No□

## Attachment B

## **TDA Article 3 Project Application Form**

1.	Agency	cency Contra Costa Health Services					
2.	<b>Primary Contact</b>	Luz Gomez					
3.	Mailing Address	597 Center Ave, Ste 110, Martinez, CA 94553					
4.	Email Address	lgomez@cchealth.org	5. Phone Number	925-313	-6813		
6.	Secondary Contact (in the event primary is not available)	Davis Okonkwo					
7.	Mailing address (if different) N/A⊠						
8.	Email Address	dokonkwo@cchealth.org	9. Phone Number	925-313	-6808		
10.	Send allocation instructions to (if different from above):						
11.	Project Title	Bicycle and Pedestrian Safety Education Project					
12.	Amount requested	\$40,000	13. Fiscal Year of Claim	2024			
14. I	Description of Overall Pr	oject:					
Contra Costa Health Services (CCHS) will provide bicycle and pedestrian safety education, including helmet fittings and other Safe Routes to School efforts online, in schools and in community settings throughout Contra Costa Countv.							
	Project Scope Proposed to If are ineligible uses of TE	for Funding: (Project level envir DA funds.)	onmental, preliminary	planning, a	ınd		
Ed	ucation						
	Project Location: A map of ect location is provided b	of the project location is attached	ed or a link to an online	map of the	e		
Throughout Contra Costa County with a special focus on Equity Priority Communities, PDAs, and TOCs.							
Project Relation to Regional Policies (for information only)							
	7. Is the project in an Equity Priority Community? Yes⊠ No□						

18. Is this project in a Priority Development Area or a Transit-Oriented Community? Yes

## 19. Project Budget and Schedule

Project Phase	TDA 3	Other Funds	Total Cost	Estimated Completion (month/year)
Bike/Ped Plan				
ENV	學演绎。但如此			
PA&ED				
PS&E				
ROW				
CON				
Total Cost	40,000	23,232	63,231	

ENV		是明年他在高州						
	ED							
28								
ROV								
CON								
Γota	l Cost	40,000	23,232	63,231				
	roject Eligib							
А.	If "Y	oject been reviewed by YES," identify the date a NO," provide an explan	and provide a copy or l		:ee? Yes⊉	×I	No□	
В.		pject been approved by NO," provide expected			Yes□	No⊠		
C.		this project previously received TDA Article 3 funding?  (If "YES," provide an explanation on a separate page)						
D.		ways," does the project meet Caltrans minimum safety design criteria Yes□ No□ to Chapter 1000 of the California Highway Design Manual?						
E.	1. Is the pr Existing Fac	e project categorically exempt from CEQA, pursuant to CCR Section 15301(c), Yes⊠ No□ g Facility?						
	Cite the bas	If "NO" above, is the project is exempt from CEQA for another reason? e the basis for the exemption. he project is not exempt, please check "NO," and provide environmental cumentation, as appropriate.			Yes□	No□ N/A⊠		
F.	Estimated (	mated Completion Date of project (month and year):			6/2027			
G.	Have provisions been made by the claimant to maintain the project or facility, or has Yes No the claimant arranged for such maintenance by another agency? (If an agency other than the Claimant is to maintain the facility, please identify below and provide the agreement.							
н.	Is a Complete Streets Checklist required for this project? If the amount requested is over \$250,000 or if the total project phase or construphase is over \$250,000, a Complete Streets checklist is likely required. Please at the Complete Streets checklist or record of review, as applicable. More informations.				ttach	No⊠		

and the form may be found here: <a href="https://mtc.ca.gov/planning/transportation/complete-streets">https://mtc.ca.gov/planning/transportation/complete-streets</a>

## **Additional Comments**

- A. Anticipated Resolution approval by County Board of Supervisors by January 2023.
- B. Contra Costa Health Services has implemented the Bicycle and Pedestrian Safety Education Project with TDA funding since 1999
- D. Reviewed by the Countywide Bicycle Advisory Committee on 12/13/21