LOUISIANA DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT

SAFE ROUTES TO PUBLIC PLACES PROGRAM APPLICATION

**(Applicant Name here)**

**(Project Name here)**

**2018**

 INFRASTRUCTURE ACTIVITIES

Safe Routes

Safe Routes to Public Places Program

Louisiana Department of Transportation and Development

**APPLICATION FOR FEDERAL PROGRAMS**

Program: ☐ Transportation Alternatives Program (TAP)

 ☐ Local Road Safety Program (LRSP)

 ☒ Safe Routes to Public Places Program (SRTPPP)

The following is general information to be completed for all programs:

**SPONSOR INFORMATION**

Official Entity Name:

Type of Sponsor:

☐ Local Government ☐ State Government ☐ Federal Agency

☐ Public University ☐ Partnership (if more than 1 explain)

 ☐ Other:

Mailing Address:

City: State: Zip (9 digits):

Signatory Person: Title:

Responsible Charge Person: Title:

Email: Phone #:

Other Contact Person: Title:

Email: Phone #:

Fax #: Federal ID:

DUNS #:

**LPA Responsible Charge Form must be completed and included with application (See Appendix)**

**PROJECT NAME**

Name of Project (40 characters only including spaces):

Roadway or Facility Name (If different from project name):

**PUBLIC PLACE INFORMATION**

Public Place Facility Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CEO: \_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: State: \_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Attach letter of support if different from sponsor)

\*\*\*\*\*\*\*

Public Place Facility Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CEO: \_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: State: \_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Attach letter of support if different from sponsor)

\*\*\*\*\*\*\*

Public Place Facility Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CEO: \_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: State: \_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Attach letter of support if different from sponsor)

**DESCRIBE EXISTING CONDITION AND POTENTIAL SAFETY RISKS**

Describe the existing condition and potential safety risk with local vehicular traffic relative to the current condition or lack of proper facility to support pedestrian / bicycle traffic. Description should include specific location(s), supporting pictures and location maps that clearly identify the potential safety risk(s) for pedestrian / bicycle walking or operating along, adjacent or across the roadway(s) within the proposed project limits.

**PEDESTRIAN AND/OR BICYCLE DEMAND**

Provide data that supports the potential for pedestrian use within one mile and/or bicycle use within two miles of the public place. Application should demonstrate through statistical data, population density, parent surveys, community outreach or other data analysis that a high potential for pedestrian and/or bicycle traffic currently exist or will exist with implemented safety improvements.

**OTHER SUPPORTING RISK DATA ANALYSIS (optional)**

While DOTD will perform a crash data analysis, entities may provide additional data supporting the need for the safety improvements. Include any additional high quality site specific data and data analysis that support the need and/or potential safety risk reduction provided by safety countermeasures. *(i.e. high number of speeding tickets issued on project streets, number of disabled users, etc.)*

**ROADWAY CHARACTERISTICS**

Provide specific roadway characteristic for each roadway segment within the project limits to receive safety improvements. Data should include number of lanes, ADT, roadway classification, speed, traffic direction (one-way, two-way, etc.).

Roadway use:

 What is the amount of average daily traffic (ADT) that typically uses the facility each day? How did you determine the traffic volume?

 What type of traffic uses the roadway? (Cars, trucks, buses, pedestrians, cyclists, etc.)

 What is the best time of day to observe or experience the safety issue?

 Is there any special event in the vicinity of your projects that generates unusually high traffic

 volumes?

Road Information (complete for each road type/classification) :

 How many lanes are on the road or proposed site?

 How wide are these lanes?

 How wide are the existing shoulders, if applicable?

 What is the current posted speed limit for the road(s) or proposed site?

 Identify specific high volume intersections that pose safety risks to pedestrian / bicyclist and identify the traffic control type (STOP controlled or signalized):

Other pertinent information:

**PROJECT SCOPE AND DETAILED PROJECT DESCRIPTION**

Provide a brief description of how the proposed safety improvement will address the previously identified existing conditions and potential safety risk(s) for pedestrian / bicycle conflict with vehicular traffic walking or operating along, adjacent or across the roadway(s). Project scope should include a table with type of safety improvement, locations, and quantities as applicable.

**MAPS, PLANS & PHOTOGRAPHS**

Attach project location map(s); project boundary map and site plan. Show location of public place(s), proposed improvements, and project limits on the site map. Please note this application will be reproduced, so please provide maps in a "reproducible friendly" format (on 8-1/2" X 11" paper.)

**LOCAL SAFETY PLAN AND NETWORK CONNECTIVITY**

If applicable, describe how this project supports or is integrated into a state or local pedestrian or bicycle safety plan(s). Provide copy of local safety plan if available. Please provide evidence that project location and scope is specifically identified in the local safety plan.

**DESIGN ENGINEERING OPTION /CONSULTANT INFORMATION**

Select one option

☐ DOTD will be responsible for providing and funding design engineering services

☐ Project Sponsor will be responsible for providing and funding design engineering services\*

\*If project sponsor is paying for 100% of the engineering/design consultant and has selected their engineer, please provide consultant information. Please note that companies that are on DOTD's disqualified or disbarred list cannot be used on Federal Aid projects. The lists may be found by going to <http://wwwsp.dotd.la.gov/Inside_LaDOTD/Divisions/Engineering/CCS/Pages/default.aspx>.

Name of Company:

Address:

State: Zip: Contact Person:

Title: Phone Number:

Email: Fax Number:

**GENERAL INFORMATION**

What is the type of land use adjacent to the project? (Residential, Commercial, Agricultural, Recreational, Government, etc.):

\_\_\_\_\_

Are there any drainage issues or features associated with the project site location? Please explain.

 Yes No

Does all right-of-way necessary for the project fall within public ownership or lease? ☐ ☐

 If yes, was right-of-way obtained using federal guidelines? ☐ ☐

 If no, can the applicant/sponsor obtain the property (or 25 year lease ☐ ☐ within 1 year of acceptance into the program – program specific) in

 accordance with the Federal Uniform Act?

Will any of the project be constructed within State-Maintained right-of-way? ☐ ☐

Will any of the project be constructed within a historical district? ☐ ☐

Does any part of the project encroach on or cross railroad right-of-way? ☐ ☐

 If yes, attach a document from the affected railroad stating they are

 aware of the project.

Is the sponsor aware that the project must conform to applicable requirements of ☐ ☐

the Americans with Disabilities Act or any other federal, state or local laws

concerning accessibility?

Is this project a continuation of a phased project? ☐ ☐

Which phase of Series?

State Project No./Names of other phases:

Priority (Relative to other applications submitted by Project Sponsor this cycle):

**PROJECT COST**

Itemize ALL project elements and costs for which funding is being sought. All construction contracts will be advertised and bid by DOTD, take this into consideration when preparing project costs. List item, description, quantity, unit price, amount, etc. Include items for mobilization, temporary signs and barricades, irrigation systems for landscaping, and construction layout (if layout is applicable and to be performed by contractor). Be sure to have as complete and accurate a cost estimate as possible for all phases of the work and consider inflationary costs due to time in the program. Use additional sheet(s) if necessary. Itemize any items, quantities and costs for work to be performed on the project not eligible for federal funds to be provided with local funds.

|  |
| --- |
| Construction Costs (Eligible for Federal Funds) |
| DOTD ITEM NUMBERS | UNIT OF MEASURE | QUANTITY (A) | UNIT PRICE (B) | COST (A\*B) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Subtotal A** |  |
| Construction Costs (Not eligible for Federal Funds)(if applicable) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Subtotal B** |  |
| Construction Costs ( Eligible for Federal Funds) |
| Mobilization (5-10% of Amount Subtotals (A+B) | 1 |  |  |
| Traffic Control (2-10% of Amount Subtotals (A+B) | 1 |  |  |
| Construction Layout (0-5% of AmountSubtotals (A+B) | 1 |  |  |
| **Subtotal C** |  |
| **CONSTRUCTION COSTS TOTAL (Subtotals A + B + C)** |  |

|  |
| --- |
| Other Costs (Eligible for Federal Funds)(if applicable) |
| Right of Way Acquisition |  |  |  |
| **Subtotal D** |  |

|  |
| --- |
| Sponsor Provided Financial Support (optional) |
| Additional Funding Support |  |
| **Subtotal E** |  |

|  |
| --- |
| Sponsor Provided Design Engineering Services (optional) |
| Design Engineering Services | For estimating purposes, use minimum 15% of Construction Costs for Projects > $100,000; use minimum 30% for Projects < $100,000 |  |
| **Subtotal F** |  |

|  |
| --- |
| Total Costs |
| **Total Project Construction and R/W Costs (Subtotals A + B + C + D)** |  |
|  **Line 1 - Total Requested Federal Funds\* (Subtotals A + C + D - E)** |  |
|  **Line 2 – Total Local Funds Provided to DOTD (Subtotals B + E)** |  |

\* Limited to $350,000 max

**STAKEHOLDER SUPPORT**

Provide high priority designation for site specific improvements from MPO long range plan or other political subdivision long range transportation plan, along with documented support from Regional Safety Coalition, political subdivisions, local agencies and public associations.

 Yes No

For Metropolitan Areas over 50,000 population, has the Metropolitan Planning ☐ ☐

Organization (MPO) endorsed the project?

If yes, provide letter of MPO endorsement

**OPERATION AND MAINTENANCE**

Briefly describe the Maintenance and Operating Plan for this project. Provide entity resolution (if available) accepting maintenance of the safety improvements once project is complete. Include an estimate of the annual cost of maintenance and operation including the source of those funds.

**CERTIFICATION**

The undersigned has legal authority to enter into contract to implement this project. The undersigned certifies that all information provided is complete and accurate to their best knowledge. The undersigned acknowledges that if the project is accepted, the funding and scope of work requested in this application SHALL NOT be changed from that originally requested without written approval.

Signature: Date:

Title: Phone Number:

Printed Name:

**APPLICATION SUBMITTAL**

Submit one (1) completed hard copy along with an electronic pdf file on CD or USB flash drive to the following address.

Louisiana Department of Transportation & Development

Attn: Laura Riggs, Rm 204Y

PO Box 94245

Baton Rouge, LA 70804-9245

**RESPONSIBLE CHARGE AND FINANCIAL CONTACT FOR FEDERAL-AID PROJECTS**

In accordance with Federal Regulation 23 CFR 635.105 the Local Public Agency must provide a full time employee of the Local Public Agency to be in “responsible charge” of the project. This person does not need to be an engineer. This person is required even when consultants have been retained by the LPA to manage the entity’s engineering activities, including design and construction engineering and inspection services. Identified below is the information and duties required of this employee.

Project No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Responsible Person in Charge Contact Information**

Name & Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE**: The regulation does not require the same public employees to be in responsible charge over several projects. It allows for the transfer of responsible charge duties for different phases, i.e. design and construction. If design and construction duties are handled by separate individuals on a project, please identify each employee and the phase of the project they are responsible for. **(Note: Only one employee per phase should be listed.)**

**Duties:**

* This person acts as the primary point of contact for the Entity with the DOTD Project Manager.
* Oversees project activities; cost, time adherence to contract requirements, design and construction quality and scope
* Ensures the contract is properly recorded
* Directs project staff, agency or consultant, to carry out project administration and contract oversight including proper documentation
* Is aware of the qualifications, assignments and on-the-job performance of the agency and consultant staff at all stages of the project
* Makes or participates in decisions about changed conditions or scope changes that require change orders or supplemental agreements
* Reviews financial processes, transactions and documentation to ensure that safeguards are in place to minimize fraud, waste and abuse
* Maintains familiarity of day to day project operations & safety issues
* Visits and reviews the project on a frequency that is proportionate with the magnitude and complexity of the project.
* Attends all project related meetings. (It is understood that if the person in Responsible Charge is not in attendance, the meeting will be cancelled.)

**Financial Contact Information** - Contact Person for financial questions on the cost principles and audit requirements defined in “Supercircular” 2 CFR 200

Name & Title of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Signatory Party for the Local Public Agency (Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Signatory Party for the Local Public Agency

 **NOTE: It is the Entity’s responsibility to notify the Project Manager if the Responsible Person in Charge or Financial Contact changes during any phase or duty.**