



RHODE ISLAND
DIVISION OF
PLANNING

STATEWIDE PLANNING
HOUSING AND COMMUNITY DEVELOPMENT
LOCAL GOVERNMENT ASSISTANCE
STRATEGIC PLANNING

State of Rhode Island
Safe Routes to School Program
2009 APPLICATION FORM





Please refer to the Rhode Island Safe Routes to School Program (SRTS) Information and Application Guide for detailed instructions on completing this application. For copies of the Guide please visit www.planning.ri.gov/transportation/srts/srts.htm or contact Ms. Ronnie Sirota, program coordinator at (401) 222-1233.

I. APPLICANT INFORMATION

A. Applicant(s):

B. Contact: _____ **Title:** _____

C. Address: _____

D. City: _____ **State:** Rhode Island **Zip Code:** _____

E. Phone #: _____ **E-mail:** _____

II. PROJECT SUMMARY

A. Project Title: _____

B. Project Elements: Non-infrastructure Infrastructure SRTS Workshop

C. School Name: _____

D. School Address: _____

E. Grades Served: _____

F. Principal: _____

G. Phone Number: _____ **E-mail:** _____

H. Municipal Application Priority: # _____ **of** _____ **projects submitted.**

I. Non- Infrastructure Project Duration: _____ **months**

III. PROGRAM NARRATIVE

A. General overview:

B. Education component:

C. Encouragement component:

D. Enforcement component:

E. Engineering component:

F. Evaluation component:

IV. CORRECTION OF SAFETY HAZARDS

A. Project area overview / characteristics that affect safety for walkers:

B. Severity of safety concerns:

C. Anticipated safety benefits:

V. POTENTIAL FOR SUCCESS

A. Eligible vs. actual walkers:

NAME OF SCHOOL: _____

STUDENT TRAVEL DISTANCE HOME TO SCHOOL:

	Up to ½ mile from School	½ to 1 mile from school	1 to 2 miles from school
Number of students K – 3 rd grade			
Number of students 4 th – 6 th grade			
Number of students in middle school			

Total number of students in the school: _____

Total number of students eligible to take the bus: _____

Total estimated number of students presently walking to school: _____

Total estimated number of students riding bikes to school: _____

Total estimated number of students driven to school: _____

Method used to obtain above information: _____

Bus Policy:

B. Community and school support/list of “champion(s)” and school “team”:

VI. PREVIOUS PLANNING ACTIVITIES

A. SRTS activities currently underway:

VII. OTHER FACTORS

A. Companion initiatives within the facility/vicinity:

B. Economically disadvantaged school populations:

C. Located within growth center/urban service boundary:

VIII. PROPOSED PROJECT TASKS, BUDGET & TIMELINE

A. Non-infrastructure Element			
	Task/Activity Description:	Estimated Cost	Estimated Time to Completion
Task 1:		\$	
Task 2:		\$	
Task 3:		\$	
Task 4:		\$	
Task 5:		\$	
	Total Non-Infrastructure Element:	\$	
B. Infrastructure Element			
Task 1:		\$	
Task 2:		\$	
Task 3:		\$	
Task 4:		\$	
Task 5:		\$	
	Total Infrastructure Element:	\$	
C. TOTAL PROJECT COST		\$	

IX. DESIGNATED FISCAL AGENT (S)

A. Name:

Title:

B. Address:

C. City:

State: Rhode Island

Zip Code:

D. Phone #:

E-mail:

E. Signature:

Date:

X. APPLICATION ENDORSEMENTS

By signature of its authorized representatives below, the City or Town certifies its endorsement of and support for this application.

A. Chief Municipal Executive

Name: _____ **Title:** _____

Signature: _____ **Date:** _____

B. School Superintendent (or equivalent)

Name: _____ **Title:** _____

Signature: _____ **Date:** _____

C. School Principal (or equivalent)

Name: _____ **Title:** _____

Signature: _____ **Date:** _____

**SUBMIT ONE ORIGINAL SIGNED APPLICATION AND EIGHT HARD COPIES NO LATER THAN
3:00 P.M. ON FEBRUARY 24, 2010 TO:**

**Rhode Island Division of Planning
STATEWIDE PLANNING PROGRAM
One Capitol Hill
Providence, Rhode Island 02908
ATTN: Ronnie Sirota, SRTS Coordinator**

In addition, please submit one electronic copy to rsirota@doa.ri.gov.