LOUISIANA DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT

SAFE ROUTES TO PUBLIC PLACES PROGRAM APPLICATION

**(Applicant Name here)**

**(Project Name here)**

**2023**

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 Tax ID #:

Federal Unique Entity ID # (SAM): Parish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Table of Contents**

Base Application Page #

Appendix A: Name Page #

Appendix B: Name Page #

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**PROJECT NAME**

Name of Project (40 characters only including spaces):

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

**PUBLIC PLACE INFORMATION (limit of one primary and two secondary locations)**

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

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

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

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

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

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

(Attach required letter of support if different from sponsor)

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

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

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

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

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

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

(Attach required letter of support if different from sponsor)

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

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

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

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

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

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

(Attach required letter of support if different from sponsor)

**PROJECT SCOPE AND DETAILED PROJECT DESCRIPTION**

Provide a brief description of how the proposed safety improvement will address the 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). If project falls within several streets, include a table of streets names, with beginning and ending limits.

**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**

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 or hyperlink if the plan is published online and cite relevant pages. Please provide evidence that project location and scope is specifically identified in the local safety plan.

**NETWORK CONNECTIVITY**

Networks are accessible, interconnected pedestrian and/or bicycle transportation facilities that allow all users to safely and conveniently get where they want to go. Connectivity is the extent to which pedestrians and bicyclists can make comfortable trips from beginning to end when traveling to destinations throughout the community. How is this particular project developing a more complete network for walking/biking to a public place?

**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.

**EXISTING TYPICAL SECTION**

Provide a basic sketch of the existing roadway typical section. Include right of width widths, location of roadway, location of existing ditches, and location of existing sidewalks. Multiple typical sections can be provided if the typical changes within the project limits. Provide documentation or description of how the right of way limits were determined.

**PROPOSED TYPICAL SECTION**

Provide a basic sketch of the proposed roadway typical section. Include right of width widths, location of roadway, location of existing ditches, location of proposed drainage structures, and location of proposed pedestrian/bicycle facility. Multiple typical sections can be provided if the typical changes within the project limits.

**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 limit, 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 / pedestrian / bicycle 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:

**PEDESTRIAN AND/OR BICYCLE DEMAND**

Provide data that supports the potential for pedestrian and bicyclist use within one mile 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**

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, public complaints, etc.)*

**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 | ITEM  DESCRIPTION | UNIT OF MEASURE | QUANTITY (A) | UNIT PRICE (B) | COST (A\*B) |
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| **Subtotal A** | | | | |  | |
| Construction Costs (Not eligible for Federal Funds)(if applicable) | | | | | | |
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|  |  |  |  |  |  |
| **Subtotal B** | | | | |  | |
| Construction Costs ( Eligible for Federal Funds) | | | | | | |
| Mobilization (8-10% of Amount Subtotals (A+B) | | | 1 |  |  |
| Traffic Control (5-10% of Amount Subtotals (A+B) | | | 1 |  |  |
| Construction Layout (2-5% of Amount  Subtotals (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 ( construction & ROW cost > $500,000) | |
| Additional Funding Support |  |
| **Subtotal E** |  |

|  |  |
| --- | --- |
| 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 $500,000 max

**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

Will right of way need to be acquired for this project? ☐ ☐

Are you requesting SRTPPP funds for right-of-way acquisition for this project? ☐ ☐

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? ☐ ☐

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):

**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

**COMPLETE STREETS**

Yes No

Will the proposed project accommodate both pedestrians and bicyclists? ☐ ☐

If no, which modes of transportation are accommodated? ☐ Pedestrians ☐ Bicyclists

For the mode not accommodated, please explain why not.

(Note: Not accommodating both pedestrians and bicyclists in the proposed project will not negatively affect its evaluation.)

**OTHER PERTINENT INFORMATION**

Yes No

Was this application completed with the help of someone at the Regional Safety ☐ ☐

Coalitions?

Was this application completed with the assistance of someone at the District? ☐ ☐

**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**

Applications may be submitted physically or digitally to the Safe Routes to Public Places Program Manager no later than 12:00 PM, February 29, 2024. If any appendices are documents already published by the LPA or another government online then a working hyperlink may be included in the application with referenced pages.

**Physical Copy**: Submit one (1) completed hard copy of the application along with an electronic pdf file of the complete application on USB flash drive to the following address.

Louisiana Department of Transportation & Development

Attn: David Worsham, Rm 201Y

1201 Capitol Access Rd

Baton Rouge, LA 70802

**Digital Copy**: Submit one (1) complete digital copy of the application to the following email address. The LPA or their representative may send the application and appendices as attachments to an email or via drop box or other large file transfer. The file transfer service must be provided by the LPA.

[david.worsham@la.gov](mailto:david.worsham@la.gov)

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

In accordance with Federal Regulation 23 CFR 635.105, DOTD will provide the “responsible charge” for the projects when DOTD holds the contract. To keep the Local Public Agency informed of the project scope, schedule and budget, the Local Public Agency will provide a full time employee of the Local Public Agency to be the “LPA responsible charge” of the project to interface with DOTD on the project. Identified below is the information and duties required of this employee.

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

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

“LPA Responsible Charge” Contact Information

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

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

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

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

Duties:

Acts as primary point of contact for the Entity with the DOTD;

Participate in decisions regarding cost, time and scope of the Project, including changed / unforeseen conditions or scope changes and that require change orders or supplemental agreements in design and/or construction;

**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.**