, stakeholder or partner meetings, administrative tasks and any other pertinent activities. All projects must be completed within 36 months from the execution of the reimbursement agreement.

Months to Develop\*

*How many months will it take to develop and implement your project? (12 months, 24 months, 36 months)*

Tasks Year 1\*

Tasks Year 2

Tasks Year 3

Existing Non-Infrastructure Recipients

Is your agency an existing non-infrastructure recipient?\*

If yes, provide the current fund balance

Project Cost Estimate

Please provide a budget containing a line item cost estimate for the project, shown by year and a supporting narrative that explains the reasoning behind each line item amount. Note: TAP Funds cannot be used for any recurring costs.

Ability to Provide Matching Funds.

Please indicate your ability to provide 20% matching funds. (Note: IMD will fund as many projects as possible at 100% of the cost. However, it is anticipated that some applicants may be asked to provide a local match if there is a significant demand for available program funds.)

*yes or no*

If further clarification is needed, please provide a brief comment.

Personnel Costs Year 1\*

Equipment & Supplies Year 1\*

Promo & Advertising Year 1\*

Training Year 1\*

Printing Year 1\*

Postage Year 1\*

Other Direct Costs Year 1\*

Personnel Costs Year 2

Equipment & Supplies Year 2

Promo & Advertising Year 2

Training Year 2

Printing Year 2

Postage Year 2

Other Direct Costs Year 2

Personnel Costs Year 3

Equipment & Supplies Year 3

Promo & Advertising Year 3

Training Year 3

Printing Year 3

Postage Year 3

Other Direct Costs Year 3

Budget Narrative\*

*Please include all unit costs, quantities per unit, and any other relevant information to explain how you arrived at your project cost estimate. (i.e., denote how much of what at what cost per unit)*

Signature Authority

Signature Authority Name

I certify that the information in this application is accurate to the best of my knowledge. In applying for TAP funds, the Lead Agency attests a commitment to finance, manage, and complete the proposed non-infrastructure project within the implementation timeline proposed from the date of the execution of the reimbursement agreement with NCDOT. I also certify that I am authorized to sign this statement on behalf of the Lead Agency.

Submission Checklist

*The following documents are required.*

* Letter of Commitment from Lead Agency
* Letter from Partner(s) included in the budget
* Letter of support from school(s) or school district(s) impacted by the program
* Letter of support from the community/communities impacted by the program
* Letter(s) of support from community partners or those who might benefit from the project are encouraged but not required.
* Draft or adopted Board resolution in support of the project.