Attachment B

TDA Article 3 Project Application Form

1.	Agency	Contra Costa Health (CCH)				
2.	Primary Contact	Emily Warming				
3.	Mailing Address	2500 Bates Ave, Suite B, Conco	rd, CA 94520			
4.	Email Address	emily.warming@cchealth.org	5. Phone Number	(925)608-5240		
6.	Secondary Contact (in the event primary is not available)	Davis Okonkwo				
7.	Mailing address (if different) N/A⊠					
8.	Email Address	davis.okonkwo@cchealth.org	9. Phone Number	(925)608-5219		
10. Send allocation instructions to (if different from above):		N/A				
11	. Project Title	CCH Bicycle and Pedestrian Safety Education Project				
12	. Amount requested	\$50,000	13. Fiscal Year of Claim	2024-2025		

14. Description of Overall Project:

To advance bicyclist and pedestrian safety education in Contra Costa, CCH will provide bicyclist and pedestrian safety social media content, campus education and events, family bicycling and walking events, campus safety meetings, bicycle rodeos and helmet distribution, community safety outposts and resource sharing, and expanded local jurisdiction active transportation partnerships.

15. Project Scope Proposed for Funding: (Project level environmental, preliminary planning, and ROW are ineligible uses of TDA funds.)

Non-infrastructure community and youth bicyclist and pedestrian safety education offered countywide, with emphasis on residents living in equity priority communities, PDAs, and TOCs.

16. Project Location: A map of the project location is attached or a link to a online map of the project location is provided below:

Throughout Contra Costa County, with a special focus on Equity Priority Communities, PDAs, and TOCs located within the county.

- 1) https://mtc.ca.gov/sites/default/files/Equity Priority Communities.pdf
- 2) https://opendata.mtc.ca.gov/datasets/priority-development-areas-plan-bay-area-2050/explore?location=37.982349%2C-122.084129%2C11.00
- 3) https://experience.arcgis.com/experience/01311260043f4bd689907c9df577bfff

Dra	niect Relation	to Regional Policies (fo	or information only)					
		t in an Equity Priority Co			Yes⊠	No□		
		Yes⊠	No□					
		t in a <u>Priority Developm</u>	ient Area or a <u>Transit-C</u>	<u>menteu community</u> r	resid	NOL		
	. Project Budg	get and Schedule						
Project Phase		TDA 3	Other Funds	Total Cost		stimated Completion (month/year)		
_	ke/Ped Plan							
EN								
-	&ED							
-	S&E DW							
CC								
-	tal Cost	50,000		50,000		(
A. Has the project been reviewed by the Bicycle and Pedestrian Advisory Committee? If "YES," identify the date and provide a copy or link to the agenda. If "NO," provide an explanation). CBAC will review on 12/11/23 B. Has the project been approved by the claimant's governing body? If "NO," provide expected date: 1/9/2024 C. Has this project previously received TDA Article 3 funding? (If "YES," provide an explanation on a separate page) D. For "bikeways," does the project meet Caltrans minimum safety design criteria pursuant to Chapter 1000 of the California Highway Design Manual? N/A No No No No No No No No No N								
L.	1. Is the pro Existing Facil	(c), Yes⊠	No□					
	2. If "NO" above, is the project is exempt from CEQA for another reason? Cite the basis for the exemption. If the project is not exempt, please check "NO," and provide environmental documentation, as appropriate. Yes□ N/A⊠							
F.	Estimated Co	ompletion Date of proje	ct (month and year):	06/	2028	. <u></u>		
G.	Have provision the claimant than the Cla		No⊠					
Н.	Is a Complete	e Streets Checklist regu	ired for this project ?		Yes□	No⊠		

If the amount requested is over \$250,000 or if the total project phase or construction phase is over \$250,000, a Complete Streets checklist is likely required. Please attach the Complete Streets checklist or record of review, as applicable. More information