

Safe Routes to School (SRTS)  
Signs and Lines Program  
2019-2020 Project Application

<b>A. School and Municipality Applicant Information</b>	
1. Name of Applicant School:	
2. Municipal Applicant Contact:	
3. Title/Role:	
4. Phone Number:	
5. Email Address:	
6. Address:	
7. Address 2:	
8. Town/City:	
9. Zip Code:	
10. School Applicant Contact:	
11. Title/Role:	
12. Phone Number:	
13. Email Address:	
14. Address:	
15. Address 2:	
16. Town/City:	
17. Zip Code:	

<b>B. Safe Routes to School Partnership Information</b>	
1. Are you a Safe Routes to School Partner?	
2. Partnership level (2018-2019 School Year):	
3. Describe your involvement with the SRTS program:	

<b>C. Project Information</b>	
1. Grades Served	2. Total Number of Students
3. Number of Daily Walkers	4. Number of Daily Bikers
5. Describe the project: <i>You may include one additional page with a map and/or photos</i>	
6. How would this project benefit your students?	
7. How many more walkers and bikers will you see as a result of this project?	
8. Please describe the school and municipal support of this project: <i>You may include letters of support with this application</i>	

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Name of Applicant School:	
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School Applicant Signature

Date

We understand that this is a reimbursement-based project and that the municipality must pay for all costs in advance.

If our project is selected, we agree to adhere to all the terms and conditions of the Memorandum of Understanding (MOU) and sign the MOU prior to beginning any project-related tasks.

We have read through the Signs and Lines Guidance Document and understand the process and timeline of all project-related tasks.

If our project is selected, we agree to complete all work within the current school year, no later than June 30.

If our project is selected, we agree to submit an invoice for work completed not to exceed \$6,000 and no later than July 15 of the school year where the project was completed.

I am authorized to sign below and commit resources on behalf of the municipality.

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Municipal Applicant Signature

Date

**Please email completed form to [SRTS@dot.state.ma.us](mailto:SRTS@dot.state.ma.us) or fax to 857-368-0656**

<b>Internal use only:</b>	
Information reviewed and confirmed by SRTS	
Date Joined SRTS Program:	
Partnership Level (if available):	
Application received on date:	
SRTS Outreach Coordinator:	
Signature:	