

**Capital District Transportation Committee
Capital Coexist Traffic Safety Ambassador Mini-Grant Program
Application Form**

1. Lead Organization:

2. Organization Type: Local Government Non-profit Business or "Other"

3. Address:

4. Contact Person:

5. Phone Number:

6. Email:

(ex: myname@example.com)

7. Provide a description of proposed project or event:

8. Please explain how the project or event is consistent with the New Visions 2040 and/or the New York State Pedestrian Safety Action Plan goals and objectives. Most importantly: Most importantly, (1) reducing the number of vehicle crashes involving bicyclists and pedestrians, and (2) increasing the number of bicycle and pedestrian trips (especially commuting trips) in the Capital Region.

9. Please outline the tasks to be completed for the proposed project or event and description of desired deliverables.

14. If applicable, describe where the proposed event is located and insert or attach a map.

15. Project Costs

Cost Element	CDTC Funding Requested (reimbursement request)	Total Cost (reimbursement + match)
Labor (Name: ___ hours @ \$ ___ rate)		
Total		
Materials (Item name @ \$ ___ each)		
Total		
Other		
Total		
Total	(No more than 75% of total cost, up to \$5,000)	(Total project cost including matching funds)

16. Description of the applicant and how the Capital Coexist Traffic Safety Ambassador Program fits into its mission or is related to its business.

17. Additional information about this project or initiative to be considered (see evaluation criteria):