

**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 :**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MANDATORY CRITERIA:**

For this application to be considered, the proposed project must meet the following criteria:

- Support a Regional scale network
- Support the objectives and policies of the Region
- Be supported by a resolution of local council or authority of the agency
- Accompanied by a functional design study or other local council document that supports the vision for the local community such as an active transportation master plan or trail plans
- Accompanied by a commitment from the local municipalities and/or 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 INFORMATION:**

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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**Priority:** If your municipality/organization is applying for funding for multiple projects under the Region’s Municipal Partnership Program, please rank this project in your order of priority: 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.)	<b>YES</b>	<b>NO</b>
2. Does the project promote, or have the potential to promote, commuter walking or cycling?	<b>YES</b>	<b>NO</b>
3. Has all required property acquisition been completed?	<b>YES</b>	<b>NO</b>
4. Have all required permits and approvals been obtained? Please attach copies.	<b>YES</b>	<b>NO</b>
5. Has all public consultation been completed? (Provide applicable dates.)	<b>YES</b>	<b>NO</b>
6. Are there any outstanding issues? (Please explain.)	<b>YES</b>	<b>NO</b>
7. Is the project endorsed by a recognized stakeholder organization? (Provide copy of endorsement letter(s).)	<b>YES</b>	<b>NO</b>
8. Does the project directly link one or more existing pedestrian and/or cycling paths? (Provide details.)	<b>YES</b>	<b>NO</b>

9. Does the project extend an existing pedestrian and cycling path? (Provide details.)	<b>YES</b>	<b>NO</b>
10. Does the project start or finish on the border of another jurisdiction? (Provide details.)	<b>YES</b>	<b>NO</b>
11. If <b>YES</b> to #10, does it link to the other jurisdictions' existing or planned pedestrian and cycling network?	<b>YES</b>	<b>NO</b>
12. Does the project connect to sustainable modes of transportation (including public transit and carpooling)? (Provide details)	<b>YES</b>	<b>NO</b>
13. Describe the type of right-of-way used. (i.e. railway, parkland, floodplain, others)		
14. Name of the agency that has jurisdiction over the right-of-way		
15. If the answer to #14 is not the applicant, is the project approved/supported by the agency that has jurisdiction? (Attach documentation stating such.)	<b>YES</b>	<b>NO</b>
16. Who will maintain the facility? (Attach documentation stating such.)		
17. Proposed width of infrastructure (in metres).		
18a. Is this an on-street facility?	<b>YES</b>	<b>NO</b>
18b. If <b>YES</b> to # 18a, is parking currently permitted along this roadway?	<b>YES</b>	<b>NO</b>

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

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date