

Submit the completed application form in fillable PDF format (not printed and scanned) along with the Network Planning Cost Estimate, Signature Form, Council/Board/Band Council Resolution/Approval, and any other supporting documentation via email to BCATgrants@gov.bc.ca.

If more space is needed than the form allows, you may refer to an attached supplement. If you require further information or assistance, please read the Program Guidelines, review the BC Active Transportation Infrastructure Grants Program website, or contact program staff at BCATgrants@gov.bc.ca.

Information collected is subject to BC's Freedom of Information and Protection of Privacy Act.

SECTION 1. CONTACT INFORMATION					
Legal name of applicant:					
Applicant Address: City: Postal Code:		Postal Code:	Population:		
Che	ck which applies:				
	Indigenous Government	Municipality	Islands Trust		
	Regional District or an Elector	oral Area of a Regional District			
	Indigenous Economic Develo	opment Corporation where the Nation	on is the shareholder		
Prim	Primary Contact Name:Phone:				
Title	: :		Email:		
Prim	nary Contact Address:	City:	Postal Code:		
SEC	CTION 2. REQUIREMENTS I	N ORDER TO ADVANCE (Project	may be ineligible if any of the ans	swers to the	
que	estions below is "NO")				
1.	Is the population of the con			Yes No	
		iller communities through 50% cost re Transportation Network Plan. Lai	•		
2.	Is the Active Transportation	Network Plan Cost Estimate form	submitted with your application?	Yes No	
3.	Has the Council/Board/Ban	d Council Resolution/Approval bee	n obtained and submitted	Yes No	
	with your application? See	requirements in Program Guideline	S.		
SEC	CTION 3. COMPONENTS				
1.	Project Title:				
2.	Description (high level score	pe outline):			
3.	Will the Active Transportati	on Network Plan address conflicts o	caused by traffic congestion?	Yes No	
4.		on Network Plan support active trar			
	transportation is defined as socializing or running erran	human-powered forms of commutids.	ng to work, school, recreation,	Yes No	
5.	•	on Network Plan include access to	•		
		ricts and/or provincial active transp hospitals, recreation areas, shoppi	ortation routes (e.g. major employer ng, trails, transit)? Describe:	s Yes No	
	, ,		,		



6.	Will the Active Transportation Network link to any of the following? Transit Aviation Train Ferries Park and Ride Roads Other Describe:				
SEC	TION 4. HEALTH AND ECONOMY				
1.	Describe how the Active Transportation Network Plan will align with the community's goals and priorities related to healthy living.				
2.	Describe the potential economic benefits to your community (e.g. construction of the infrastructure will provide local jobs; enhance tourism, connect retail centres and employment).				
SEC	TION 5. SAFETY				
1.	What are some of the safety issues in your community that will be addressed in your Active Transportation Network Plan (e.g. stairway linking neighbourhoods to schools; sidewalks for safer pedestrian travel; bike paths linking the town centre to recreation areas)? Please provide details on how the Active Transportation Network Plan will address safety concerns, including supporting documentation and quantitative data or anecdotal data. (ICBC Statistics and crash maps for the province and Transport Canada's National Collision Database provides data on bicycle and pedestrian collisions with vehicles).				
2.	Provincially funded active transportation projects must be consistent with best practices for active transportation design. Indicate which documents you plan to use in network plan development:				
	BC Active Transportation Design Guide (This is the preferred document)				
	Guideline for the Development of Bicycle Facilities (4th Edition)				
	<u>Urban Bikeway Design Guide</u>				
	Bikeway Traffic Control Guidelines for Canada				
	Other (specify):				
SEC	TION 6. TIMING, CONSULTATION AND MONITORING				
1.	Will the Active Transportation Network Plan be complete and approved by March 2026? Yes No				
2.	Describe any consultation and/or engagement you will be undertaking, include key stakeholders, methodology and possible timing.				

3.	Describe any data collective Transportation No.	ction you will be undertaking, and if/how lo etwork Plan.	onger-term data collection will be	a part of the
4.	Describe how you will m	onitor the implementation of the Active Tr	ransportation Network Plan to en	sure success.
SEC 1.	_	ve right-of-way(s) within the proposed Act railway, BC Hydro)? Please list all agend	•	area
2.	Will the above agencies Network Plan?	be consulted during the development of t	the Active Transportation	Yes No
SEC	TION 8. PROJECT COST	INFORMATION		
Guid eligib	se see Program elines for information on ole costs, ineligible costs, third-party contributions.	Total Estimated Project Cost Total Estimated Eligible Project Cost (must match Cost Estimate) Third party contribution(s) or in-	(A)	
Grant request must be 50% of total eligible costs less		kind/donated contributions: Total Estimated Eligible Project Cost less third party or in-kind	(C)	
	-party or in-kind funding, 50,000, whichever is less.	contributions: (B) – (C)	(D)	
		Grant Request: 50% of (D) or \$50,000, whichever is less Applicant Share: (A) – (C + E)	(E)	
		[] [] [] [] [] [] [] [] [] []		

SECTION 9. DOCUMENT CHECKLIST Attach documents				
	Active Transportation Network Plan Cost Estimate			
	Council/Board/Band Council Resolution/Approval			
	Signature Form			