



## NONINFRASTRUCTURE

### Final Application Form Instructions

**Please note: This form may be completed only after you meet with the Project Coordinator assigned to your project.**

The following pages provide instructions for completing the final Safe Routes Nebraska Noninfrastructure Application Form. The final application form is attached to these instructions and is intended to be completed after you have met with the Project Coordinator assigned to your project. It includes additional sections 10-12 not found on the draft application.

Please answer all questions directly on the form within the space provided. Attach any additional information you believe will further explain and support the proposed project or activity. However, attachments are limited to a total of 10 pages including the following required attachments: budget, project schedule, map, and resolution listed on Page 7. Letters of support (described in Item 11) will **not** be included in the 10-page limit.

**1. Applicant:**

Provide information regarding the applicant that will own and maintain the project. Attach a resolution from the applicant showing support of the proposed project (see enclosed sample).

**2. Applicant Contact Person:**

Provide the name, address, daytime telephone number, fax number and e-mail address of the person who is submitting and directing this project.

**3. Signature:**

Contact Person - This is the person identified in Item 2 who will be responsible for the management and implementation of the proposed project.

**4. Signature:**

Applicant - This is the mayor, chairperson, principal, or superintendent listed in Item 1.

**5. Project Name:**

Provide a name for the project.

**6. Project Description / Location:**

Provide a description of the proposed scope of work for this project. Include information on the specific items of work to be performed with the funds requested and the location of the project.

a) Describe the current conditions for walking and bicycling to school.

- What are the obstacles (physical or perceived) to walking and bicycling to/from the school?
- What are the current risks facing children who walk and bicycle to/from school?
- Provide relevant information such as crash data, traffic counts, speed data, pedestrian/bike/auto collision counts, gap studies, demographics, community and school surveys or audits, speed limits, environmental factors as appropriate, etc.
- Provide a brief history of the neighborhood traffic issues to demonstrate the need for the proposed project

b) Provide the following information about the affected school(s) and student population(s):

- School Name
- School Grade Level (i.e., K-8, K-6)
- School Enrollment Data
- Distance Eligibility for Riding a Bus (radius) in Miles
- Number of Students who Currently Walk to School
- Number of Students who Currently Bicycle to School
- Number of Students who are Driven to School
- Number of Students who are Eligible for Busing
- Number of Students Living Within Two Miles of School
- Number of students receiving free and/or reduced lunch

c) Describe how the project will help enable **and** encourage students to walk and bicycle to/from school. Please include how you will address the 5E's (Engineering, Education, Encouragement, Enforcement, and Evaluation) of a comprehensive safe routes to school program.

**NOTE:** If you are applying for both infrastructure and noninfrastructure projects, please indicate if the projects can be implemented independently. For example, if you were to only receive funds for the noninfrastructure project, would it be possible to implement it without the infrastructure funds?

**NOTE:** Please attach an 8 ½" x 11" school route map plan showing the project location, and identify any problem areas and proposed changes with appropriate labels. Please label the school location, sidewalk routes, crossings, stop signs, traffic signals, etc.

**7. Project Cost:**

Identify the cost of this project. Provide the total cost of the project and the amount of federal funding requested. Attach an itemized budget showing necessary items to complete the activity, estimated unit costs, and estimated quantities (see enclosed sample budget).

**8. Additional Funds Leveraged:**

Check the box indicating if any other funds are being leveraged. If yes, please identify the percentage of the total project cost provided by additional funding, and list the additional funding source(s).

**9. Project Type:**

Check the box indicating your project type as shown below.

**Public awareness campaigns and outreach to press and community leaders:** Any promotional activity that draws attention to bicycling and walking for transportation. This can include any number of tools such as flyers, print and media advertising, letter campaigns, contests, special events, etc.

**Traffic education and enforcement in the vicinity of schools:** Provide training and coordination for crossing guard programs, costs for additional law enforcement or equipment needed for specific SRTS enforcement activities, etc.

**Student sessions on bicycle and pedestrian safety, health, and environment:** Classes or discussions that teach students and/or parents safety practices relating to bicycling and pedestrian behavior, such as the proper way to cross streets, use sidewalks, load and unload buses, avoid darting out from between parked cars, helmet use, and bicycle skills, etc.

**Funding for training, volunteers, and managers of safe routes to school programs:** Paying designated local coordinators for time to start up a program is an allowable expense. Volunteers who assist with a program may be reimbursed for their expenses, but not for their time.

**10. Existing Programs:**

Describe any existing programs at the applicant schools that educate students on how to walk and bicycle to school safely, and encourage walking and bicycling.

## 11. Project Support and Partnerships:

Provide the names of organizations that support this project, as well as the organization's contribution to making the project a success. Describe any partnerships that were created in developing the project proposal, and how those partnerships will develop through project implementation. Also, please state the current level of support from the general public, other groups and organizations. Attach documentation from them affirming this support.

## 12. Evaluation:

The main goal of the SRTS Program is to enable and encourage students to walk and bicycle to/from school. Applicants are required to collect data, and provide results with the final application. Please refer to Appendices A and B within the *Application Guidelines* for the two data collection instruments. Should this project be awarded funding, you will be required to measure project outcomes by collecting data after the project is complete. Please note that a survey data entry tool is available upon request

Send one completed application to: Kelly Morgan  
Safe Routes Nebraska State Coordinator  
Sinclair Hille Architects  
700 Q Street  
Lincoln, NE 68508

The *Application Guidelines*, application form, sample budget, and sample application resolution may be downloaded from [www.SafeRoutesNE.com](http://www.SafeRoutesNE.com)



## Noninfrastructure Project Request (Final Application Form)

|   |
|---|
| <p><b><i>For Office Use Only</i></b></p> <p><b>Date Received:</b> _____</p> |
|---|

|           |   |  |                                  |                                |  |                                 |
|-----------|---|--|----------------------------------|--------------------------------|--|---------------------------------|
| <b>1.</b> | APPLICANT NAME:                                 | TYPE OF APPLICANT <i>(Check One)</i> : | <input type="checkbox"/> Village | <input type="checkbox"/> City  | <input type="checkbox"/> County          | <input type="checkbox"/> School |
|           |   |  | <input type="checkbox"/> NRD     | <input type="checkbox"/> State | <input type="checkbox"/> School District | <input type="checkbox"/> Other  |
| <b>2.</b> | APPLICANT CONTACT PERSON:                       |  |                                  |                                | FAX NUMBER:<br>(    )    -               |                                 |
|           | MAILING ADDRESS: <i>(Street)</i>                |  |                                  | CITY:                          | STATE:                                   | ZIP:                            |
|           | DAYTIME PHONE:<br>(    )    -                   |  | E-MAIL:                          |                                |  |                                 |
| <b>3.</b> | CONTACT PERSON: <i>(Print Name &amp; Title)</i> |  | SIGNATURE                        |                                |  | DATE:                           |
| <b>4.</b> | APPLICANT: <i>(Print Name &amp; Title)</i>      |  | SIGNATURE                        |                                |  | DATE:                           |

|           |   |
|-----------|---|
| <b>5.</b> | PROJECT NAME: <i>(Example: Ogallala Public Schools Walk to School Day; Ralston Crossing Guard Training Program)</i> |
| <b>6.</b> | PROJECT DESCRIPTION/LOCATION: <i>(Include location, work to be performed, and attach map)</i>                       |



|     |  |
|-----|--|
| 10. | DESCRIBE ANY EXISTING PROGRAMS TO ENCOURAGE AND EDUCATE STUDENTS TO WALK AND BICYCLE TO/FROM SCHOOL: |
| 11. | THIS PROJECT IS SUPPORTED BY:  |
| 12. | DESCRIBE HOW YOU WILL EVALUATE THE PROJECT OUTCOMES:   |

**Attach the following required items:**

- **Budget** (see sample budget)
- **Project Schedule**
- **School Route Plan Map** (8 ½ x 11 only--include project location/alignment, street names, north arrow, points of interest--see Appendix C within *Application Guidelines*)