



FLORIDA DEPARTMENT OF TRANSPORTATION
**FLORIDA'S SAFE ROUTES TO SCHOOL
INFRASTRUCTURE APPLICATION**

500-000-30A
SAFETY
06/19
Page 1 of 7

SECTION 1 – SCHOOL, APPLICANT, MAINTAINING AGENCY & M/TPO INFORMATION

Notes: Signatures confirm the commitment of the School, Applicant and Maintaining Agency to follow the Guidelines of the Florida's Safe Routes to School Program. The School is responsible for the parent's surveys and student tallies before and after the project is built. It is also responsible for promoting safe walking and biking to and from school. The Maintaining Agency is generally responsible for entering into a Local Agency Program (LAP) agreement with the FDOT to design, construct, &/or maintain the project. Districts have the option to design and/or construct it, but the Maintaining Agency is always responsible for maintaining the project. Check with your District to see how they are handling these issues.

SCHOOL INFORMATION

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

COUNTY: _____ CITY: _____ ZIP: _____

TYPE: Select _____ CONGRESSIONAL DISTRICT: _____

PRINCIPAL'S NAME: _____
(Printed)

PHONE #: _____ EMAIL: _____

PRINCIPAL'S SIGNATURE: _____ DATE: _____

APPLICANT INFORMATION

APPLICANT: _____ TITLE: _____

NAME OF APPLICANT AGENCY/ORGANIZATION: _____

APPLICANT AGENCY/ORGANIZATION TYPE: Select _____

APPLICANT: _____ TITLE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: FLORIDA ZIP: _____

PHONE #: _____ E-MAIL: _____

SIGNATURE: _____ DATE: _____
Applicant

I attended the SRTS workshop and have reviewed this application for completeness.

ATTENDEE'S SIGNATURE: _____ DATE: _____



FLORIDA DEPARTMENT OF TRANSPORTATION
**FLORIDA'S SAFE ROUTES TO SCHOOL
INFRASTRUCTURE APPLICATION**

500-000-30A
SAFETY
06/19
Page 2 of 7

MAINTAINING AGENCY INFORMATION

MAINTAINING AGENCY 1 City ☐ County ☐ Florida Department of Transportation ☐ District ____

NAME OF MAINTAINING AGENCY: _____ **DUNS #:** _____

CONTACT PERSON: _____ **TITLE:** _____

MAILING ADDRESS: _____

PHONE #: _____ **E-MAIL:** _____

CITY: _____ **STATE:** FLORIDA **ZIP:** _____

Note: your signature below indicates your agency's willingness to enter into a LAP or other formal agreement with FDOT to complete the project if selected for funding.

SIGNATURE: _____ **DATE:** _____

MAINTAINING AGENCY 2 City ☐ County ☐ Florida Department of Transportation ☐ District ____

NAME OF MAINTAINING AGENCY: _____ **DUNS #:** _____

CONTACT PERSON: _____ **TITLE:** _____

MAILING ADDRESS: _____

PHONE #: _____ **E-MAIL:** _____

CITY: _____ **STATE:** FLORIDA **ZIP:** _____

Note: your signature below indicates your agency's willingness to enter into a LAP or other formal agreement with FDOT to complete the project if selected for funding.

SIGNATURE: _____ **DATE:** _____

METROPOLITAN/TRANSPORTATION PLANNING ORGANIZATION (M/TPO) SUPPORT

If the city or county is located within an MPO/TPO urban area boundary, the MPO/TPO representative must fill in the required information below, to indicate support for the proposed project:

NAME OF MPO: _____

CONTACT PERSON: _____ **TITLE:** _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** FLORIDA **ZIP:** _____

PHONE #: _____ **E-MAIL:** _____

SIGNATURE: _____ **DATE:** _____



FLORIDA DEPARTMENT OF TRANSPORTATION
**FLORIDA'S SAFE ROUTES TO SCHOOL
INFRASTRUCTURE APPLICATION**

500-000-30A
SAFETY
06/19
Page 3 of 7

SECTION 2 – ELIGIBILITY AND FEASIBILITY CRITERIA

Notes: This section will help FDOT determine the eligibility and feasibility of the proposed project. Except for the questions in 2A-2C below answering “No” does not constitute elimination from project consideration. **You must fulfill requirements in 2A-2C below before applying!**

- A1.** Has a school-based SRTS Committee (including school representation) been formed? ☐ Yes ☐ No
- A2.** Has at least one meeting of this committee been held? Attach sign in sheet & minutes ☐ Yes ☐ No
- A3.** Public notification of SRTS meeting? ☐ Yes ☐ No

- B1.** Does the school agree to provide required data before and after the project is built, using the NCSRTS [Student In-Class Travel Tally](#) and [Parent Survey](#) forms at <http://saferoutesdata.org/> following the schedule provided by the District? ☐ Yes ☐ No
- B2.** Have you attached the National Center's data summary for the [Student In-Class Travel Tally](#) and [Parent Survey](#) forms to this application? ☐ Yes ☐ No
- B3.** Are the [Student In-Class Travel Tally](#) and Parent Survey data summaries attached? ☐ Yes ☐ No

Note: *Project planning cannot go forward until public right of way or permanent public access to the land for the proposed project is documented to the District.*

- C.** Have you provided either survey/as-builts or right of way documentation that provides detail to show that adequate right of way exists for proposed improvement? ☐ Yes ☐ No
- D.** Is the Maintaining Agency Local Agency Program (LAP) Certified? (currently qualified & willing to enter into a State agreement requiring the agency to design, construct, and/or maintain the project, abiding by Federal, State, & local requirements?) ☐ Yes ☐ No
- If **No**:
- Are they willing to become LAP Certified? ☐ Yes ☐ No
- If the agency is not willing to become LAP Certified, explain how this project could be built without this certification:

- E.** Who do you propose to be responsible for each phase of the project?
- Design: ☐ City ☐ County ☐ Other, Including FDOT (Explain below)
- Construction: ☐ City ☐ County ☐ Other, Including FDOT (Explain below)
- Maintenance: ☐ City ☐ County ☐ Other, Including FDOT (Explain below)
- If you checked **Other, including FDOT** for any of the above, please explain the responsible party for each phase, including who you have been talking to about this:

- F.** Is the County/City willing to enter into an agreement with FDOT to do the following, if the District decides this is the best way to get the project completed:
- Install and/or maintain any traffic engineering equipment included in this project? ☐ Yes ☐ No
- Construct and maintain the project on a state road? ☐ Yes ☐ No ☐ N/A

- G.** Public Support - *Explain your public information or public involvement process below. You may attach up to six unique letters, on official letterhead, from groups indicated below. The letters should indicate why and how the authors can support the proposed project at the affected school. **Failure to provide documentation of public involvement activities directly with affected property owners is grounds for an application to be excluded from consideration.***

What neighborhood association or other neighborhood meetings have been held to inform neighbors directly affected by this proposed project and the reaction? _____

What PTA/PTO/school meetings have been held to inform parents and school staff about this project and the reaction? _____

Explain what other public meetings have been held, such as Metropolitan Planning Organizations, Regional Planning Councils, Citizens' Advisory Committees, Bicycle/Pedestrian Advisory Councils and Community Traffic Safety Teams and the reaction? _____

Explain what articles or letters to the editor have been written for newspapers, etc. and the reaction: _____

Please indicate whether you have attached letters of support from Law Enforcement or other individuals or groups not previously mentioned: ☐ Yes ☐ No

- H.** If the proposed project has been identified as a priority in a Bicycle/Pedestrian or other Plan, or is a missing link in a pedestrian or bicycle system, please explain:

- I.** Is this project in a Rural Economic Development Initiative (REDI) community? ☐ Yes ☐ No
- FS defines a rural community as: A county with a population of 75,000 or less; A county with a population of 125,000 or less which is contiguous to a county with a population of 75,000 or less; or Any municipality with a county as described above.*



FLORIDA DEPARTMENT OF TRANSPORTATION
**FLORIDA'S SAFE ROUTES TO SCHOOL
INFRASTRUCTURE APPLICATION**

500-000-30A
SAFETY
06/19
Page 4 of 7

SECTION 3 – BACKGROUND INFORMATION: FIVE E'S

Notes: SRTS is designed to be a comprehensive program. Describe the efforts your school and community have made to address the identified problem through each E so far, and what is planned in the future for each. Each box must be filled in. For more information on the E's, see Florida's SRTS Guidelines and the SRTS Guide: <http://www.saferoutesinfo.org/guide/>

1. ENGINEERING

1A. PAST:

1B. FUTURE:

2. EDUCATION

If your school has taught or plans to teach the FLSRTS Curricula (<http://floridasrts.com/>) or other education program, please provide details below:

2A. PAST:

2B. FUTURE:

3. ENCOURAGEMENT

3A. PAST:

3B. FUTURE:

4. ENFORCEMENT

4A. PAST:

4B. FUTURE:

5. EVALUATION

5A. PAST:

5B. FUTURE:



FLORIDA DEPARTMENT OF TRANSPORTATION
FLORIDA'S SAFE ROUTES TO SCHOOL
INFRASTRUCTURE APPLICATION

500-000-30A
SAFETY
06/19
Page 5 of 7

SECTION 4 – PROBLEM IDENTIFICATION

This section will help us understand your school's situation. If the proposed project includes more than one school, please give the requested information for each school.

A. HAZARDOUS WALKING CONDITIONS

1. Opportunity to resolve a documented hazardous walking condition and eliminate the resultant school busing.

☐ Yes ☐ No

If Yes, please enter the documented date and case number: _____

Include a discussion of public support for the project if busing were eliminated:

2. Opportunity to eliminate current courtesy busing being done for a perceived hazardous condition. Include a discussion of public support for the project if busing were eliminated:

- B. Are many students already walking or bicycling to this school in less than ideal conditions? ☐ Yes ☐ No

If Yes:

- Explain more about the number of students affected: _____
- Explain more about the conditions/obstacles which prevent walking or bicycling to your school:

- C. Are enough students living near the school to allow many to walk or bike to school if conditions were improved?

☐ Yes ☐ No

If Yes:

- Explain more about the number of student living near the school and how this relates to the anticipated success of the proposed SRTS project:

- D. Write a brief history of the neighborhood traffic issues as background for the proposed project:

- E. How do the demographics of the school population relate to the anticipated success of the proposed SRTS project? For instance, is there a population of students near the school from a culture which traditionally walks a lot?

- F. Provide the percent of free or reduced lunch program at the affected school: _____

G. STUDENT TRAVEL DATA:

1. School data: based on the [Student In-Class Travel Tally](#):

- a. Number of students currently walking to school:
- b. Number of students currently biking to school:
- c. Total currently walking or biking to school (add a & b):
- d. Number of students in this school:
- e. Percent of student in school currently walking or biking to school: (c divided by d):

2. Route Data:

- a. Number of students from the affected schools living along the proposed route:
- b. Based on (mark all that apply): *Existing School Data: ☐ *Visual Observation Survey: ☐ *Estimates: ☐
- c. Number of student currently walking or biking along this route:
- d. Number of student who could walk or bike along the proposed route after improvements:



FLORIDA DEPARTMENT OF TRANSPORTATION
FLORIDA'S SAFE ROUTES TO SCHOOL
INFRASTRUCTURE APPLICATION

500-000-30A
 SAFETY
 06/19
 Page 6 of 7

SECTION 5 – SPECIFIC INFRASTRUCTURE IMPROVEMENT(S) REQUESTED

A. LOCATION

Note: the entire proposed project must be within 2 miles of the school and in the attendance area for the affected schools.

Request #1 St. Name: _____ Maintaining Agency: ☐ City ☐ County ☐ State

From: _____ To: _____

Project's closest point to school: ☐ 0 to ½ mile; ☐ ½ to 1 mile; ☐ 1 to 1 ½ miles; ☐ 1 ½ miles+

Request #2 St. Name: _____ Maintaining Agency: ☐ City ☐ County ☐ State

From: _____ To: _____

Project's closest point to school: ☐ 0 to ½ mile; ☐ ½ to 1 mile; ☐ 1 to 1 ½ miles; ☐ 1 ½ miles+

See Attachment for additional project sites: ☐

Discuss the projects' proximity (within 2 miles) to other facilities which might also benefit from the project, such as other schools or colleges, parks, playgrounds, libraries, or other pedestrian destinations:

B. SIDEWALK, BIKE LANE, PAVED SHOULDER, OR SHARED USE PATH

- | | |
|---|---|
| <input type="checkbox"/> Continuation of Existing Sidewalk | <input type="checkbox"/> New Sidewalk |
| <input type="checkbox"/> Continuation of Existing Bike Lane | <input type="checkbox"/> New Bike Lane (includes re-striping or reconstruction) |
| <input type="checkbox"/> Continuation of Paved Shoulder | <input type="checkbox"/> New Paved Shoulder |
| <input type="checkbox"/> Continuation of Shared Use Path | <input type="checkbox"/> New Shared Use Path |

Comments: describe below your requests in detail, including location, length, side of road, etc
 Request #1:

Request #2:

See Attachment for additional project sites: ☐

Describe any other requests:

C. TRAFFIC CONTROLS

Mark all that apply in regard to traffic control devices:

- | | |
|--|--|
| <input type="checkbox"/> We have all necessary traffic control devices (Proceed to E) | |
| <input type="checkbox"/> We need pedestrian signals (features) | <input type="checkbox"/> We need other school-related signals or beacons |
| <input type="checkbox"/> We need traffic signs | <input type="checkbox"/> We need other school-related signs |
| <input type="checkbox"/> We need marked crosswalks | <input type="checkbox"/> We need other roadway markings |

Describe the existing and needed traffic controls:

D. TRAFFIC DATA

Notes: Posted Speed Limit is required. AADT stands for Average Annual Daily Traffic

St 1: Posted Speed Limit:	Operating Speed:	AADT:
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St 2: Posted Speed Limit:	Operating Speed:	AADT:
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FLORIDA DEPARTMENT OF TRANSPORTATION
**FLORIDA'S SAFE ROUTES TO SCHOOL
INFRASTRUCTURE APPLICATION**

500-000-30A
SAFETY
06/19
Page 7 of 7

SECTION 6 – COST ESTIMATE

This is designed to give FDOT a reasonable estimate of the cost of project. Make this cost estimate as accurate as possible as we do not allow contingency.

FDOT District contact in the Estimates Offices can help you with your cost estimate ([directory](#)):

Projects must follow appropriate design criteria. Projects on the State Highway System must follow the criteria in the Plans Preparation Manual (PPM) and FDOT Design Standards. Projects on local systems must meet the minimum the minimum standards and criteria in the Manual of Uniform Minimum Standards for Design, Construction and Maintenance for streets and Highways (Florida Greenbook). These documents can be found on FDOT's web site at:

<https://www.fdot.gov/roadway>

Construction Cost

Maintenance of Traffic (MOT)

Mobilization

Subtotal

Total Construction Cost

Professional Engineering Design

Construction Engineering and Inspection

GRAND TOTAL

Printed name of person preparing detailed cost estimate: _____

Contact #: _____

Email: _____

Signature _____

Date: _____

SECTION 6B– REQUEST FOR FUNDING COST ESTIMATE

A Request for Funding Cost Estimate must be signed and sealed by P.E. and submitted as part of the application. Please access the accompanying Funding Cost Estimate form #500-000-30b [here](#).

SECTION 7 - SUBMISSION CHECKLIST

Notes: *These will be counted toward total application score.*

- ☐ Application
- ☐ SRTS Meeting Public Notification
- ☐ Meetings Sign in Sheet & Minutes
- ☐ Student In-Class Travel Tally Data Summary
- ☐ Parent Survey Data Summary
- ☐ Proof of Right of Way
- ☐ Letters of Public Support (up to 5)
- ☐ Documentation Affected Homeowners were Notified
- ☐ Documentation of Hazardous Walking Condition (if applicable)
- ☐ Request for Funding Cost Estimate
- ☐ Before Color Pictures (jpg format)
- ☐ Color Project Map Showing School Location
- ☐ Map Showing Existing Conditions
- ☐ Map Showing Proposed Improvements
- ☐ Map Showing Where Students Attending School Live
- ☐ Traffic/Engineering Report Evaluating the Problem (if applicable)
- ☐ Signal Warrants (if applicable)