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: ☐ Resident ☐ Neighborhood group ☐ TNT Group ☐ Religious organization ☐ Commercial property owner ☐ School-based organization ☐ Business organization ☐ Other	
Organization Name (if applicable):	Organizational Role / Title:
Does your organization currently have general liability insurance, with at least $1 million in coverage? ☐ Yes ☐ No	
Applicant's / Organization's Address: _____ _____ _____	
Phone Number:	E-mail Address:
Is this your first community streets project? ☐ Yes ☐ 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.smtcmpo.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):

- ☐ Wayfinding
- ☐ Crosswalks
- ☐ Pedestrian plazas
- ☐ Parklets
- ☐ Painted bump outs
- ☐ Street murals
- ☐ Mini roundabouts
- ☐ 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?

- ☐ On-street parking
- ☐ Parking meters
- ☐ Reserved parking
- ☐ Loading zone
- ☐ Fire hydrant
- ☐ Existing bike lane
- ☐ Bus stop
- ☐ Bus shelter
- ☐ Driveways
- ☐ Dumpster/trash/recycling pick-up
- ☐ Building standpipes
- ☐ 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.)

What is your anticipated funding source for this project?

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 three and four months, depending on your project's complexity. **All projects must be installed between April and September, with any moveable objects removed by October 31st**. 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