Virginia SRTS Program--Walkabout Mini-grant Application

Contact Information

What is your contact information? First Name Last Name
Title
Organization
Street Address
Apt/Suite/Office
City Zip
Empail Address
Email Address
Phone Number
2. Are you the primary contact person for the walkabout?
© Yes
O No

Vho is the primary contact person f			
First Name	Last Name		
Title			
Organization			
Street Address			
Apt/Suite/Office		_	
City Zip			
Email Address			
Phone Number			
nool Information			
School name and address			
School Name			
Street Address			
City Zip			
	J		

4. Is this a Title 1 school?				
O Yes				
© No				
C Don't know				
5. Grades served Check all that apply.				
□к	□ 5			
□ 1	□ 6			
□ 2	□ 7			
□ 3	□ 8			
□ 4				
6. Approximate number of students enrolled during the current academic year				
7. Approximate number of students who live wi	thin:			
1 mile of school				
2 miles of school				
2 1111103 01 3011001				

8. Approximate number of students who regularly walk and/or bike to school				
walk to school				
DIKE to SCHOOL				
9. Which of the following does the school provide Check all that apply	le to promote safe walking and biking?			
☐ Volunteer crossing guards	☐ Parent/volunteer patrol			
 □ Police crossing guards □ Staff supervision □ "Walking School Bus" □ Traffic safety plan 	☐ Bike racks			
	 Separate drop-off locations for vehicles and bus riders 			
	Separate arrival/dismissal times for			
	pedestrians/bikers and vehicle/bus riders			
	Other			
10. Are there any other nearby schools that might be improvements? Please list schools that might be that are within 1 mile of the school indicated about	enefit from pedestrian and bicycle improvements			

Rationale for Walkabout and Availability

11. Please explain why you are applying for a Walkabout Mini-grant?			
12. Is the purpose of the walkabout to develop stakeholder consensus and recommendations for a specific grant opportunity?			
© Yes			
© No			
What is the name of the grant?			
When is the grant application due?			
Please provide a link to the grant application web page.			

13. When would you like to have the walkabout? Please indicate three potential dates. Please also indicate which stakeholders would be able to attend the walkabout on each date. *IMPORTANT:* Please indicate dates that are at least one month or more from the date of application to allow for application review and walkabout planning. For example, if you submit your application on March 1, please select walkabout dates that are on or after April 1.

Applicants should assume that the walkabout will begin approximately 1/2 hour before dismissal and end approximately 1.5 hours after dismissal for a total of 2 hours.

		Who is available on these day				se days?
	Date (mm/dd)	School Principal or Assistant Principal	School PTA/PTO Representative	School Student Representative	School Division Representative	Local La Enforcer Office
Date 1						
Date 2						
Date 3						
		Ш				· ·

Letters of Support

4

14. Please upload a letter of support from the principal of the school covered by this application. If you experience difficultlies while trying to upload the letter of support, please send it to info@VirginiaSRTS.org. Please include the name of the contact person for the application, so that we can link the letter to the application.

Choose File No file selected Upload

Please upload a letter of support from an eligible grant sponsor.

If you experience difficultlies while trying to upload the letter of support, please send it to info@VirginiaSRTS.org. Please include the name of the contact person for the application, so that we can link the letter to the application.

Choose File No file selected Upload