Connecticut Safe Routes to School

Application for Program Assistance and Plan Support

Please provide as much information as possible to assist in the evaluation of your application.

1. School Name: _____

2.Town School is located in: _____

3. Name of Principal: _____

4. Type of School: ☐ Elementary ☐ Middle School

☐ Other (please specify) _____

5. Total Number of Students: _____

6. Is this a Title 1 School? (Title 1 schools receive funding specifically for low-income students.) ☐ Yes ☐ No ☐ I Don't Know

7. What are the current conditions for bicycling and walking in the school area? Please include any concerns that have been identified through accident data, traffic counts, community or school surveys, speed surveys or other sources.

8. Has the school completed a Safe Routes to School Plan? ☐ Yes ☐ No

9. CT SRTS Program will supply expert planning assistance. What local support exists to support this SRTS planning process (such as SRTS team or PTO/PTA)? Describe in detail how your community will ensure that the planning process leads to a completed SRTS Plan, including your capacity to provide information about school travel and assist with public outreach.

10. On average, what is the current mode of arrival to school for students? (Select only one choice for each mode.)

a) Bus:

☐ Less than 5% ☐ 5% to 10% ☐ 11% to 20% ☐ 21% to 40% ☐ 41% to 60% ☐ 61% to 80% ☐ Greater than 80%

b) Dropped Off:

☐ Less than 5% ☐ 5% to 10% ☐ 11% to 20% ☐ 21% to 40% ☐ 41% to 60% ☐ 61% to 80% ☐ Greater than 80%

c) Bike:

☐ Less than 5% ☐ 5% to 10% ☐ 11% to 20% ☐ 21% to 40% ☐ 41% to 60% ☐ 61% to 80% ☐ Greater than 80%

d) Walk:

☐ Less than 5% ☐ 5% to 10% ☐ 11% to 20% ☐ 21% to 40% ☐ 41% to 60% ☐ 61% to 80% ☐ Greater than 80%

11. Have there been any crashes involving children within one mile of the school in the last three years? Does the community or school(s) have policies limiting or encouraging biking and/or walking to school? If so, please list them. What policies does the community have that relate to the provision of sidewalks, paths or other bicycle and pedestrian facilities? Does the school or community plan to study changing any of these policies?

12. Please rate your interest in the following types of technical support and education programs offered:

a) Walking Education - Structure Skills Practice:

☐ Least Desired ☐ Less Desire ☐ Some Interest ☐ High Interest ☐ Most Interested

b) Walking Education - Walking to School Event/ Walking School Bus:

☐ Least Desired ☐ Less Desire ☐ Some Interest ☐ High Interest ☐ Most Interested

c) Bicycle Education - Rodeo Event:

☐ Least Desired ☐ Less Desire ☐ Some Interest ☐ High Interest ☐ Most Interested

d) SRTS Plan - Mapping Support:

☐ Least Desired ☐ Less Desire ☐ Some Interest ☐ High Interest ☐ Most Interested

e) SRTS Plan - Walk Audit Support (can include traffic calming assistance):

☐ Least Desired ☐ Less Desire ☐ Some Interest ☐ High Interest ☐ Most Interested

f) SRTS Overview and Q&A (focuses on Program and Plan development):

☐ Least Desired ☐ Less Desire ☐ Some Interest ☐ High Interest ☐ Most Interested

g) Training Assistance for Champion:

☐ Least Desired ☐ Less Desire ☐ Some Interest ☐ High Interest ☐ Most Interested

13. Please let us know how you hope to benefit from SRTS assistance:

14. Contact information for the person submitting the application:

Name _____ Affiliation _____

Address _____ Email _____

City _____ State ____ Zip Code _____ Phone Number _____

15. Is the person submitting the application also considered to be the "champion" for SRTS at the school?

☐ Yes ☐ No If no, please give the contact information of the school's SRTS "champion" for further discussion of this application.

Name _____ Affiliation _____

Address _____ Email _____

City _____ State ____ Zip Code _____ Phone Number _____

Submit completed application to Jessica Bliven:

c/o: VN Engineers Inc.
116 Washington Ave.
North Haven, CT 06473

or

Submit by Email

jbliven@vnengineers.com
Subject: SRTS Support Application