## Resolution No. 2018/435 Attachment B Page 1 of 1

## TDA Article 3 Project Application Form

Applicant Contra Costa Health Services						
Mailing Address: 597 Center Avenue, Suite 100, Martinez, California 94553						
county.us Telephone: (925) 313-6813						
Secondary Contact (in event primary not available) Nancy Benavides						
Telephone: (925)313-6909						
Pedestrian Safety Education Project						
ucation in schools and community settings throughout Contra Costa County.						
)						

## Financial Plan:

List the project elements for which TDA funding is being requested (e.g., planning, engineering, construction, contingency). Use the table below to show the project budget for the phase being funded or total project. Include prior and proposed future funding of the project. Planning funds may only be used for comprehensive bicycle and pedestrian plans. Project 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					
list all other sources:	\$855,677.45	\$40,000			\$895,677.45
1. CCHS	\$322,511.30	\$8,492.32			\$331,003.62
2.					
3.					
4.					
Totals	\$1,178,188.75	\$48,492.32			\$1,226,681.07

Pr	oject Eligibility:	YES?/NO?
A.	Has the project been approved by the claimant's governing body? (If "NO," provide the approximate date approval is anticipated).	No, see comments
В.	Has this project previously received TDA Article 3 funding? If "YES," provide an explanation on a separate page.	Yes, see comments
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: <a href="http://www.dot.ca.gov">http://www.dot.ca.gov</a> ).	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: 12/11/17	Yes, see comments
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) June 2019	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