

CDTC Bicycle and Pedestrian Spot Improvement Program Project Application Form

1. Project Name: _____

2. Project Description (please attach additional sheets if necessary; Be Specific):

3. Will this project be implementing a recommendation from a completed Linkage Project ?
If "yes", please identify the study and provide a excerpt indicating this project as a
priority. _____

4. Location: _____
(in addition, please attach map at appropriate scale)

5. Problem or deficiency the project would address: _____

Total Project Cost: _____
(-) Local share (minimum 20% cash match required): _____
Spot Improvement Program Funds requested: _____

Expected completion date (assuming 10/08 notification): _____

Contact person

Name: _____

Title: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

Please feel free to provide any additional information that will help reviewers understand your project's potential benefit. Any questions on the Bicycle and Pedestrian Spot Improvements Program may be directed to Jason Purvis of the CDTC staff at 458-2181.

Three copies of the application material must reach CDTC (Attn: Jason Purvis) by

5:00pm Friday August 29, 2008
One Park Place, Albany, NY 12205