

CMAQ: Commuter Bicycle and Pedestrian Improvements

Project ID

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 SPC's CMAQ Program Guidance and Procedures document. **The fields marked with a double asterisk (**) are required.**

1. SPC's Regional Active Transportation Plan for Southwestern Pennsylvania (ATP) is intended to provide not only a cohesive vision for primarily non-motorized travel across the region, but also technical guidance to local governments seeking to achieve their respective local active transportation goals. The Regional ATP set forth goals and objectives (See [SPC's Regional ATP](#) – pages 23-24).

A. Is the project consistent with the goals and objectives of the Regional ATP**? _____ Yes _____ No

B. Explain how the project will help to advance the Regional ATP goals and objectives**:

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2. 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: _____

3. Facilities and Structures**:

	<u>Existing</u>	<u>Additional Due to Project</u>
a. Length of Bike Path/Lane (miles):	_____	_____
b. Average Bike Trip Length (miles):	_____	_____
c. Number of Bike Racks/Storage:	_____	_____
d. Length of Pedestrian Facility (miles):	_____	_____
e. Describe Pedestrian Facility:		



4. Describe Service Area**:



a. Size (in square miles): _____ b. Population: _____ c. University Student Population: _____

5. Number of activity centers within ¼ mile of improvement: _____ within ½ mile: _____

6. AADT of parallel roadway: _____ Name of parallel roadway: _____

7. 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

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

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

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

9. 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: _____

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

11. Does the area/project have a bike use coordinator (select one)? ☐

12. If a promotional program, what is the budget? \$ _____

13. Additional Information:

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