

Pedestrian Safety Action Plan - Local Call for Projects Appendix B - Application Instructions

General Information

Review these Instructions, the Pedestrian Safety Action Plan (PSAP) Application, and the PSAP Guidance for Locals prior to beginning entries on the Application. A copy of the entire Application, with all fields shown, is provided for your convenience.

Information contained in the Application is used to:

- Determine funding eligibility;
- Document the scope of the project; and
- Make funding decisions

Completing the Application

The Application is a Fillable PDF form. To complete the Application, download and save a copy to your computer. Web browsers such as Apple Safari, Google Chrome, and Mozilla may have their own non-Adobe PDF readers set as the default reader. To use one of these browsers, change the default PDF viewer setting to Adobe Reader. If Internet Explorer is used as the browser, no action is needed. All users must have Adobe Acrobat Standard or Pro; and Adobe Reader, version 9 or higher to work in the form. To maximize the functionality of the form, Adobe Reader 11 or 11 Pro is recommended. Users may need to enable the form in Adobe Reader. To do so:

1. Open the form using Adobe Reader
2. From the tool bar, Select “File” > “Save as Other”> “Reader Extended PDF” > “Enable More Tools”

If these options are not available to you in your Adobe Reader, then the version you are using may not support the completion of the form. Please update your Adobe Reader.

To enter large amounts of text into the Application, consider using a word processing program to type the entry, and then cut and paste the entry into the form. Be sure to save any word processed documents for your reference. To facilitate the submission of the Application, and the required attachments, zip any large files prior to attaching them as the limit on overall file size is approximately 20 MB.

To navigate through the form, use the “Tab” function to ensure questions will be answered in the correct order. Required fields are designated by a preceding asterisk (*).

**All applications, including supporting documentation,
must be submitted no later than March 09, 2018.**

Questions

Questions may be directed to the appropriate contact in your area. A PSAP contact list can be found at <https://www.dot.ny.gov/divisions/operating/osses/highway/psap>

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Submitting the Application

Applications and all attachments must be submitted to the appropriate contact by March 09, 2018 to be considered for funding. Include the following information in the subject line and name of any files and attachments to identify your project in the following format:

PSAP_CountyName_MPOName(if applicable)_SponsorEntity_ShortProjectName

Examples: PSAP_Albany_CDTC_TownColonie_CentralAveXwalks
PSAP_Erie_GBNRTC_CityBuffalo_SignallImprovements
PSAP_Sullivan_TownLiberty_CountDownTimers

Application Form Information and Instructions

The following section provides screenshots of the Application questions with detailed information about the screenshot to assist in completing the form.

PART A: APPLICANT INFORMATION

Sponsor Information: Enter the full legal name of the sponsor, the salutation, sponsor representative's first and last name, sponsor representative's title, sponsor representative's address, and email address. Enter the sponsor representative's fax number if available.

SPONSOR INFORMATION:

*Sponsor Entity Name:

*Salutation: *First Name: *Last Name:

*Title:

*Address 1:

Address 2:

*City: *State: *Zip Code:

*Phone #: Fax Number: *E-mail:

Other Entity: If you are applying to sponsor this project on behalf of a municipality or other entity such as a school district or BOCES, enter the name. If this question does not apply, to this project, enter None.

OTHER ENTITY:

If you are sponsoring this project on behalf of a municipality or other entity, enter the name here. If not applicable, enter "None."

*Other Entity Name:

Contact Information: Enter the salutation, first and last name and the title of the individual to contact about the application.

CONTACT INFORMATION:

*Salutation: *First Name: *Last Name:

*Title:

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If the contact's information is the same as the sponsor's information, check the box below:

Check here if contact address information is the same as above. If not, please provide the following:

If the contact's information is different than the sponsor's, enter the contact's address, city, state, zip, phone number and email address. Enter the contact's fax number if available.

*Address: 1

Address 2:

*City: *State: *Zip Code:

*Phone #: Fax Number: *E-mail:

PART B: PROJECT DATA

***Project Name:** Enter a short project name.

*Project Name: Enter a project name

***County:** All Counties are listed in this box. To navigate, click in the box and utilize the scroll bar. Select a county from the box.

*County: Pick the County from the drop down list

<input type="text"/>
Albany
Allegany
Bronx
Broome
Cattaraugus
Cayuga
Chautauqua
Chemung
Chenango

***Location:** Enter one or more cities, towns or villages. If proposed sites occur in more than one municipality, enter all of the municipalities in the box below.

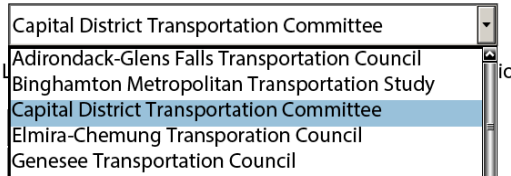
*Location: Enter one or more cities, towns or villages

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MPO: All MPOs are listed in this box. To navigate, click in the box and utilize the scroll bar. Select an MPO from the box if your project locations are within an MPO boundary.

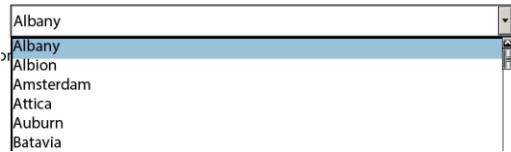
MPO: Pick the MPO from the drop down (if applicable)



A screenshot of a web-based dropdown menu. The menu is open, showing a list of Metropolitan Planning Organizations (MPOs). The items listed are: Capital District Transportation Committee, Adirondack-Glens Falls Transportation Council, Binghamton Metropolitan Transportation Study, Capital District Transportation Committee (highlighted in blue), Elmira-Chemung Transportation Council, and Genesee Transportation Council. A vertical scrollbar is visible on the right side of the list.

***Urban Area:** All 2010 federally designated urban areas are listed in this box. To navigate, click in the box and utilize the scroll bar. Select an urban area from the box.

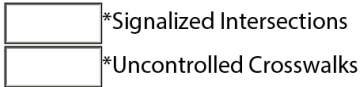
*Urban Area: Pick the 2010 federal urban area from the drop down.



A screenshot of a web-based dropdown menu for selecting a 2010 federal urban area. The menu is open, showing a list of urban areas: Albany, Albany (highlighted in blue), Albion, Amsterdam, Attica, Auburn, and Batavia. A vertical scrollbar is visible on the right side of the list.

***Location Types:** Enter the number of signalized intersections and the number of uncontrolled crosswalks included in the project. If 0, enter 0. Once you enter data in these fields, the application form will create enough space in Parts C and D for you to enter information for each site.

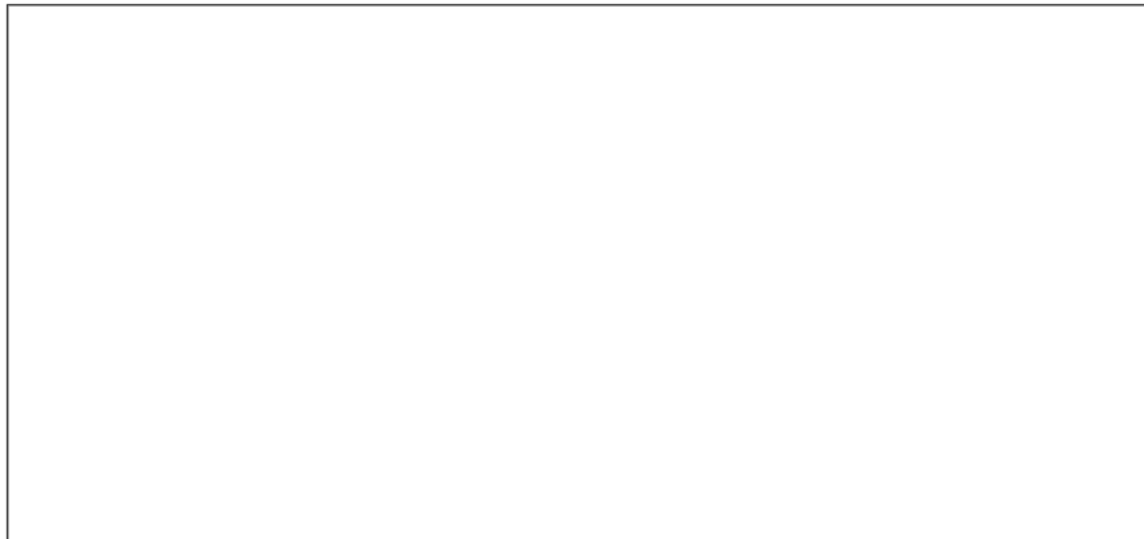
Location Types: Enter the number of pages of signalized intersections and uncontrolled crosswalks included in this project.



Two input fields for location types. The first field is labeled "*Signalized Intersections" and the second field is labeled "*Uncontrolled Crosswalks". Both fields are currently empty.

Detailed Project Description: Enter a detailed project description. You can attach additional information to the email when you submit the application if you need more space.

*Enter a detailed project description below (Attach more information if necessary):



A large, empty rectangular text box intended for entering a detailed project description.

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Related education or enforcement efforts: Describe any related education or enforcement efforts if applicable.

Describe any related education or enforcement efforts targeting pedestrian safety below:

PART C: LIST OF SIGNALIZED INTERSECTIONS

Enter data for every signalized intersection in the project. All proposed locations must be identified.

*Priority	*Municipality	*Intersection Name or Cross Streets	*Latitude	*Longitude	*Potential Improvements (select all that apply)
					<input type="checkbox"/> Signal Timing <input type="checkbox"/> Backplates <input type="checkbox"/> Countdown timers <input type="checkbox"/> High Vis Xwalk Mark <input type="checkbox"/> Restrict Pkg <input type="checkbox"/> Left Turn Phasing <input type="checkbox"/> Accessible Ped Signal <input type="checkbox"/> Leading Ped Int <input type="checkbox"/> Standard No Turn on Red Signs <input type="checkbox"/> Overhead blank-out NTOR <input type="checkbox"/> No Turn on Red Optional Plaques (R10-11, R10-30, NYR7-4P, NYR7-5P) <input type="checkbox"/> Turning Vehicle Yield to Ped Sign <input type="checkbox"/> Signal Ahead Signs <input type="checkbox"/> Advance Cross Street Name Signs <input type="checkbox"/> New Ped Signal <input type="checkbox"/> Raised Pedestrian Median Refuge/Curb Extension <input type="checkbox"/> Illumination Other: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

***Priority:** Enter a number from 1 (highest priority) to the total number of signalized locations (lowest priority) to identify the priority of the location. The priority could be used to determine which locations to fund if partial funding is recommended.

***Municipality:** Enter the municipality where the location exists.

***Intersection Name or Cross Street:** Enter the intersection name or cross street.

***Latitude and Longitude:** Utilizing actual latitudinal and longitudinal coordinates, enter the approximate midpoint location of the site. Latitudinal locations within NY State range between 40.400000 and 45.100000. Longitudinal locations within NY State range between -71.800000 and -79.800000.

***Potential Improvements:** Check all potential improvements at the location.

PART D: LIST OF UNCONTROLLED CROSSWALKS

Enter data for every uncontrolled crosswalk in the project. All proposed locations must be identified.

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*Priority	*Municipality	*Road Name	*Latitude	*Longitude	*Basic Pkg	Potential Enhanced Treatments (Select all that apply)
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In-street Ped Signs <input type="checkbox"/> Raised Pedestrian Refuge/Curb Extension <input type="checkbox"/> Restrict Pkg <input type="checkbox"/> Additional Signs and/or Markings in advance of X-Walk <input type="checkbox"/> RRFB <input type="checkbox"/> HAWK <input type="checkbox"/> Illumination Other: <input type="text"/> Explain why enhanced treatments are appropriate. <input type="text"/>

***Priority:** Enter a number from 1 (highest priority) to the total number of signalized locations (lowest priority) to identify the priority of the location. The priority could be used to determine which locations to fund if partial funding is recommended.

***Municipality:** Enter the municipality where the location exists.

***Road Name:** Enter the road name where the location exists.

***Latitude and Longitude:** Utilizing actual latitudinal and longitudinal coordinates, enter the approximate midpoint location of the site. Latitudinal locations within NY State range between 40.400000 and 45.100000. Longitudinal locations within NY State range between -71.800000 and -79.800000.

Basic Pkg: Check Yes if you propose to implement a basic package at this location. Check No if you do not propose to implement a basic package. Basic treatments for uncontrolled crosswalks are listed in the guidance and discussed in the Pedestrian Safety Action Plan on pages 48-56.

Potential Enhanced Treatments: Check all proposed enhanced treatments at this site.

Other: Enter a proposed treatment other than what is in the list. You can attach additional information to the email when you submit the application if you need more space.

Enhanced treatment explanation: Enhanced treatments should be justified. Explain why enhanced treatments are appropriate at this site. You can attach additional information to the email when you submit the application if you need more space.

PART E: FUNDING SUMMARY TABLE

In the funding table, enter the total amount of PSAP funding being requested as well as any other fund sources planned to deliver the project.

Use of Funds	*PSAP Funds Requested	Amount of Other Funds(if applicable)	Other Fund Source (if applicable)	Total
*ROW Incidental				
*ROW Acquisition				
*Preliminary Design				
*Design				
*Construction				
*Construction Insp				
Total				

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PSAP Funds Requested: Enter the dollar amount of PSAP funds being requested for this project. You must enter an amount for each phase (ROW acquisition, preliminary design, design, construction and construction inspection). If you are not requesting funds for the associated phase, enter 0.

Amount of Other Funds (if applicable): Enter the amount of any other funds you are using to fund the project.

Other Fund Source (if applicable): If you enter an amount in the Amount of Other Funds field, enter the source of the other funds in Other Fund Source.

First Instance: Describe what fund source will be used to first instance the project costs. Also include when you expect the first instance funds to be available.

Local sponsors are required to first instance project costs and will receive reimbursement from NYSDOT per the terms of a State Local Agreement. In the space below, identify the fund source that will be used to first instance project costs. Also identify when the first instance funds will be available.

PART F: PROJECT SCHEDULE

Enter the status and the completion date that best represents each project deliverable.

Status: All potential status's are listed in this box. To navigate, click in the box and select the status that best represents the status of each deliverable at the time the application was submitted. Select a status for Initial Project Proposal and Plans, Specifications and Estimates and Project Letting and Construction.

Project Deliverables	*Status	Anticipated Completion Date
*Initial Project Proposal	Not Started	
*Plans, Specifications, and Estimate (PS&E)	Not Started Initiated Completed	
*Project Letting	Not Applicable	
*Construction	Not Started	

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Anticipated Completion Date: Click in the Anticipated Completion Date box and use the pull down arrow to select the date you expect the deliverable to be completed from the drop-down calendar. If the deliverable is already complete, enter the date that the deliverable was completed.

Project Deliverables	*Status	Anticipated Completion Date
*Initial Project Proposal	Not Started	04/01
*Plans, Specifications, and Estimate (PS&E)	Not Started	
*Project Letting	Not Started	
*Construction	Not Started	

Impediments to Delivery: Describe any impediments to delivery by the dates shown in the project schedule. If there aren't any enter None.

*Describe any impediments to delivery by the dates stated above. If none, enter none.

Assistance Needed: Describe any assistance the sponsor may need in delivering the project. If there isn't any, enter None.

*Describe any assistance needed to deliver the project. If none, enter none.

none

PART G: OTHER INFORMATION

Other Information: Enter any other information about the project that you feel is relevant.

Enter any other information pertinent to the project.

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Certification Check Box: Checking the certification box certifies that the applicant has read and understands the application instructions, program guidance, requirements, terms, and conditions associated with the program for which federal reimbursement funds are being requested and that all information contained in the Application and supporting materials are true, correct and complete to the best of their knowledge.

By checking this box, the applicant certifies that the funding applied for herein adheres to the Application Instructions and Guidance.

Applicant Signature: The Sponsor should digitally sign the Application. The Sponsor's Chief Executive Officer (or designee) authorized to enter into an agreement with the New York State Department of Transportation must sign this application. The person signing the agreement should be the same person empowered to accept federal funds on behalf of their agency.

Signing the Application: The Sponsor's Chief Executive Officer (or designee) authorized to enter into an agreement with the New York State Department of Transportation must sign this application. The person signing the agreement should be the same person empowered to accept federal funds on behalf of their agency.

Applicant Signature:

Save Form and/or Print Form: Before submitting the application save and/or print a copy of the completed application for your records by clicking the Save and/or Print buttons.

Save Form

Print Form

Click to submit: Review the application for accuracy and completeness before submission. Click on the Submit by Email button when you are ready to submit the application.

Submitting the Application: Click on the "Submit by Email" button to submit the application to NYSDOT.

Attach any additional supporting documentation such as backup for cost estimates and location maps to the email.

Submit By Email

Email Information:

Address the email to the Regional Planning contact or the MPO contact in your area. Attach any supporting materials up to 20MB.

Include the following information in the subject line and name of any files and attachments to identify your project in the following format:

PSAP_CountyName_MPOName(if applicable)_SponsorEntity_ShortProjectName

Examples: PSAP_Albany_CDTC_TownColonie_CentralAveXwalks
PSAP_Erie_GBNRTC_CityBuffalo_SignallImprovements
PSAP_Sullivan_TownLiberty_CountDownTimers

Send the email.