

Supplemental Information for Non-Capacity Project Applications

☐ Transportation Alternative ☐ Congestion Management

Name of Project:	
Brief Description of Project:	

The following elements are included in the project application:

- ☐ The name and a brief description (including from / to) of the project being submitted (from FDOT Application, Page 1 & 2)
- ☐ A project map clearly indicating the location and limits of the proposed project. If the project includes a connection to an existing network, please indicate on map.

School Zone Safety			
The closest public (K-12) school to the project:			
Address of school:			
Approximate distance from school to project (Feet or Miles):			
Project Linkage			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	The project is identified in the HRTPO Bicycle and Pedestrian Safety Plan
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	The project provides linkage to the existing or programed sidewalk or trail system.
Location of connection from existing sidewalk to project:			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	The project completes connection/closes gaps in the existing sidewalk or trail system.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	The project is an isolated improvement.
Please briefly discuss how the project adds to, or enhances the existing sidewalk or trail network, or completes connections in the existing network by completing gaps.			
Project Status			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Project demonstrates support through funding of the project at the local level.	
Local or Private Funding Provided for: <input type="checkbox"/> Planning Study <input type="checkbox"/> PD&E <input type="checkbox"/> PE <input type="checkbox"/> ROW <input type="checkbox"/> CST <input type="checkbox"/> CEI			
Local support is demonstrated through:			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Programming of the project for funding (or match) in local CIE / CIP	
		Amount Funded:	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	In kind services from local government	
		Amount Funded:	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Public / private sector funding partnership	
		Amount Funded:	

Please provide the following support documentation:			
<input type="checkbox"/>	Capital Improvement Element		
	Plan Name:	Plan Submission or Adoption Date:	Page project(s) is referenced in Plan:
<input type="checkbox"/>	Capital Improvement Plan		
	Plan Name:	Plan Submission or Adoption Date:	Page project(s) is referenced in Plan:
<input type="checkbox"/>	Other Local Plan		
	Plan Name:	Plan Submission or Adoption Date:	Page project(s) is referenced in Plan:
<input type="checkbox"/>	Public Private participation agreement		
	Agreement Between:		Agreement Effective:
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any phases currently programmed in a 5 Year FDOT Adopted Work Program?	
If "Yes" is marked above, please provide citation and/or FPN from Work Program:			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does this project connect to a project in a 5 Year FDOT Adopted Work Program?	
If "Yes" is marked above, please provide citation and/or FPN from Work Program:			
<input type="checkbox"/> Please attach a PDF of all documents cited (above)			
Community and/or Environmental Impact			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	This project has no impact on the community or environment.	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	This project has a potential negative impact on the community or environment.	
If "Yes", discuss how this project has a negative impact on the surrounding area:			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	This project has a potential positive impact on the community or environment.	
If "Yes", discuss how this project has a positive impact on the surrounding area:			
Please attach a PDF of any additional documentation or documents such as local sidewalk, trail, or pedestrian plans you feel could be helpful to FDOT and / or HRTPO Staff in reviewing this project.			
HRTPO Staff Use Only:			
Safety			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Serious/fatal crashes in past 5 years (depending on data availability) based on information provided by the FDOT Safety Office.	
Operational performance			
	FDOT LOS on road or intersecting state road		

	FDOT Truck factor on road or intersecting state road
	Person miles traveled on Non-Interstate NHS of road or intersecting state road not reliable (<50% on FDOT scale)

For questions regarding this form or the application process, please contact Marybeth Soderstrom at msoderstrom@cfrpc.org. For questions regarding the FDOT project applications, please contact Lori Carlton, Florida Department of Transportation, District One at lori.carlton@dot.state.fl.us