

Exhibit B**TDA Article 3 Project Application Form**

1. Agency	City of Santa Rosa		
2. Primary Contact	Robert Sprinkle		
3. Mailing Address	69 Stony Circle, Santa Rosa, CA 95401		
4. Email Address	rsprinkle@srcity.org	5. Phone Number	707-543-3817
6. Secondary Contact (in the event primary is not available)	Mike VanMidde		
7. Mailing address (if different) N/A ☐			
8. Email Address	mvanmidde@srcity.org	9. Phone Number	707-543-3819
10. Send allocation instructions to (if different from above):			
11. Project Title	Rectangular Rapid Flashing Beacon Installations		
12. Amount requested	\$185,000	13. Fiscal Year of Claim	2023/24

14. Description of Overall Project:

Installation of RRFBs at a minimum of seven locations throughout the City. More locations will be complete if savings occur during the installations that allow for additional infrastructure enhancements.

Project Scope Proposed for Funding: (Project level environmental, preliminary planning, and ROW

Construction

16. Project Location: A map of the project location is attached or a link to a online map of the project location is provided below:

Multiple locations throughout the City of Santa Rosa. Locations include but are not limited to: Dutton Avenue/Funston Drive, Hoen Avenue/Sierra Circle, Summerfield Road/Parktrail Drive, Mendocino Avenue/ Howard Street, North Dutton Avenue/West Eighth Street, Cleveland Avenue/State Farm Drive, & Sebastopol Road/Laurel Grove

Project Relation to Regional Policies (for information only)

17. Is the project in an [Equity Priority Community](#)? Yes ☒ No ☐

18. Is this project in a [Priority Development Area](#) or a [Transit-Oriented Community](#)? Yes ☒ No ☐

19. Project Budget and Schedule

Project Phase	TDA 3	Other Funds	Total Cost	Estimated Completion (month/year)
Bike/Ped Plan				
ENV				
PA&ED				
PS&E				
ROW				
CON	185,000			
Total Cost	185,000			

Project Eligibility

- A.** Has the project been reviewed by the Bicycle and Pedestrian Advisory Committee? Yes ☒ No ☐
If "YES," identify the date and provide a copy or link to the agenda.
If "NO," provide an explanation).
- B.** Has the project been approved by the claimant's governing body? Yes ☐ No ☒
If "NO," provide expected date: 3/28/2023
- C.** Has this project previously received TDA Article 3 funding? Yes ☐ No ☒
(If "YES," provide an explanation on a separate page)
- D.** For "bikeways," does the project meet Caltrans minimum safety design criteria pursuant to [Chapter 1000 of the California Highway Design Manual](#)? Yes ☐ No ☐
- E. 1.** Is the project categorically exempt from CEQA, pursuant to CCR Section 15301(c), Existing Facility? Yes ☒ No ☐
- 2.** If "NO" above, is the project is exempt from CEQA for another reason? Yes ☐ No ☐
Cite the basis for the exemption. N/A
If the project is not exempt, please check "NO," and provide environmental documentation, as appropriate.
- F.** Estimated Completion Date of project (month and year): 10/2024
- G.** Have provisions been made by the claimant to maintain the project or facility, or has the claimant arranged for such maintenance by another agency? (If an agency other than the Claimant is to maintain the facility, please identify below and provide the agreement. Yes ☒ No ☐
- H.** Is a Complete Streets Checklist required for this project ? Yes ☐ No ☒
If the amount requested is over \$250,000 or if the total project phase or construction phase is over \$250,000, a Complete Streets checklist is likely required. Please attach the Complete Streets checklist or record of review, as applicable. More information and the form may be found here: <https://mtc.ca.gov/planning/transportation/complete-streets>