

## CMAQ: Commuter Bicycle / Pedestrian Improvements

Project Name\*\*: \_\_\_\_\_ MPMS# (if known): \_\_\_\_\_

This is an interactive application form. Please fill it out completely and review your entries carefully. After completing the form, save it to your computer, and include it with your application package submission as described in the Application Instructions.

**The fields marked with a double asterisk (\*\*) are required.**

1. Type of Improvement/Program\*\*: **Select all types of improvement(s)/program(s) that apply. To select contiguous types of improvement(s)/program(s), click and drag your selection or depress the 'Shift' key while making your selections. To select non-contiguous types of improvement(s)/program(s), depress the 'Ctrl' key while making your selections. Selections should be made using mouse click(s).**

If other, describe: \_\_\_\_\_

\*If 'Bike Use Promotional Improvement', 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): **Select all service types that apply. To select contiguous service types, click and drag your selection or depress the 'Shift' key while making your selections. To select non-contiguous service types, depress the 'Ctrl' key while making your selections. Selections should be made using mouse click(s).**

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 (select one)?

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.**