

ARKANSAS SAFE ROUTES TO SCHOOL PROGRAM

EDUCATION PROGRAM APPLICATION

Application Instructions

This is an electronic application. Simply fill out your response in the space provided and tab to the next question. Each of your responses is limited to a set number of characters. The use of additional pages, addendums, appendices, etc. to complete responses is not allowed. You may save your application under any name you wish and reopen it at a later time. When completed, print your application, sign it, and mail the original, all required supplements, and **eleven (11) copies of this application** to the following address:

**Arkansas State Highway and Transportation Department
Planning and Research Division
Attn: Safe Route To Schools
10324 Interstate 30
Little Rock, AR 72209**

The deadline for receipt of applications is 3:30 p.m., Wednesday, June 1, 2011. Applications received after this deadline will not be considered. No email or faxed applications will be accepted.

Required Supplements

Each application must be submitted with a copy of each of the following. **Applications submitted without these items will be considered incomplete and will not be considered for funding.**

1. A Resolution from the sponsor's governing body expressing their support of the project and indicating the individual with authority to sign Agreements and Contracts regarding the project. The Resolution needs to be attached only to the original. A sample resolution is attached to the back of this application.
2. An accurate map of your community showing the location of all affected schools. The scale of the map must be included. Your map should be no larger than 8.5 inches by 11 inches. More than one map can be submitted if necessary. Maps must be included with the original and all copies.
3. An inventory of all sidewalks within a 2-mile radius of any school for which the applicant is requesting funds. An example is attached. The inventory should be no larger than 8.5 inches by 11 inches. More than one map can be submitted if necessary. Maps must be included with the original and all copies.
4. One copy of any applicable Safe Routes To School Plan.

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Applicant:

Mailing Address:

City:

Zip:

Primary Contact Person:

Phone:

E-mail:

School or School District(s):

County:

Congressional District:

Please note: Funding maximum is \$200,000 there is no funding minimum.

Funds from local sources:



As grantee you will be required to conduct surveys provided by the National Center for Safe Routes To School. Each student in the schools that your program is intended to benefit will be surveyed. The survey forms will be provided by the Department and completed surveys will be turned in to the Department.

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1. How many schools would this SRTS grant benefit?
Please list all schools.

2. What grades attend these schools (please circle)? K 1 2 3 4 5 6 7 8

3. How many students live within a 2-mile radius of and attend the affected school?

4. Number of children involved in crashes with motor vehicles while walking or bicycling to or from school in the past 2 years. Injuries: Fatalities:

5. Number of citations written by local law enforcement personnel for violations of traffic laws within the affected school zone(s) in 2011.

6. Number of linear feet of existing sidewalks within a 2 -mile radius of affected school(s). This will be based on the required sidewalk inventory.

7. Has your area been awarded an SRTS grant in the past?
 - a. If yes, what type of funding? Non-Infrastructure or Infrastructure
 - b. What was the amount of the funding? \$

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The Safe Routes to School Federal guidance recommends that a comprehensive SRTS program include the “5 E’s”, education, encouragement, engineering, enforcement and evaluation. Each of these components should be integrated into your answer.

The Arkansas Safe Routes To School Advisory Committee will rate the following items. Points can range from zero up to the maximum listed for each item. Failure to respond will result in zero points awarded for that particular item.

1. Describe the planning process that led to this proposal and include references to any applicable Safe Routes To School Plan or long range plan. Please submit one copy of your plan with the original of your application. **50 points**

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- ~~2.~~ Why is the program needed? **20 points**

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3. Outline personnel responsibilities and the timeline necessary to accomplish the project/program. **10 points**

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- ~~4.~~ How will the effectiveness of the program be evaluated? **20 points**

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5. How will affected students, their parents, and the community be informed of the program and its benefits. **10 points**

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Reimbursement for this program is based on proof of the following expenses:
(If your answers don't conform to the format below, please submit separate cost sheet(s)).

Briefly describe the work to be accomplished in the box below.

Line item 1	_____	\$
Line item 2	_____	\$
Line item 3	_____	\$
Line item 4	_____	\$
Line item 5	_____	\$
Line item 6	_____	\$
Line item 7	_____	\$
Line item 8	_____	\$
Line item 9	_____	\$
Line item 10	_____	\$
Line item 11	_____	\$
Line item 12	_____	\$
Line item 13	_____	\$
Line item 14	_____	\$
Line item 15	_____	\$

Total Safe Routes To School Funds applied for \$ _____

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I attest that the information contained in this application is truthful and correct and that the provision of false or misleading information can lead to the withdrawal of Safe Routes To School Program funding.

Signature

Printed name and title

ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT

NOTICE OF NONDISCRIMINATION

The Arkansas State Highway and Transportation Department (Department) complies with all civil rights provisions of federal statutes and related authorities that prohibited discrimination in programs and activities receiving federal financial assistance. Therefore, the Department does not discriminate on the basis of race, sex, color, age, national origin, religion or disability, in the admission, access to and treatment in Department's programs and activities, as well as the Department's hiring or employment practices. Complaints of alleged discrimination and inquiries regarding the Department's nondiscrimination policies may be directed to James B. Moore, Jr., Section Head - EEO/DBE (ADA/504/Title VI Coordinator), P. O. Box 2261, Little Rock, AR 72203, (501) 569-2298, (Voice/TTY 711), or the following email address: james.moore@arkansashighways.com. This notice is available from the ADA/504/Title VI Coordinator in large print, on audiotape and in Braille.

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A RESOLUTION EXPRESSING THE WILLINGNESS OF

TO UTILIZE FEDERAL-AID MONEYS

WHEREAS _____ applied for funding through the Arkansas Safe Routes To School Program to develop or improve _____, and

WHEREAS _____ understands that Federal-Aid Funds are available for this project on a reimbursable basis, requiring work to be accomplished and proof of payment prior to actual monetary reimbursement, and

WHEREAS _____ understands that there will be no reimbursement for any work accomplished prior to the issuance by the Arkansas State Highway and Transportation Department of an official Notice to Proceed, and

WHEREAS this project, using federal funding, will be open and available for use by the general public and maintained by _____.

NOW, THEREFORE, BE IT RESOLVED BY _____ THAT:

SECTION I. _____ will participate in accordance with its designated responsibility, including maintenance of this project.

SECTION II. _____ is hereby authorized and directed to execute all appropriate agreements and contracts necessary to expedite the construction of the above stated project.

SECTION III: _____ pledges its full support and hereby authorizes the **(insert sponsor's name)** to cooperate with the Arkansas State Highway and Transportation Department to initiate action to implement this project.

THIS RESOLUTION adopted this _____ day of _____, 2007.

Signed: _____

ATTEST: _____