

**Pilot Project Summary**

**A. Project Title**

**B. Project Applicant**

*Provide the name and address of the jurisdiction*

Jurisdiction: \_\_\_\_\_

Address: \_\_\_\_\_

**Primary Contact**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Role on the Project: \_\_\_\_\_

**Secondary Contact**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Role on the Project: \_\_\_\_\_

**C. Project Description**

*Describe the project scope, date, and location to be funded by the Shared Streets 2.0 Pilot Program.*

**Project Scope**

*How will the project advance reduction of vehicle miles traveled by creating safe space for biking and riding micromobility options? How many people do you anticipate reaching with this project? What partner organizations may support the project? How will this project be communicated to the public? How will your organization monitor the success of the project? How will you reach the entire project area including efforts to reach low-income, disabled, and minority communities?*

**Anticipated Pilot Project Start Date:** \_\_\_\_\_



**Proposed Locations**

*Include street name(s) and to/from extent(s), if known. Attach a second page of locations, if needed.*

**D. Project Budget Estimate**

*Provide a clear description of how funding will be used. Outline or attach any quotes that may have been obtained for products or services.*

*Describe how supplemental program funding, if available, would be used to support the pilot project.*

Identify anticipated project expenditures below. Please attach a second page of expenses, if needed.

Expense	Qty	Unit Cost	Description (what would this item be used for)	Estimated Amount
1.		\$		\$
2.		\$		\$
3.		\$		\$
4.		\$		\$
5.		\$		\$
6.		\$		\$
7.		\$		\$
8.		\$		\$
9.		\$		\$
10.		\$		\$
11.		\$		\$
12.		\$		\$
13.		\$		\$
14.		\$		\$
15.		\$		\$
<b>Total</b>				<b>\$</b>

**E. Signature**

Application must be signed by an authorized representative of the applicant, such as the city manager or other authorized individual under the applicant’s policies and procedures.

\_\_\_\_\_  
Signature    Printed Name    Title    Date

