



Community Streets Program Project Application

Please check www.smtcmpo.org/communitystreets for more detailed information, past planning efforts, and other reference materials to assist with your application.

Applicant Information	
First Name:	Last Name:
Applicant Type: <input type="checkbox"/> Resident <input type="checkbox"/> Commercial property owner <input type="checkbox"/> Neighborhood group <input type="checkbox"/> School-based organization <input type="checkbox"/> TNT Group <input type="checkbox"/> Business organization <input type="checkbox"/> Religious organization <input type="checkbox"/> Other	
Organization Name (if applicable):	Organizational Role / Title:
Does your organization currently have general liability insurance, with at least \$1 million in coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant's / Organization's Address: _____ _____ _____	
Phone Number:	E-mail Address:
Is this your first community streets project? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list past project(s): 	



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Project Information

A sketch of your project design will be required. This can be as simple as drawing on an aerial view of the proposed project site with a marker. Scale drawings and other detailed plans will also be accepted. **Please follow guidance documents available on www.smtc-mpo.org/communitystreets.** Please send to contactus@smtcmpo.org after your application is completed.

Proposed project type(s). Your project may include one or more of these elements (see guidance sheets at www.smtcmpo.org/communitystreets):

- | | | | |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> Wayfinding | <input type="checkbox"/> Crosswalks | <input type="checkbox"/> Pedestrian plazas | <input type="checkbox"/> Parklets |
| <input type="checkbox"/> Painted bump outs | <input type="checkbox"/> Street murals | <input type="checkbox"/> Mini roundabouts | <input type="checkbox"/> Bike corrals |

Project Description: (please provide a short description of your project, especially your goals and intent)

Project location - Include street, site address or intersection (if applicable) or, for block-long or multi-block projects, identify the bounding streets (for example, "North Salina Street between East Division Street and Isabella Street"):

Daily Traffic Volume / Functional Classification

Are daily traffic volumes below 5,000 vehicles per day? (Information can be found using the NYSDOT Traffic Data Viewer found at www.smtcmpo.org/communitystreets):

- Yes No Unknown (*traffic volumes are not listed for most city streets*)

Is the primary project location considered a "local" street according to the Functional Classification Map provided at www.smtcmpo.org/communitystreets ?

- Yes No

Are the following present in the location you want to use for your project?

- | | |
|---|---|
| <input type="checkbox"/> On-street parking | <input type="checkbox"/> Bus stop |
| <input type="checkbox"/> Parking meters | <input type="checkbox"/> Bus shelter |
| <input type="checkbox"/> Reserved parking | <input type="checkbox"/> Driveways |
| <input type="checkbox"/> Loading zone | <input type="checkbox"/> Dumpster/trash/recycling pick-up |
| <input type="checkbox"/> Fire hydrant | <input type="checkbox"/> Building standpipes |
| <input type="checkbox"/> Existing bike lane | <input type="checkbox"/> Ongoing construction |



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Project Partners & Support

Have you discussed this project idea with neighbors, local businesses, community groups, nearby institutions or local elected representatives? Please describe here. (Projects located near commercial properties should include a letter of support from the businesses. Other letters of support from neighbors and community groups are encouraged, and can be e-mailed to contactus@smtcmpo.org.)

Are you applying for project funds through Adapt CNY?

Yes

No

If no, do you have a potential funding source for this project? (If not, see page 14 of the 'Community Streets Guide' for funding source ideas)

Please attach an itemized cost estimate for your project (reference information is available at www.smtcmpo.org/communitystreets).

Preferred Installation & Removal Schedule

Filling out this project application is the first step in a process that may take between two to five months, depending on your project's complexity. With that in mind, please provide estimates for the following time frames.

Estimated/preferred installation date:

How long would you like your project to remain in place?

Estimated/preferred removal date:

ADDITIONAL MATERIALS

Please remember to include:

- **A sketch of your project idea.** This can be as simple as drawing on an aerial view of the proposed project site with a marker. Scale drawings and other detailed plans will also be accepted.
- **Letters of support**
- An **itemized cost estimate** for your project.

Signature: _____

Submittal Date: _____

Please e-mail your completed application and supporting documents to: contactus@smtcmpo.org

Or mail your application to:

Syracuse Metropolitan Transportation Council
126 N Salina St, Suite 100
Syracuse, NY 13202