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| **Directions for Applicants:** The application, including the supporting documentation (required attachments), must be received online by September 20, 2023, 5:00 PM Pacific Daylight Time. Late applications will not be accepted.All required attachment templates are available on the Reconnecting Communities: Highways to Boulevards (RC:H2B) website <https://dot.ca.gov/programs/local-assistance/fed-and-state-programs/rc-h2b>. Applicants can apply anytime between the Call for Communities, June 20, 2023, and the application deadline of September 20, 2023. Detailed instructions on how to submit the application are on the RC:H2B website. Resubmitting the application to correct for mistakes or include additional information is not permitted.The application must be completed in one sitting, and you will not be able to save your progress and return later to complete the application. For your convenience, there is an "Intake Form" on the RC:H2B website for you to use, if you wish, that follows the online application. This form should not be submitted and is only an aide to assist you in completing all your project information prior to starting the online application, so that when you begin the Smartsheet application you will be prepared to finish it in its entirety.The proposal award announcement is anticipated to be released January 2024. The list of awarded communities will be announced to all applicants and posted to the RC:H2B website. |
| **SECTION 1: PROPOSAL INFORMATION** |
| **Lead Applicant Agency Name** |   |
| **Proposal/Application Title** |   |
| **Caltrans District(s) that proposed improvement area is located within** |  Select all that apply |
| **Proposal Grant Type** |  Select Urban, Rural or Corridor |
| **Proposal Description (150 words max.)** |  |
| **SECTION 2. LOCATION INFORMATION** |
| **Enter the city and county of the proposed improvement area(s).**(List all cities and counties the proposed improvement area(s) are located within, or the closest city and county if within an unincorporated or other kind of community.)Example: "Union City, Alameda County" |   |
| **What is the name of the Community or neighborhood receiving the proposed benefits of this application? List all that apply (if applicable).**Example: "Mission District" "Korea Town" |   |
| **Will the proposal likely include improvements on or immediately abutting or adjacent to the State Highway System or Caltrans Right of Way?**Note, if proposal is likely to include improvements to the State Highway System, Caltrans must be listed as a co-applicant in Section 5 of this application. | Select Yes, No or Unsure |
| *If “Yes” is selected* for the answer above*,* the following question will open for you to answer. **Which Caltrans facility, or facilities, will be or likely be affected by this proposal?***(Example: "State Route 168" or “Highway 33 Overpass")**If “Unsure” is selected*, the following question will open for you to answer:**Describe the potential facility, or facilities, impacted or any location information known at this time.** *(Describe to the best of your knowledge. It is not required to have specific location detail as part of this proposal.)* |  |
| **SECTION 3: LEAD APPLICANT INFORMATION** |
| **Contact Name***(It is recommended that the Project Manager be listed as the primary contact.)* |   |
| **Title of Lead Applicant Contact** |   |
| **Phone Number of Lead Applicant Contact** |   |
| **Email Address of Lead Applicant Contact** |   |
| **Agency Type of Lead Applicant** | Select from list:Unit of Local GovernmentMetropolitan Planning Organization (MPO)Local or Regional AgencyJoint Powers AuthorityFederally Recognized Tribal GovernmentTransit Agency |
| **Does the Lead Applicant have an existing Master Agreement with Caltrans Division of Local Assistance?** | Select Yes, No or In Progress |
| *If “In Progress” is selected* for the answer above*,* the following question will open for you to answer. **What stage of the process is the Master Agreement in?***(Include description and dates of most recent status updates as applicable* |  |
| **SECTION 4: LEAD APPLICANT MARKETING/COMMUNICATIONS CONTACT** |
| **Marketing/Communications Contact Name***Enter the name of a Public Information Officer or other individual to be contacted for external/public communication purposes.* |   |
| **Marketing/Communications Contact Title** |   |
| **Marketing/Communications Organization** |   |
| **Marketing/Communications Contact Phone Number** |   |
| **Marketing/Communications Contact Email Address** |   |
| **SECTION 5: CO-APPLICANT INFORMATION (if applicable)** |
| **Is there a co-applicant for this proposal?** | Select Yes or No (*if “Yes” is selected, the following co-applicant questions will open up for you to answer*) |
| **Co-Applicant Organization** |  |
| **Co-Applicant Contact Person’s Name** |   |
| **Co-Applicant Contact Person's Title** |   |
| **Co-Applicant Contact Person’s Phone Number** |   |
| **Co-Applicant Contact Person’s Email Address** |   |
| **Agency Type for Co-Applicant** | Select from list:Unit of Local GovernmentMetropolitan Planning Organization (MPO)Local or Regional AgencyJoint Powers AuthorityFederally Recognized Tribal GovernmentTransit AgencyCaltrans DistrictOther State AgencyOther (*If other is chosen a new field will open to enter the agency type*)  |
| **Is this co-applicant likely to act as an implementing agency?** | Select Yes or No |
| **Add a Second Co-Applicant?** | Select Yes or No (*if “Yes” is selected, the same co-applicant questions will repeat for the second co-applicant and then you will be asked if there is a third co-applicant)* |
| **Add a Third Co-Applicant?** | Select Yes or No (*if “Yes” is selected, the same co-applicant questions will repeat for the third co-applicant and then you will be asked if there is any additional applicants*) |
| **Additional Co-Applicant(s)?** | If more than three co-applicants, list the additional names and contact information in Attachment D. |
| **SECTION 6: PARTNERING ORGANIZATION INFORMATION (if applicable)** |
| **Is there a partnering organization for this proposal?** | Select Yes or No |
| **If “Yes” is selected for the above question: How many partners are included in this proposal?** | Select the total number of partners included in the proposal (*note* *t*he number of partners identified here should match the number of partners listed in Attachment D) |
| **SECTION 7: BENEFITS TO UNDERSERVED COMMUNITIES** |
| **Is your community underserved based on the criteria outlined in the Guidelines and demonstrated in Attachment C: Determination of Underserved?** |  Select Yes or No |
| **SECTION 8: APPLICATION ATTACHMENTS** |
| **Upload Required Attachments (Limit 15MB each)**Each attachment file name should include the attachment name as seen in the list of required attachments. **The maximum file size for each required attachment is 15MB. For “Any other materials” you are limited to a total of five attachments with a combined file size limit of 25MB in total.**  | * Attachment A: Proposal Narrative
* Attachment B: Proposed Improvement Area Map
* Attachment C: Determination of Underserved
* Attachment D: Summary Partnership Structure
* Application Checklist
 |
| **Optional Attachments (maximum of 5 with a combined file size limit of 25MB total)** | * Any other materials

(*Note that any documents submitted that are optional will not be evaluated. Evaluation will be based on the application and the required attachments only*.) |