

Resolution No. 2023-XXX
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Attachment B

TDA Article 3 Project Application Form

1. Agency	City of San Leandro		
2. Primary Contact	Sheila Marquises		
3. Mailing Address	835 E. 14 th Street San Leandro, CA 94577		
4. Email Address	smarquises@sanleandro.org	5. Phone Number	(510)577-3433
6. Secondary Contact (in the event primary is not available)	Nick Thom		
7. Mailing address (if different) N/A <input type="checkbox"/>	835 E. 14 th Street San Leandro, CA 94577		
8. Email Address	nthom@sanleandro.org	9. Phone Number	
10. Send allocation instructions to (if different from above):			
11. Project Title	Pedestrian Curb Ramp and Pedestrian Crossing Equipment		
12. Amount requested	\$141,443	13. Fiscal Year of Claim	2023-2024

14. Description of Overall Project:

Installation of pedestrian curb ramps and crossing equipment to improve safety at various locations throughout the City.

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

This project will provide for the design, procurement, construction and inspection of pedestrian curb ramps and pedestrian crossing equipment at various locations throughout the City.

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

Various locations in San Leandro.

Project Relation to Regional Policies (for information only)

17. Is the project in an [Equity Priority Community](#)? Yes No
18. Is this project in a [Priority Development Area](#) or a [Transit-Oriented Community](#)? Yes No

19. Project Budget and Schedule

Project Phase	TDA 3	Other Funds	Total Cost	Estimated Completion (month/year)
Bike/Ped Plan			-	
ENV			-	
PA&ED			-	
PS&E			-	
ROW			-	
CON			-	
Total Cost	-	-	-	

Project Eligibility

- A.** Has the project been reviewed by the Bicycle and Pedestrian Advisory Committee? Yes No
 If "YES," identify the date and provide a copy or link to the agenda.
 If "NO," provide an explanation).
- B.** Has the project been approved by the claimant's governing body? Yes No
 If "NO," provide expected date: _____
- C.** Has this project previously received TDA Article 3 funding? Yes No
 (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](#)? Yes No
- E. 1.** Is the project categorically exempt from CEQA, pursuant to CCR Section 15301(c), Existing Facility? Yes No
- 2.** If "NO" above, is the project is exempt from CEQA for another reason? Yes No
 Cite the basis for the exemption. _____ N/A
 If the project is not exempt, please check "NO," and provide environmental documentation, as appropriate.
- F.** Estimated Completion Date of project (month and year): _____ June 2024
- G.** Have provisions been made by the claimant to maintain the project or facility, or has the claimant arranged for such maintenance by another agency? (If an agency other than the Claimant is to maintain the facility, please identify below and provide the agreement. Yes No
- H.** Is a Complete Streets Checklist required 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 and the form may be found here: