Applicant Information:

Lead Organization: _____

Lead Type (check one): ____ municipality ____ police department ____ 501(c)3

Contact Person: _____

Address: _____

Phone Number: _____ Email Address: _____

Co-Applicant(s), if applicable: _____

Type of Initiative (check one): _____ Traffic Safety Infrastructure Demonstration Project
_____ Police Department Traffic Safety Event

Initiative Name: _____

Initiative Description (not more than 100 Words):

Initiative Details:

1. Please indicate which vulnerable road users and/or traffic safety emphasis areas this initiative addresses (check all that apply):

	Vulnerable Road Users		Traffic Safety Emphasis Areas
	Bicyclists		Intersections
	Pedestrians		Road user behavior (impaired, distracted, drowsy, or aggressive driving)
	Motorcyclists		Lane Departures
	Older & younger road users		Speed
	People with mobility disabilities		

2. Does the initiative or event take place in the public right-of-way? ___ Yes ___No

   a. If yes, does the applicant have cooperation from the city/town/village and commits to following the required permitting process? ___ Yes ___ No

   b. If yes, can applicant demonstrate they have liability insurance and can list the Capital District Transportation Committee as additional insured? ___ Yes ___ No

3. Describe how the proposed initiative increases or promotes a positive traffic safety culture and increases the visibility of Capital Coexist. Include a description of any materials, messages, graphics or logos that will be used throughout the initiative (not more than 100 Words):

4. Provide a project timeline including start and end dates.

5. Describe the applicant's commitment to the project including any work tasks and resources (both financial and in-kind) that will be contributed. All applicants are required to match the total project cost up to 25% of its value. This can include both in-kind services (i.e. staff time) and cash match.

Item/Task	Qty.	Estimated Cost
a)		$
b)		
c)		
d)		
e)		
f)		
g)		

6. Total Cost:_____

25% Match Commitment:

1) Total In-Kind Match:_____

2) Total Cash Match:_____

3) = Total In-Kind + Cash:_____

Submission Checklist:

___ Application Form
___ Match Documentation Worksheet
___ Signed MOU
___ W-9

Optional:
___ Other related materials (ex. maps, concept drawings, etc.)
___ Support letter (optional)

Match Documentation Worksheet

A 25% match is required for this program. Provide an estimate of your anticipated match on this worksheet. The applicant will be required to document a cash or in-kind match contribution of not less than 25% of the project cost.

In-Kind Match is a non-cash contribution of value provided by the municipality, organizations, or individuals participating in the project. In-kind match is typically the calculated value of personnel, goods, and services, including direct and indirect costs. The In-Kind Rate for volunteer time must be counted at the following standardized current rate for New York State as found at https://www.independentsector.org/volunteer_time, unless a justifiable professional rate applies.

Cash Match, i.e., a cash contribution can come from municipal funds (general revenue), cash donations, third parties (i.e. partner organizations) or from non-federal grants.

In-Kind Match – Staff Time Hours

Staff Member Name	Activity Description	Estimated Hours	Salary Rate ($/hour)	Staff Time Value (= Hours * Rate)

In-Kind Match – Volunteer Hours

Volunteer Name	Activity Description	Volunteer Hours	Volunteer Rate ($/hour)	Volunteer Value (= Hours * Rate)

Match Documentation Worksheet

In-Kind Match – Other (Please Specify)

Description	Total Value

Total In-Kind Match (Staff Time Hours + Volunteer Hours + Other) = _____

Cash Match

Description	Source (Non-Federal Grant, Donation, Municipal Budget)	Total Cash Amount

Total Cash Match **=** _____

Total Applicant Match Contribution:

Total In-Kind Match **=** _____

\+

Total Cash Match **=** _____

= Total Match _____