



PEDESTRIAN & CYCLING MUNICIPAL PARTNERSHIP PROGRAM Application Form

V1.0



APPLICANT: _____

PROJECT NAME: _____

MAIN CONTACT INFORMATION:

NAME: _____

TITLE: _____

DEPT: _____

PHONE: _____ FAX: _____

EMAIL: _____

PROJECT LOCATION (include key map clearly indicating the extents of the proposed project):

PROJECT DESCRIPTION :

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V1.0



MANDATORY CRITERIA:

For this application to be considered, the following criteria must be met:

- Support a Regional scale network.
- Support the objectives and policies of the Region.
- Be supported by a resolution of local Council.
- Accompanied by a design study.
- Accompanied by a commitment from the local municipalities and/agency for:
 - 50% or more of the capital cost of construction.
 - All maintenance and rehabilitation responsibilities.

Please ensure that the criteria listed here are met and include an attached description where necessary (see the attached Guidelines).

PROJECT TOPOLOGY:

Using the attached Application Guidelines, indicate the appropriate funding percentage and cost of the project and describe the rationale for the project:

_____ % of Project cost requested from the Region

_____ Total Cost of Project

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V1.0



Priority: Proponent's ranking of project priority is ____ out of ____ applications submitted
(maximum five (5) application submissions).

What is the type of proposed infrastructure?

Multi-Use Path ☐ Bike Lanes ☐ Shared Roadway ☐ Shoulder Bikeway ☐

Other (please specify)

**Please complete the following questions by circling Yes or No.
Applications with missing information may be ineligible for Municipal
Partnership Program funding.**

1. Is the project part of a locally or regionally adopted network plan? (Please attach a copy of the <i>required</i> network plan and any updates to the plan.)	YES	NO
2. Does the project promote, or have the potential to promote, commuter walking or cycling?	YES	NO
3. Is the project "shelf ready" for construction?	YES	NO
4. Has all required property acquisition been completed?	YES	NO
5. Have all required permits and approvals been obtained? Please attach copies.	YES	NO
6. Has all public consultation been completed? (Provide applicable dates.)	YES	NO
7. Are there any outstanding issues? (Please explain.)	YES	NO
8. Is the project endorsed by a recognized stakeholder organization? (Provide copy of endorsement letter(s).)	YES	NO
9. Does the project directly link one or more existing pedestrian and cycling paths? (Provide details.)	YES	NO
10. Does the project extend an existing pedestrian and cycling path? (Provide details.)	YES	NO

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V1.0



11. Does the project start or finish on the border of another jurisdiction? (Provide details.)	YES	NO
12. If YES to #11, does it link to the other jurisdictions' existing or planned pedestrian and cycling network?	YES	NO
13. Does the project link up with other modes of transportation? If Yes, how many other modes of transportation does it link to and what are they?	YES	NO
14. Does the proposed facility lie within, or immediately adjacent to an existing Regional road right-of-way ?	YES	NO
15. If NO to #14, does an agency other than the applicant have jurisdiction over the right-of-way?	YES	NO
16a. If YES to #15- Name of agency who has jurisdiction:		
16b. Do they concur with your project request? (Attach documentation stating such.)	YES	NO
16c. Will they agree to maintain the facility? (Attach documentation stating such.)	YES	NO
16d. Type of right-of-way used (i.e. railway, parkland, floodplain, others)	YES	NO
17. Proposed width of infrastructure (in metres).		
18a. For projects other than separated multi-use paths, will the project result in a cycling facility on both sides of the road? (If no, provide details)	YES	NO

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18b. If Yes to # 18a, is parking currently permitted along this roadway?	YES	NO
18c. If Yes to #18b, will parking be eliminated once the project is complete?	YES	NO
19. Are any traffic signals required? (If yes, provide details)	YES	NO
20. Are any structures required? (If yes, provide details)	YES	NO
21. Is the proposed infrastructure included as part of a larger construction project? (If yes, provide details)	YES	NO
22. Is a third party contributing to this project? (Attach documentation if applicable)	YES	NO
23. How does this project improve safety? (Provide details)		

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DRAFT COST ESTIMATE AND DESIGN STUDY:

- ☐

Included with this application is a Draft Cost Estimate and Design Study prepared by a licensed professional OALA, MCIP, P.Eng, as appropriate.

Applicant Signature

Name

Date