



## Safe Routes to School Idaho FY11 Application

Idaho Transportation Department



The purpose of the Safe Routes to School (SR2S) program is to provide children a safe, healthy alternative to riding the bus or being driven to school. Eligible projects will address all of the following within two miles of primary and middle schools (K-8): current conditions, education, encouragement, enforcement, evaluation and engineering efforts.

ITD recommends reading the *Application Guidelines* and the *SR2S Procedures Manual* before completing this application. The guidelines, as well as this application, are available at [www.itd.idaho.gov/sr2s](http://www.itd.idaho.gov/sr2s).

The SR2S Advisory Committee will make the final decision on which year your project will be funded.

Applicants are encouraged to complete the form in a Word or Adobe format, but handwritten applications will be accepted. Answers may not exceed the specified word count. Please be complete and concise. Please be aware that responses are limited to the space provided. Information that exceeds the space allowed will not print.

Applications are due by 5:00 p.m. on March 31. This cover page should not be included. Please deliver one (1) original and fifteen (15) copies to:

Safe Routes to School Coordinator  
Idaho Transportation Department  
P.O. Box 7129  
Boise, ID 83707-1129

Physical delivery address:  
Safe Routes to School Coordinator  
Idaho Transportation Department  
Annex Building  
3293 Jordan Street  
Boise, ID 83703

[joconnor@itd.idaho.gov](mailto:joconnor@itd.idaho.gov)  
208-334-4475 (phone)  
208-334-8595 (fax)

**Section 1 – Summary - Refer to the Application Guidelines for help completing this form.**

Date Submitted	School(s) Included	SR2S Use Only	
Brief Description of Project			
<input type="checkbox"/> Proposed Project Directly Supports a K-8 School	Infrastructure Funding Request \$	Non-Infrastructure Funding Request \$	Previously Funded Year(s)
Project Leader (Name of person filling out the application)		Title	Project Leader's E-mail Address
Address		City	Zip
			Phone Number

ITD District (check one)

- District 1 – Boundary, Bonner, Kootenai, Benewah, and Shoshone counties
- District 2 – Latah, Nez Perce, Clearwater, Lewis, and Idaho counties
- District 3 – Adams, Valley, Washington, Payette, Gem, Boise, Canyon, Ada, Elmore and Owyhee counties
- District 4 – Camas, Blaine, Gooding, Lincoln, Jerome, Minidoka, Twin Falls, and Cassia counties
- District 5 – Bingham, Caribou, Power, Bannock, Oneida, Franklin, and Bear Lake counties
- District 6 – Lemhi, Custer, Butte, Jefferson, Clark, Fremont, Madison, Teton, and Bonneville counties

**Section 2 – Project Partners** Partners may include, but are not limited to law enforcement, healthcare, education, PTO volunteers, etc.

**Sponsor** – Projects with infrastructure improvements must be sponsored by the agency with jurisdiction over the project. Projects with only non-infrastructure improvements may be sponsored by any organization, including non-profits. (Refer to the Application Guidelines for assistance.)

Sponsoring Agency's Name		Representative's Name (Printed)		Title	
Address		City	Zip	Email Address	Phone Number

I certify that the above named sponsoring agency supports the proposed Safe Routes to School project. The Sponsor has the legal authority to apply for and pledge the funds required to receive reimbursement for the requested Safe Routes to School funds, and shall enter into a State/Local Agreement with ITD. I further certify that the Sponsor will provide maintenance for all infrastructure improvements upon completion. I understand that this is not a grant; this is a reimbursement program, and that all federal rules for contracting, auditing, and reimbursement will apply to the project.

Representative's Signature	Date
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**Partnering Organization/Agency** Add additional partners if more than four. (Attach a letter identifying this partner's role)

Organization/Agency Name	Representative's Name (Printed)	Title
Representative's Signature		Email Address

**Partnering Organization/Agency** (Attach a letter identifying this partner's role)

Organization/Agency Name	Representative's Name (Printed)	Title
Representative's Signature		Email Address

**Partnering Organization/Agency (specify)** (Attach a letter identifying this partner's role)

Organization/Agency Name	Representative's Name (Printed)	Title
Representative's Signature		Email Address

**Partnering Organization/Agency (specify)** (Attach a letter identifying this partner's role)

Organization/Agency Name	Representative's Name (Printed)	Title
Representative's Signature		Email Address

**Section 3 – Project Information**

**Part 1 - Students** Provide details on each school involved. Attach additional sheets of information if more than 3 schools are involved.

Number of students that attend each affected school(s)	State how students <u>are currently</u> traveling to school and anticipated increase in both numbers and percentage if project is funded.
1. School Name:  Total Students:  Number receiving free lunch :	Walk – Current/Anticipated increase percentage and number  Bike - Current/Anticipated increase percentage and number  Car - Current/Anticipated change :  Bus - Safety Bussed    Pre project:                      Post project:  Other -                      Explain:
2. School Name:  Total Students:  Number receiving free lunch :	Walk - Current/Anticipated increase percentage and number  Bike - Current/Anticipated increase percentage and number  Car - Current/Anticipated change :  Bus - Safety Bussed    Pre project:                      Post project:  Other -                      Explain:
3. School Name:  Total Students:  Number receiving free lunch :	Walk - Current/Anticipated increase percentage and number  Bike - Current/Anticipated increase percentage and number  Car - Current/Anticipated change :  Bus - Safety Bussed    Pre project:                      Post project:  Other -                      Explain:

**Part 2 - Barriers** List the top **three** reasons why children can not safely walk and bicycle to this school

**Part 3 - Current Efforts** What is currently happening to increase awareness about the need for SR2S at each school? Applicants previously funded must describe current projects in detail and/or attach their current School Travel Plan.

#### **Section 4 – Project Goals**

**Part 1 – Goals** Describe the project's long and short term goals, and give details about the time frame being allowed for each.

**Part 2** - Describe the strategies being considered to reach these project goals.

**Section 5 – Community Support** Building sustainable SR2S projects takes the commitment of a whole community.

**A - Advocacy** Are you aware of any type of advocacy efforts for bicycle and pedestrian related issues in your community? If yes, are these individuals involved in your project, and if yes, show how they are involved.

**B - Existing Policies** Are there existing bicycle and pedestrian policies or community based plans? If yes, provide details.

**Section 6 – Engineering** Only projects that meet the environmental requirements of a Categorical Exclusion shall be considered. Refer to [guidelines for tips on success for infrastructure projects](#).

**A – Proposed solution** Describe the project's proposed improvements to the infrastructure within two miles of the K-8 Grade school. Is this the only solution that was considered, and who was consulted? If the project involves utilities, canals or railroad please attach evidence of support, copies of agreements and details on who will pay for changes as a result of the project.

**B – Routes** Will the project help establish shorter or more direct walking routes, or enhance existing routes? Have neighbors been informed about the project? Explain.

**C – Congestion** Do you believe this project will help reduce motor vehicle congestion in the vicinity of the school? If Yes, show how, including information about how school bus and parent pick-up /drop-off policies and procedures will be affected by the project.

**Section 7 – Pedestrian/Bicycle Safety and Skills Education**

**A – Proposal** Describe the project's proposed educational efforts; include information about on-going efforts and what changes will be made.

**B – Training** Does your community plan to provide pedestrian safety and bicycle skills/safety training this year for students in Kindergarten through 8<sup>th</sup> grade? If so, when and what kind of activities are planned?

**C – Maps** Will maps showing preferred routes to school be created by the end of the project be distributed to students and parents?

**D – Effectiveness** How will this project make children more comfortable or confident about walking and bicycling to school?

**E – Assistance** Does your school/community need additional assistance to help implement your SR2S education/encouragement program if funded? If so, describe additional assistance needed.

### Section 8 – Encouragement and Community Involvement

**A – Proposal** Describe the projects proposed encouragement efforts. Include information on current encouragement efforts.

**B – Community** Describe the kind of encouragement activities being provided by community partners to encourage participation?

**C – Law Enforcement** Describe how local law enforcement plans to participate encourage more students to walk or bicycle to school.

**D – Crossing Guards** Does the school have a crossing guard program? If not, will there be a program in place by the end of this project?

### Section 9 – Evaluation

NCSRTS Survey forms and instructions are located at [www.saferoutesinfo.org/Resources/Evaluation](http://www.saferoutesinfo.org/Resources/Evaluation). An example progress report and a Travel Plan outline are available in the SR2S Guidelines.

I certify that this project will meet the evaluation requirements for the Idaho Safe Routes to School program, including pre-mid- and post-project NCSRTS surveys, ITD quarterly progress reports, and a commitment to compile an Idaho School Travel Plan during the one or two-year program. I understand that failure to submit survey information and progress reports could result in the termination of the project. Based on our project timeline, I have identified the month and year that the plan will be submitted.

Date Travel Plan is Due (month/year)	Sponsor's Authorized Representative's Signature
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**Attachments** - The following documents must be attached to your application.

- A map and/or aerial photograph (8.5"x11") showing a two-mile radius around your school(s). These should be in color and in a scale that shows existing conditions (sidewalks, bike lanes, crosswalks, school zones, etc.), the location of the school(s), the most popular walking and bicycling routes, and the location of proposed improvements. Maps/photographs are required for applications with infrastructure improvements and highly recommended for all other applications.
- Cost Estimates – Infrastructure improvement costs and non-infrastructure improvement costs must be estimated separately.
- ITD Environmental Evaluation (ITD 0654 attached) Must be signed by ITD District Environmental Planner.
- Concept report (ITD 0190 attached) Must be signed by ITD District SR2S Contact.
- Letters of Support from partners describing their roles and responsibilities
- Each document/form must have applicable signatures.
- Copies of agreements or letters of support from stakeholders (including utility companies or canals companies) affected by the proposed project.

## Section 10 – Funding Requests

**Cost Estimate for Non-Infrastructure Efforts:** Local funds and in-kind donations are encouraged, but not required.

Education/Encouragement Activities	Item Description	Costs (\$)	Value of Donated Items	ITD Use Only
	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			
	8.			
	9.			
	10.			
	11.			
	12.			
	<b>Totals</b>			

**Indirect costs** The SR2S Advisory Committee may choose not to allow indirect costs. Indirect costs include, but are not limited to, general administration and general overhead, project administration expenses, operation and maintenance expenses, depreciation and use allowances, etc.

Printed Name of Person Completing this Section	Signature	Title

**Cost Estimate for Infrastructure improvements** – Local funds and in-kind donations are encouraged, but not required.

Items (If quantity and unit price are not applicable, only fill in Cost.)	Quantity (Q)	Unit Price (UP)	Cost (Q x UP)	Value of Donated Items	ITD Use Only
1. Demolition/Removal of Existing					
2. Clearing/Grubbing					
3. Grading					
4. Drainage/Irrigation					
5. Permanent Signs or Displays					
6. Erosion/Pollution Control					
7. Utility/Sewer					
8. Pavement and Base					
9. Curb and Gutter					
10. Slope Protection					
11. Retaining Walls					
12. Pedestrian Crossing Signals and Illumination					
13. Striping					
14. Bicycle Storage Systems					
15. Footings/Foundations					
16. Electrical					
17. Barriers					
18. Concrete					
19. Inflation 5% per year					
20. Other (list)					
<b>Totals (Maximum allowed \$100,000)</b>					

**Any cost overruns are the responsibility of the project sponsor.** It is recommended that a licensed engineer complete this estimate.

Printed Name	Signature	Title
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**Section 11 – Forms**

**Environmental Evaluation (ITD 0654)**



This form must be filled out for all projects that include infrastructure improvements.

Date	District	Route #	City/County
Project Name		Project Number	Key Number
Work Authority	Program Year	Termini (Mp To Mp)	

Acres of New Public R/W	Acres of New Private R/W	(Discuss the existing use of R/W to be acquired, plus adjacent land use, zoning, development plans, etc. on attached Environmental Summary Sheet)
Tribal Impact <input type="checkbox"/> Cultural <input type="checkbox"/> Archeological <input type="checkbox"/> Reservation <input type="checkbox"/> None		Public Interest Expected? <input type="checkbox"/> Yes <input type="checkbox"/> No
Air Quality <input type="checkbox"/> Attainment Area <input type="checkbox"/> Non-Attainment Area <input type="checkbox"/> CO <input type="checkbox"/> PM Exempt Project <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type One Project (i.e., New Location, Substantial Alignment Change, Addition of a Through-Traffic Lane)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Construction Impacts Requiring Special Provisions (Enter Details on Reverse Side)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Program Year ADT      DHV      % Trucks      Posted Speed		Design Year ADT      DHV      % Trucks      Posted Speed
Distance of Nearest Noise Receptor to Centerline Existing      Proposed		

**Project Purpose and Benefits**

**Double mark (xx)** only the item that best describes the Primary Reason for Proposing this Project

**Single mark (x)** all Other Relevant Items

- |   |  |
|---|--|
| <input type="checkbox"/> Maintain/Improve User Operating Conditions | <input type="checkbox"/> Enhance Accessibility for the Disabled/Safety                                   |
| <input type="checkbox"/> Maintain/Improve Traffic Flow              | <input type="checkbox"/> Enhance Pedestrian Safety and/or Capacity                                       |
| <input type="checkbox"/> Time Savings                               | <input type="checkbox"/> Enhance Bicycle Safety and/or Capacity  |
| <input type="checkbox"/> Increase Capacity                          | <input type="checkbox"/> Traffic Composition Enhancement (e.g., Truck Route, HOV Lane, Climbing Lane)    |
| <input type="checkbox"/> Reduce Congestion                          | <input type="checkbox"/> Visual/Cultural Enhancement (e.g., Landscaping, Historic Preservation)          |
| <input type="checkbox"/> Reduce Hazard(s)                           | <input type="checkbox"/> Environmental Enhancement (e.g., Air Quality, Noise Attenuation, Water Quality) |
| <input type="checkbox"/> Reduce Highway User Operating Costs        | <input type="checkbox"/> Economic Prudence (e.g., Repair Less Expensive than Replacement, B/C Ratio)     |
| <input type="checkbox"/> Other, List                                |  |

**Check Any of the Following That Require Avoidance, Minimization, or Discussion** (If Yes, describe in the Environmental Document or CE)

- |   |                          |                          |   |                          |                          |
|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
|   | Yes                      | No                       |   | Yes                      | No                       |
| 1. Noise Criteria Impacts*                | <input type="checkbox"/> | <input type="checkbox"/> | 17. Threatened/Endangered Species*  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Change in Access or Access Control     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Listed <input type="checkbox"/> Proposed                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Change in Travel Patterns              | <input type="checkbox"/> | <input type="checkbox"/> | 18. Air Quality Impacts   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Neighborhood or Service Impacts        | <input type="checkbox"/> | <input type="checkbox"/> | 19. Inconsistent With Air Quality Plan  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Economic Disruption                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> SIP <input type="checkbox"/> TIP                                     |                          |                          |
| 6. Inconsistent W/Local or State Planning | <input type="checkbox"/> | <input type="checkbox"/> | 20. Stream Alteration/Encroachment**  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Minorities, Low Income Populations     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> IWDR <input type="checkbox"/> F&G <input type="checkbox"/> COE (404) |                          |                          |
| 8. Displacements*                         | <input type="checkbox"/> | <input type="checkbox"/> | 21. Flood Plain Encroachment*   | <input type="checkbox"/> | <input type="checkbox"/> |

(ITD 0654 Rev. 1-08)

	Yes	No		Yes	No
9. Section 4(f) Lands-DOT Act 1966* (i.e., Public Parks/Rec Areas/Trails, Wildlife/Waterfowl Refuges, Wild or Scenic Rivers, Historic Sites/Bridges, Archaeological Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Longitudinal <input type="checkbox"/> Traverse		
10. LWCF Recreation Areas/6(f) Lands*	<input type="checkbox"/>	<input type="checkbox"/>	22. Regulatory Floodway <input type="checkbox"/> PE Cert. & FEMA Approval <input type="checkbox"/> Revision	<input type="checkbox"/>	<input type="checkbox"/>
11. Section 106-Nat. Hist. Preserv. Act*	<input type="checkbox"/>	<input type="checkbox"/>	23. Navigable Waters** <input type="checkbox"/> CG (Sec 9) <input type="checkbox"/> COE (Sec 10) <input type="checkbox"/> Dept. Lands	<input type="checkbox"/>	<input type="checkbox"/>
12. FAA Airspace Intrusion**	<input type="checkbox"/>	<input type="checkbox"/>	24. Wetlands* <input type="checkbox"/> Jurisdictional** (404) <input type="checkbox"/> Non-Jurisdictional	<input type="checkbox"/>	<input type="checkbox"/>
13. Visual Impacts	<input type="checkbox"/>	<input type="checkbox"/>	25. Sole Source Aquifer <input type="checkbox"/> Exempt Project <input type="checkbox"/> Non-Exempt**	<input type="checkbox"/>	<input type="checkbox"/>
14. Prime Farmland*, Parcel Splits	<input type="checkbox"/>	<input type="checkbox"/>	26. Water Quality, Runoff Impacts	<input type="checkbox"/>	<input type="checkbox"/>
15. Known/Suspected "Hazmat" Risks	<input type="checkbox"/>	<input type="checkbox"/>	27. NPDES-General Permit (If no, complete sediment-erosion control plan)	<input type="checkbox"/>	<input type="checkbox"/>
16. Wildlife/Fish Resources/Habitat**	<input type="checkbox"/>	<input type="checkbox"/>			

\*If yes to these items, supplemental reports or documentation are required (e.g., Relocation Report; Wetlands Determination/Finding; Fish and Wildlife Species List Update; SCS Form AD-1006, *Biological Assessment*, etc.)

\*\*If yes to these items, a letter of input is required from the appropriate agency.

**Recommendation**

<input type="checkbox"/> A. The project does not individually or cumulatively have a significant adverse effect on the human environment (Categorical Exclusion) <input type="checkbox"/> 23 CFR 771.117(c), i.e., Special and Programmatic <input type="checkbox"/> 23 CFR 771.117(d), i.e., FHWA Approval
<input type="checkbox"/> B. There is insufficient information to support A above or no precedent exists. (Environmental Assessment)
<input type="checkbox"/> C. The project will result in a significant effect on the human environment. (Environmental Impact Statement)

Prepared By (Consultant, District Environmental Planner, or LHTAC Signature*)	Date
Reviewed By (District Environmental Planner, Project Development Engineer, or LHTAC Signature*)	Date

**\*One Signature by an ITD Planner and one by an ITD Engineer or Consultant**

Construction Impacts Requiring Special Provisions
Project Description (If not attached)

(ITD 0654 Rev. 1-08)

## **ITD Environmental Evaluation Instructions**

**Date** – Should be dated at time of submission.

**District** – ITD District(s) where project is planned.

**Route #** - ITD right-of-way, if appropriate.

**City / County** – Place name(s)

**Project Name** – Should be consistent throughout all documentation.

**Project #, Key #, Work Authority**—Assigned by ITD (leave blank).

**Program Year** – 2009/2010/2011

**Termini** (MP(Milepost)to MP) – Consult ITD environmental planner for your district (listed below).

**Acres of new public right-of-way** – Estimate of acreage or portions thereof (to 3 digits) that will be added to ITD or local public jurisdiction right-of-way.

**Acres of new private right-of-way** – Estimate of acreage or portions thereof (to 3 digits) that will be added in a private non-profit ownership, sponsored by a local jurisdiction that provides for the guarantee of operation and maintenance.

**Discussion of land use** – On a separate sheet, describe the existing and adjacent land use as well as adjoining land use and compatible development plans.

**Tribal Impact** – Check appropriate box. More than one box may be checked. **Public interest** – Applicant's estimation.

**Air Quality** – Check either Attainment or Non-Attainment Area after consulting with the District Environmental Planner (listed below).

**Will project generate or improve air pollutants carbon monoxide or particulate matter?** Check as appropriate.

**Is it the applicant's opinion that the project is categorically excluded from environmental review?** Consult District Staff and mark as believed correct.

**Type One Project** – Check as appropriate

**Special Construction Provisions** – Check as appropriate and consult District Environmental Staff.

**Program Year and Design Year Compared:** ADT = Average Daily Traffic; DHV = Design Hour Volume; % Trucks = Truck Volume; Posted Speed = Speed Limit. Rarely appropriate for Transportation Enhancement. Mark "Not Applicable or N/A".

**Distance to Nearest Noise Receptor** = Linear Feet from centerline to nearest occupied residence or commercial building.

**Project Purpose and Benefits:** Mark with single x or double x as indicated. Double x marks should emphasize the primary reason(s) for the project and should be used only once.

**Environmental Checklist:** Mark all categories yes or no. All yes answers require description, and the sponsor's plan to avoid the impact, minimization of impact or mitigation of impact. This will comprise the Environmental Document. If all are marked "no", the ITD may find that this is categorically excluded. The sponsor should indicate their claim for CE. Other supplemental documents and official environmental forms may be required.

**Recommendation:** consult District Environmental Staff or Kim Just, ITD Environmental Planner, at (208) 334-8478 or [kim.just@itd.idaho.gov](mailto:kim.just@itd.idaho.gov).

There are three types of Categorical Exclusions in ITD. 23 CFR 771.117 includes two lists of project types: The (c) list and the (d) list. The (c) list can be signed off by ITD but the (d) list requires FHWA approval. The third type is the (d) list Programmatic. These are projects that are on the (d) list but impact only the traveled way. These can also be signed off by ITD (see [http://www.itd.idaho.gov/manuals/Online\\_Manuals/Environmental/Environmental.htm](http://www.itd.idaho.gov/manuals/Online_Manuals/Environmental/Environmental.htm)).

### **Contact the ITD District Environmental Planner for all environmental questions:**

**District 1:** David Karsann, 600 W. Prairie, Coeur d'Alene, 83815, (208) 772-1200

**District 2:** Zachary Funkhouser, 2600 N.&S. Highway, P.O. Box 837, Lewiston, 83501 (208) 83501

**District 3:** Greg Vitley, 8150 Chinden Blvd., P.O. Box 8028, Boise 83707 (208)334-8300

**District 4:** Connie Jones, 216 S. date St., Shoshone, 83352 (208) 886-7800

**District 5:** Alan Wubker, 5151 S. 5<sup>th</sup>, P.O. Box 97, Pocatello, 83205 (208)239-3300

**District 6:** Tim Cramer, 206 N. Yellowstone Highway, P.O. Box 97, Rigby 83442 (208) 745-7781

**ITD Environmental Planner** Contact Kim Just, Environmental Planner for ITD – (208) 334-8478 or [kim.just@itd.idaho.gov](mailto:kim.just@itd.idaho.gov)

## Safe Routes To School (SR2S) Project Concept Report



See instructions on page 2, or click on [Go to Instructions](#)

<b>1. Project Title</b>		<b>Location</b>	
<b>Located on National Highway System</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Impacts Roadway Prism</b> (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2. Proposed SR2S Improvements</b> <input type="checkbox"/> Separated Pathway <input type="checkbox"/> Sidewalks <input type="checkbox"/> Part of Road Widening <input type="checkbox"/> Curb and Gutter <input type="checkbox"/> Drainage <input type="checkbox"/> Other (describe) _____			
<b>3. Right-of-Way is Established</b> (if No, see instructions) a. ITD Ownership <input type="checkbox"/> Yes <input type="checkbox"/> No b. Private Ownership <input type="checkbox"/> Yes <input type="checkbox"/> No c. Local Governmental Ownership <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>4. Maps</b> (attach as appropriate) <input type="checkbox"/> a. Vicinity Map <input type="checkbox"/> b. Signage <input type="checkbox"/> c. Historic District	
<b>5. Standards</b> <input type="checkbox"/> AASHTO <input type="checkbox"/> ITD <input type="checkbox"/> Idaho State Public Works Construction (ISPWC) <input type="checkbox"/> Local (meets ISPWC minimum) <input type="checkbox"/> Other (specify) _____			
<b>6. Proposed Work</b> – check appropriate activities (Note: ADA work items listed separately in Part 8, below) <input type="checkbox"/> Excavation <input type="checkbox"/> Bike Lanes <input type="checkbox"/> Curb and Gutter <input type="checkbox"/> Sidewalk <input type="checkbox"/> Lighting <input type="checkbox"/> Drainage <input type="checkbox"/> Utilities (move/modify) <input type="checkbox"/> Base <input type="checkbox"/> Bridge <input type="checkbox"/> Surfacing <input type="checkbox"/> Guard Rails <input type="checkbox"/> Fence <input type="checkbox"/> Bike Racks <input type="checkbox"/> Benches <input type="checkbox"/> Striping <input type="checkbox"/> Other (specify) _____			
<b>7. Canal and/or Railroad Right-of-Way is Impacted</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, attach site plans (including narrative) and/or indicate when plans and agreements will be available _____			
<b>8. Americans With Disabilities Act (ADA) Improvements Planned</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide site plans indicating location and graphics. If No, explain: _____			
<b>9. Signatures and Concept Report</b>			
ITD SR2S District Contact Name (Printed)		Signature	Date
Sponsor's Name (Printed)		Signature	Date
Concept Report Narrative (200 words or less)			

## Instructions for SR2S Project Concept Report

[Return to SR2S Project Concept Report Form](#)

1. Give the project title and where it is located, including if it is located on the National Highway System (NHS) or impacts the Roadway Prism. For the purpose of SR2S, roadway prism is defined as the area beneath the roadway surface, including shoulders, but excluding curb, gutter, and sidewalks.
2. Indicate the type of SR2S improvements.
3. Right-of-Way for this project must be established before submitting a SR2S application. All projects require a title opinion or verification of ownership by the County Clerk/Recorder. Projects requiring the use of ITD right-of-way must obtain a Right-of Way Use Permit or waiver from their ITD District Office.
4. Map of project area must be included. Neighborhoods older than 50 years are considered to be of historical significance and may require additional levels of review.
5. Indicate appropriate standards that will apply to the proposed SR2S project. Projects located on the National Highway System (NHS) that impact the roadbed must meet ITD standards, all others must meet minimum ITD approved standards.
6. Check all work elements that apply and include summary as necessary. Documentation showing who will be responsible for work affecting utilities must be provided and letters from effected (including utility and canal companies) showing their support for the proposed project.
7. Check whether railroad and/or canal right-of-way is impacted and if so, provide necessary agreements and/or site plans.
8. American with Disabilities Act (ADA) Requirements: Check as applicable; if Yes, provide site plans indicating location and graphics. If No, explain.
9. Provide the SR2S ITD District contact and sponsor's name and signature, and a brief Concept Report Narrative. The Concept Report Narrative should be similar to Section 1 of the SR2S application and should include the following, if appropriate:
  - **Color Vicinity Map** on 8.5" x 11.0" paper (state or county maps are not sufficient scale to support concept).
  - **Color Photographs** of existing conditions to be remedied. Provide sufficient photos to illustrate your project, and place several on one page.
  - **Summary** of environmental avoidance, minimization, or mitigation (ITD 0654 Environmental Evaluation)
  - **Project schedule** demonstrating ability to complete the project within 2 years. (See SR2S application timeline.) Sponsors may provide their own schedule.

[Return to SR2S Project Concept Report](#)