

# 2020-2021 Grant

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## Virginia Department of Transportation

### Vision

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#### **Project Name\***

Please provide a name for your program (i.e. Lakeside Elementary Safe Routes to School Program)

*Character Limit: 100*

#### **SRTS Vision\***

Please describe your SRTS Vision (from section two of your APP).

*Character Limit: 750*

## Summary and Funding of Proposed Activities

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#### **Summary of Planned Activities\***

Provide a brief summary of the SRTS activities planned for 2019-2020 and describe how your planned activities fit into your SRTS Vision.

*Character Limit: 1500*

#### **Cost Estimate\***

Upload a budget for your proposed SRTS non-infrastructure activities using the spreadsheet accessible via the link below. See SRTS Program Guidelines for information on funding limits.

If you are required to provide a 20% match and plan to use in-kind items or services as part of the match, please also complete the second sheet in the attached budget.

*Note: See the special instructions below for more information on filling out the budget worksheet.*

*Applicants must use the form included at the link below. Previous versions of this form will not be accepted.*

Non-Infrastructure Budget Worksheet

*File Size Limit: 3 MB*

#### **Special Instructions:**

- The first tab of the budget sheet should account for the entire cost of your project, including any in-kind match. If your in-kind match meets eligibility requirements for grant funding, include it in the "Total Eligible Project Cost" portion. If you are requesting the use of ineligible costs as in-kind match, add those costs to the section labeled "committed local funds ineligible for reimbursement". See page 8 of the Program Guidelines for information on the local match requirements.
- If you are not required to provide a local match, you may still use the "committed funds" portion to indicate any resources you expect to contribute to the project.
- The second tab of the worksheet, labeled "IN-KIND MATCH" will allow you to indicate which of those items will be donated or provided by the school.
- The application must identify resources for each of the four "E's", either as requested funds or local funds.

### **Budget Narrative (optional)**

Use this space to provide a justification of how a line item helps to meet the program deliverables. The narrative should touch on each column listed in your budget. You may choose to use a format similar to this example - note that this example is not an SRTS budget and your items will differ.

The narrative is optional, although you may be asked to provide a narrative if our review of the application finds that more information is necessary.

*File Size Limit: 3 MB*

### **Total project cost\***

Please indicate the entire estimated cost of your project for the year, including requested grant funds, local funds, donations, etc. (min \$5,000, max \$125,000)

(From "Total Project Cost" line at the bottom of tab 1 of the budget worksheet)

*Character Limit: 20*

### **Total funds requested\***

Please indicate the amount of SRTS grant funds you are requesting. This amount should not exceed the "Total Eligible Project Cost" amount indicated on your budget worksheet.

If your project requires a local match, the requested amount should be no more than 80% of the "Total Project Cost" indicated on the budget worksheet.

*Character Limit: 20*

**Local Match amount\***

Please indicate how much you plan to contribute to the project, including local funds and in-kind match. See the SRTS Program Guidelines and Local Match FAQs for information on local match requirements.

If your program requires a local match, this should be no less than 20% of the "Total Project Cost".

*Please note: When entering In-Kind and Cash Match amounts in the next two questions below, be sure that In-Kind Match + Cash Match = Local Match*

*Character Limit: 20*

**In-Kind Match and Donations\***

Of the amount of local match being provided (indicated above), how much will be made up of in-kind services and donations?

*Character Limit: 20*

**Cash Match\***

How much of your local match will be covered with cash? (I.e. No in-kind services or donations)

*Character Limit: 20*

**Are you requesting funds for a local coordinator with this application?\***

(Requires the participation of three or more schools for a part-time position and 10 or more schools for a full-time position.)

**Choices**

Yes

No

**If yes, how much of your total project cost will be used for the position?**

(under "Administrative (Local Coordinator)" column in your budget worksheet)

Funding maximums for the position are as follows:

Full-Time: \$52,000 (Northern Virginia: \$67,600)

Part-Time: \$26,000 (Northern Virginia: \$33,800)

The amounts shown above are the maximums available for use towards the position, including all related benefits, equipment and expenses. Please see page 4 of the SRTS Grant Procedures for a list of eligible expenses.

Northern Virginia includes Arlington, Alexandria, Fairfax County, Falls Church, Loudoun, Manassas, Manassas Park and Prince William County

The project sponsor shall hire the coordinator according to all federal and state labor laws.

*Character Limit: 20*

### **Incentive Items\***

How much of your total project cost will be used for items that will be given directly to students? (e.g helmets, tokens, tshirts, etc.)

*Character Limit: 20*

### **Purchase List**

Please provide a list of items you plan to purchase or have donated as part of your project, including quantities where appropriate. This list will be included in your agreement as purchases pre-approved for reimbursement.

Although specifics are helpful, examples and estimates are acceptable as well. (e.g: 1000 small (<\$3) incentive items such as SRTS themed pencils, erasers, water bottles, etc).

*Character Limit: 10000*

### **Bicycles and large item maintenance**

If you intend to purchase bicycles and/or any large equipment (storage sheds, trailers, etc.), please use this space to describe how you plan to use, maintain, and securely store these items over the course of their estimated lifespan (~ 5 years). The schools should have a plan to utilize this equipment with or without active support from the local SRTS coordinator. This description will be included in your agreement as a commitment to maintain these items.

*Character Limit: 5000*

## **Description of Proposed Activities**

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Only include SRTS eligible activities as described in the SRTS Activities and Programs Plan Guidelines and identified as "Recommendations" in section five of your APP.

Please combine your proposed activities into the four groups of "E's", as shown below, for this application.

### ***Education Activity***

Briefly describe the proposed SRTS activity and the parties who will participate in implementation.\*

*Character Limit: 3000*

Briefly describe the key issues impacting walking and biking to school that this program/activity seeks to address (from section four of your APP).\*

*Character Limit: 1000*

### ***Encouragement Activity***

Briefly describe the proposed SRTS activity and the parties who will participate in implementation.\*

*Character Limit: 3000*

Briefly describe the key issues impacting walking and biking to school that this program/activity seeks to address (from section four of your APP).\*

*Character Limit: 1000*

### **Enforcement Activity**

Briefly describe the proposed SRTS activity and the parties who will participate in implementation.\*

*Character Limit: 3000*

Briefly describe the key issues impacting walking and biking to school that this program/activity seeks to address (from section four of your APP).\*

*Character Limit: 1000*

### **Evaluation Activity**

Briefly describe the proposed SRTS activity and the parties who will participate in implementation.\*

*Character Limit: 3000*

Briefly describe the key issues impacting walking and biking to school that this program/activity seeks to address (from section four of your APP).\*

*Character Limit: 1000*

## **Local Coordinator Request**

If you are requesting funds for a local coordinator position, please describe the role that the person will have in your SRTS program. Include his or her role in each of the planned activities as well as how they will contribute to the sustainability of your program.

*Character Limit: 3000*

## **Activities List**

Please collate your proposed activities into a bulleted list of approximately 10 items (depending on the scope of your program) that can be measured and tracked during the year. These items will be included in your agreement as well as your Planning and Reporting form.

*Please note: Unless otherwise indicated, all of the schools included in your grant will be expected to participate in these activities.*

*Character Limit: 10000*

## Program Benefits

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### Planned Benefits\*

How will these activities improve the safety of students who currently walk or bike to school, and how will they encourage more kids to walk or bike to school?

*Character Limit: 1000*

### Safety Issues and Concerns\*

Please summarize any traffic safety issues and concerns along the travel routes to school that you've gathered from your school community. (from section three of your APP).

*Character Limit: 1000*

Do you have any plans to mitigate these issues for students that need to use these routes to travel to school? If yes, please describe.

*Character Limit: 1000*

### How many schools (K-8) will directly benefit from the proposed activities?\*

*Character Limit: 3*

### How many total students are enrolled in the schools included in this application?\*

*Character Limit: 6*

### Will all of the enrolled students be able to participate in the proposed activities?\*

If not, please provide an estimate of the number of students that will participate and/or benefit from the activities.

*Character Limit: 5*

### Current Travel Modes and Distance

In the spaces below, please provide the requested information regarding the method and distance of travel to school for all students at participating schools. Keep in mind that these figures will be compared to the enrollment number you provided, to determine travel mode share.

Estimates are acceptable, but be sure to describe your process for determining those figures in the area provided below.

### # students that currently walk to school\*

*Character Limit: 5*

### # students that currently bike to school\*

*Character Limit: 5*

**# students that live within 1/2 mile of their school\***

*Character Limit: 5*

**# students that live between 1/2 mile and 1 mile of their school\***

*Character Limit: 5*

Regarding the four questions above about student travel modes and distance, please describe how you obtained that information and include the month/year when it was obtained.\*

*Character Limit: 500*

**How many Title-1 schools are included in this application?\***

(From section one of your APP)

*Character Limit: 3*

**Briefly describe how the proposed activities will impact low income or disadvantaged students.\***

*Character Limit: 1000*

**Building a sustainable SRTS program.\***

One of the goals of your program should be to build support for SRTS within your schools, and to encourage them to incorporate those activities into their annual program. Please describe how your activities will further that goal. Please also describe any success you've had with these efforts in the past.

Such activities may include:

- ongoing or planned outreach and promotion, within the school and to the larger community
- involvement by PTAs and other established groups within the school community
- school or division funds and other resources dedicated to SRTS
- efforts to shift responsibilities to school staff
- forming a permanent and active SRTS committee
- any other ways in which SRTS is becoming integrated into your schools.

*Character Limit: 8000*

**Parent Input\***

Have all participating schools completed and tallied parent surveys?

If yes, please briefly explain when the surveys were administered and how the results have been used to develop your APP.

If not, please describe how you have otherwise solicited input from parents, or whether you have plans to do so in the near future. (From sections three and six of your APP)

*Character Limit: 1000*

## Support for SRTS\*

Summarize the current support for SRTS in the school/community. (From sections one and seven of your APP)

*Character Limit: 1000*

## Supporting Information

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### Photos (optional)

If you would like to include photos of your community, events, or other SRTS related items, the easiest method is to upload them to one of the various free photo sharing websites, such as Flickr, or PhotoBucket. Once you've uploaded your images to the photosharing site of your choice, include a link to the image or album in the space below.

*Character Limit: 250*

### Mapping (optional)

Please upload a map (in pdf format) showing the number of students living within walking distance of the school(s). The map should show the following:

- Dots indicating student addresses
- Lines showing school attendance boundary
- Lines indicating 1/2 mile, 1 mile and 2 mile radii
- Location of the school(s)

Additional maps are encouraged, but all maps should be included as a single pdf file.

Please use the space below to describe the uploaded map(s).

*Character Limit: 1000 | File Size Limit: 10 MB*

### Endorsements\*

The following items are required (unless otherwise noted) before the application will be considered complete.

- Endorsement of the school division (if the school division is not already the main sponsoring agency and signatory), as indicated in a letter of support from the school division superintendent or designee.
- Letter of support from each school Principal
- Other letters of support (optional)
- 501(c)3 letter (for non-profit organizations only)

Please upload all documents in a single pdf file. Use the space below to provide a list of the uploaded documents.

*Character Limit: 1000 | File Size Limit: 5 MB*

