

CMAQ: Commuter Bicycle/Pedestrian Improvements

Project Name: _____ MPMS# (if known): _____

Please be sure a brief project description and applicable attachments are included as directed in the 'Candidate Project Description' form.

1. Type of Improvement/Program:

- a. Bikeway Improvement: _____ Yes _____ No
- b. Pedestrian Network Improvement: _____ Yes _____ No
- c. Bike Use Promotional Improvement: _____ Yes* _____ No
- d. Improved Bike Access to Transit: _____ Yes _____ No
- e. Other (describe): _____ _____ Yes _____ No

*If yes, please see 'Transportation Demand Management' form, questions 1, 22 and 23.

2. Facilities and Structures:

- | | <u>Existing</u> | <u>Additional Due to Project</u> |
|--------------------------------------|-----------------|----------------------------------|
| a. Length of Bike Path/Lane (miles): | _____ | _____ |
| b. Number of Bike Racks/Storage: | _____ | _____ |

3. Describe Service Area: _____

Size (in square miles): _____ Population: _____ University Student Population: _____

4. Population within ¼ mile of improvement? _____ within 1 mile? _____

5. What is the non-rural arterial mileage? _____ miles

6. Does the project have non-roadway right of way? _____ Yes _____ No

a. Non-Roadway Percent of Total Right of Way: _____%

b. Has the Right of Way Been Acquired? _____ Yes _____ No

7. Does this project provide bike access improvements oriented to a specific employment area or parking center? _____ Yes _____ No

List the employment area(s) and/or parking center(s).

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

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8. Does this project support a transit facility? Yes No

a. Service Type (Express – Peak period only):

Local (existing): Yes No

Local (addition): Yes No

Express (existing): Yes No

Express (addition): Yes No

Reverse Commute: Yes No

Satellite Shuttle: Yes No

CBD Shuttle: Yes No

b. Number of Transit Vehicles Servicing the Area: _____

c. Number of Bikes Allowed on Each Transit Vehicle: _____

d. Number of Average Weekday Daily Boardings at the Facility or on Impacted Routes: _____

9. What is the existing percentage of bike use in the service area? _____%

10. Does the area/project have a bike use coordinator (check one)? None Existing New

11. If a promotional program, what is the budget? \$_____ (Also see 'Transportation Demand Management' form, questions 1, 22 and 23.)

12. Additional Information:

If you need additional space, use and attach as many 'Additional Information' forms as needed.