Resolution No. INSERT NUMBER Attachment B page 1 of 1

TDA Article 3 Project Application Form

Fiscal Year of this Claim: 2016/17 Applicant: Contra	Costa Health Services
Contact person: Tracey Rattray	
Mailing Address: 597 Center Ace, Suite 125, Martinez, CA 94553	
E-Mail Address: tracey.rattray@hsd.cccounty.us	Telephone: (925)313-6835
Secondary Contact (in event primary not available) Shannon Ladne	r-Beasley
E-Mail Address: Shannon.ladner-beasley@hsd.cccounty.us	Telephone: (925)313-6813
Short Title Description of Project: Bicycle and Pedestrian Safe	ty Education Project
Amount of claim: \$40,000	
Functional Description of Project: <u>Contra Costa Health Services will provide bicycle and pedestrian safe</u>	ety education in elementary and middle schools throughout Contra Costa County.
	(e.g., planning, engineering, construction, contingency). Use the table below to Include prior and proposed future funding of the project. Planning funds may lect level planning is not an eligible use of TDA Article 3.
Project Elements:	

Funding Source	All Prior FYs	Application FY	Next FY	Following FYs	Totals
TDA Article 3	775,677.45	\$40,000 (FY16/17)			\$815,677.45
list all other sources:					
1. CCHS	300,798.36	\$17,624 (FY16/17)			\$318,422.36
2.					
3.					
4.					
Totals	3	\$57,624			\$1,151,723.81

Project Eligibility:		
A.	Has the project been approved by the claimant's governing body? (If "NO," provide the approximate date approval is anticipated).	No, 6/14/2016
В.	Has this project previously received TDA Article 3 funding? If "YES," provide an explanation on a separate page.	Yes, see comments attachment C
C.	For "bikeways," does the project meet Caltrans minimum safety design criteria pursuant to Chapter 1000 of the California Highway Design Manual? (Available on the internet via: http://www.dot.ca.gov).	N/A
D.	Has the project been reviewed by a Bicycle Advisory Committee (BAC)? (If "NO," provide an explanation). Enter date the project was reviewed by the BAC:3/10/2016	Yes
E.	Has the public availability of the environmental compliance documentation for the project (pursuant to CEQA) been evidenced by the dated stamping of the document by the county clerk or county recorder? (required only for projects that include construction).	N/A
F.	Will the project be completed before the allocation expires? Enter the anticipated completion date of project (month and year)	Yes
G.	Have provisions been made by the claimant to maintain the project or facility, or has the claimant arranged for such maintenance by another agency? (If an agency other than the Claimant is to maintain the facility provide its name:	N/A