*VIRGINIA*

*SAFE ROUTES to SCHOOL*

Activities and Programs Plan

template



# How to Use this template

A School Safe Routes to School Activities and Programs Plan (APP) non-infrastructure outlines a community’s intentions for enabling and encouraging students to engage in active transportation (i.e. walking or bicycling) as they travel to and from school.

The Virginia Safe Routes to School (SRTS) program requires applicants to have an approved APP when applying for SRTS non-infrastructure funds.

Planning Tip

Before starting the planning process, it may be helpful to consult the STP Reference Guide and to review all Sections in the STP Template to familiarize yourself with the information required.

This APP Template is a companion document to the APP Reference Guide, available on the VDOT SRTS website at [www.virginiadot.org/saferoutes](http://www.virginiadot.org/saferoutes) under *APP Guide*. The Guide lays out key steps in APP development and provides tools and resources to assist with those steps. The steps to develop an APP are laid out in a logical order, and each step in the guide relates to a section in the APP Template.

### NOTE: The APP Template has been provided to assist communities who are creating a SRTS Activities and Programs Plan. You may simply complete each section of the APP Template and submit it to VDOT as your APP, or if you prefer, you can use the template as a guide in order to create your own format, but be sure to include all of the same sections.

For questions about this Template or for any questions related to developing your APP, contact your Virginia SRTS Local Technical Assistance Coordinator. Find your coordinator by visiting the Virginia Department of Transportation’s Safe Routes to School web site: [www.virginia.org/saferoutes](http://www.virginia.org/saferoutes) and clicking on *Contact Us.*

How do I find my VDOT SRTS Local Technical

Assistance Coordinator (LTAC)?

VDOT SRTS Local Technical Assistance Coordinators (LTAC) are available to answer any questions you may have about the Virginia SRTS program. Contact information is available on the VDOT SRTS website (www.virginiadot.org/saferoutes) under *Contact us*.

# Template Overview

Activities and Programs Plan Cover.Use a cover to set the right tone for your APP. We have provided a cover that has a place for a couple of great photos of your safe routes to school program.

* Section 1:Our School(s) and SRTS team.List information on your school(s) and your SRTS team members, including information on your lead contact person.
* Section 2:Our SRTS Vision**.** Record your SRTS team’s vision for long term goals of your SRTS program.
* Section 3:Existing Conditions.Describe the current travel-to-school environment and behaviors, including such things as the number of walkers and bicyclists, current community concerns and activities or policies that either support or hinder walking and bicycling to school.
* Section 4: **Key Non-Infrastructure Issues Impacting Safe Walking and Bicycling to School.** This section records specific issues that deter students from walking and bicycling to school.
* Section 5:SRTS Recommendations.List SRTS recommendations to address barriers identified in Section 4; make sure to address all 4E’s (education, encouragement, enforcement, and evaluation).
* Section 6:Public Input.Record the process you used to solicit public input on your STP and a bulleted summary of key input provided.
* Section 7:Final Plan – Pledge of Support.Insert endorsements and pledges of support from key people, agencies and organizations for your SRTS program and APP. You can use the template included in this section.

#### VA-SRTS_logo_2color_lg[name of your school here]

*safe routes to school* ACTIVITIES AND

PROGRAMS plan

[MONTH DAY, YEAR]

**

Insert photos here

Insert photos here

##### Section 1: our school/s and SRTS team

***See Step 1 of the APP Reference Guide for instructions on how to complete this section.***

1. Identify Target Schools: What schools will be included as a part of Activities and Programs Plan? Include the school name and address, and Title 1 status, and enter information as requested in the table below. For multiple schools, please add an additional row to the table for each school.

*Optional: you may also choose to include school demographic information as well. This information is readily available on the Virginia Department of Education (VDOE) website at* [*http://bi.vita.virginia.gov*](http://bi.vita.virginia.gov/doe_bi/rdPage.aspx?rdReport=Main&subRptName=Fallmembership)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School Division** | **School Name** | **School Address** | **Grades served** | **Title 1 Status** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

### Community Stakeholders and the Safe Routes to School Team:

### It is important to assemble a Safe Routes to School Team that has diverse perspectives and roles. Who in your community has the tools and drive to make SRTS happen?

### When completing the tables below, add rows to various categories as needed; at least one representative required for all listed categories except “Other.”

## Our SRTS Team Members Include:

**School Representatives:**

|  |  |  |
| --- | --- | --- |
| Name | Email address | 5 E Role: |
|  |  |  |
|  |  |  |

**Community Representatives:**

|  |  |  |
| --- | --- | --- |
| Name | Email address | 5 E Role: |
|  |  |  |
|  |  |  |

**Local Government Representatives:**

|  |  |  |
| --- | --- | --- |
| Name | Email address | 5 E Role: |
|  |  |  |
|  |  |  |

**Education Representative:**

|  |  |  |
| --- | --- | --- |
| Name | Email address | 5 E Role: |
|  |  |  |
|  |  |  |

**Health Representatives:**

|  |  |  |
| --- | --- | --- |
| Name | Email address | 5 E Role: |
|  |  |  |
|  |  |  |

**Public Safety Representatives:**

|  |  |  |
| --- | --- | --- |
| Name | Email address | 5 E Role: |
|  |  |  |
|  |  |  |

**Other:**

|  |  |  |
| --- | --- | --- |
| Name | Email address | 5 E Role |
|  |  |  |
|  |  |  |

1. Lead contact.One person needs to be responsible for organizing meetings, leading the development of the Activities and Programs Plan and working directly with VDOT (primarily through your Local Technical Assistance Coordinator).

### The lead contact for our Plan is:

|  |  |
| --- | --- |
| Name: |  |
| Affiliation: |  |
| Phone Number: |  |
| Email address: |  |
| Mailing address: |  |

##### Section 2: our SRTS Vision

*See Step 2 of the APP Reference Guide for instructions on how to complete this Section.*

Successful SRTS programs benefit from the school and community working together toward a common vision. Vision statements can be a single statement, a list of goals or a short paragraph. There is no correct or incorrect vision statement.

In **100 words or less,** explain your team’s vision for your SRTS program in the space below.

## Our SRTS Vision:

##### Section 3: Current Student Travel

***See Step 3 of the APP Reference Guide for instructions on how to complete Section 3 below.***

**Important information for Multiple-School APPs**

**If your plan includes more than one school, you will need to create a separate Section 3 for each school. To keep your plan clear and easy to read, copy, paste, and clearly label additional sections with the school name. TIP: Throughout the APP, always list information on multiple schools in the same order. You may also choose to include this information in a different format, provided the information is easy to read and can clearly be attributed to a specific school.**

|  |  |  |
| --- | --- | --- |
| 1. How many students live within walking and bicycling distance of school?  Fill out the table below. (Distances are cumulative; meaning that “within 1/2 mile of school” would include students within ¼ mile as well.) | | |
| Distance From School | Number of Students | % of Student Body |
| Within 1/4 mile of school |  |  |
| Within 1/2 mile of school |  |  |
| Within 1 mile of school |  |  |
| Within 2 miles of school |  |  |
| Mapping student addresses (optional**)**. To make your application more competitive, it is strongly suggested that you include student address information in the form of a map. The map should show the school attendance boundary, school site and dots indicating where students live.  Contact your Local Technical Assistance Coordinator (LTAC) if you do not have the appropriate resources to map the requested information. Go to [www.virginia.org/saferoutes](http://www.virginia.org/saferoutes) and click on *Contact Us* information about how to contact your LTAC.  **Once the map is created, include a full page version in an appendix of your APP.** | | |

|  |
| --- |
| How many students are currently walking and bicycling to school? What are the primary walking and bicycling routes? Fill out the table below using information from the Student Travel Tally Summary Report for your school and from discussions with the school principal or crossing guard (primary walking and bicycling routes).  *Note: Information on travel modes can come from data collected using the National Center for Safe Routes to School Student Travel Tally forms or it can come from another source if a formal tally has not yet been conducted.* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Walk | Bike | School  bus | Family Vehicle | Carpool | Public Transit |
| Number of students (morning trips) |  |  |  |  |  |  |
| Number of students (afternoon trips) |  |  |  |  |  |  |
| Primary walking/bicycling routes |  | | | | | |

|  |
| --- |
| 1. Are there any school or Division policies that impact students walking or bicycling to school? List below any school or school Division policies that may affect a students’ ability or decision to walk to school. |
| **Division Bus Policies** |
| *Policy:* |
| *How it affects student travel modes (3-5 sentences):* |
| **School Travel Policies (Division or school)** |
| *Policy:* |
| *How it affects student travel modes (3-5 sentences):* |
| 1. School Arrival and Dismissal Process. Using prompt questions provided below, describe key school arrival and dismissal procedures at your school. |
| Do school buses and parent vehicles use the same driveway for arrival and dismissal?  * Yes, all vehicles use the same driveway. * No, there are separate driveways for family vehicles and school buses. |
| Do all students use the same entrance to the school building in the morning?  * Yes, all students enter the building at the same location. * No, students can use different entrances.   **If no**, in three sentences or less, describe how students enter the building: |
| Are all students released at the same time during dismissal?  * Yes, all students are released at the same time. * No, we use a staggered release process (walkers are released first, bus riders second, etc.).   **If no**, in two sentences or less, describe how dismissal is staggered at your school: |
| Is school staff involved in either arrival or dismissal?  * No, school staff is not involved in either arrival or dismissal. * Yes, we have school staff help students enter and exit the campus safely.   **If yes**, in two sentences or less, describe how school staff are involved in school arrival and dismissal: |
| Are there any adult crossing guards located along student walking routes?  * No, we do not have any adult crossing guards serving our school. * Certainly, we have at least one adult crossing guard that helps students on their walking routes.   **If yes**, please list the locations for each adult crossing guard: |
| Are there police officers that help with arrival or dismissal procedures at this school?  * No, we do not have police officers who help direct traffic around the school. * Yes, we have at least one police officer helping direct traffic around our school.   **If yes**, in two sentences or less, explain how many officers help and what role they play in arrival or dismissal: |
| Are students involved in any arrival or dismissal process (i.e. student safety patrol)?  * No, we do not have a student safety patrol. * Yes, we have a student safety patrol.   **If yes**, in two sentences or less, describe the role of the student safety patrol at both arrival and dismissal: |

|  |
| --- |
| 1. Parent Attitudes towards walking and biking. Using the Parent Survey Summary Data Report for your school/s generated by the National Center for Safe Routes to School, indicate the top five reasons impacting the decisions of parents who currently DO NOT allow their children to walk or bicycle to school: |
| Reasons for not allowing children to walk or bicycle to school: |
|  |
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| --- |
| 1. Safety Issues and Concerns. Summarize traffic safety issues and concerns that are gathered anecdotally from the team, parents and the community at large. **Record your summary in the space below in 100 words or less.** |
|  |
| OPTIONAL: County-level traffic crash statistics are not required in the APP, but depending on your situation this information may be helpful. *This information can be found on the Virginia Department of Motor Vehicles website at* <https://www.dmv.virginia.gov/safety/#crash_data/index.asp>.  Summarize the findings from the crash data reports for the county in which your target schools are located.  There were \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ total crashes within the APP study area (2 miles of the target schools).  The crashes resulted in \_\_\_\_\_\_\_\_\_\_\_\_\_injuries and \_\_\_\_\_\_\_\_\_\_\_\_fatalities.  The number of crashes that involved bicycles was \_\_\_\_\_\_\_\_\_\_\_\_\_.  The number of crashes that involved pedestrians was \_\_\_\_\_\_\_\_\_\_\_\_\_. |

|  |  |
| --- | --- |
| 1. Walking and bicycling encouragement activities at the school.Identify and describe activities at your school that support or encourage walking and bicycling. If possible, include photos of past events or activities in the Appendix of your APP. | |
| Activity | How it supports or encourages walking and bicycling (1-3 sentences) |
|  |  |
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|  |  |
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##### Section4: key issues impacting safe walking and bicycling to school

***See Step 4 of the APP Reference Guide for instructions on how to complete this Section.***

This section of the school travel plan should summarize the **top five non-infrastructure issues** impacting student ability to safely walk or bicycle to target school/s. Each description should include no more than three bullets to explain the issue.

### Note for Multiple-School APP’s: If all of the schools included in your travel plan are located on the same campus, include them in one table. If you have schools on multiple campuses, copy and paste separate tables for each school.

|  |
| --- |
| **Issue and Description** |
| Issue 1:  Description: |
| Issue 2:  Description: |
| Issue 3:  Description: |
| Issue 4:  Description: |
| Issue 5:  Description: |

##### Section 5: SRTS Recommendations

***See Step 5 of the APP Reference Guide for instructions on how to complete this Section.***

### Non-infrastructure Recommendations

For each “E”, list and describe strategies that your team has identified. In one to two sentences, explain the “need” or Issue, then briefly describe the recommendation.

*For Multiple-School APP’s: Copy and paste separate recommendation tables for each school, clearly labeling the sections with the school name.*

|  |  |
| --- | --- |
| EDUCATION RECOMMENDATIONS: List and describe the education strategies that your team plans to implement in the next 12 months in the table below. These are considered short term recommendations. | |
| EDUCATION | |
| **Short Term strategies** | |
| **Issue** | **Recommendation** |
|  |  |
|  |  |
|  |  |
| **Medium and Long Term Strategies** | |
| Medium and long term strategies our SRTS team will undertake beyond 12 months are:  1.  2.  3. | |
| ENCOURAGEMENT RECOMMENDATIONS:List and describe the encouragement strategies that your team plans to implement in the next 12 months in the table below. These are considered short term recommendations. | |
| ENCOURAGEMENT | |
| **Short Term strategies** | |
| **Issue** | **Recommendation** |
|  |  |
|  |  |
|  |  |
| **Medium and Long Term Strategies** | |
| Medium and long term strategies our SRTS team will undertake beyond 12 months are:  1.  2.  3. | |
| ENFORCEMENT RECOMMENDATIONS: List and describe the enforcement strategies that your team plans to implement in the next 12 months in the table below. These are considered short term recommendations. | |
| ENFORCEMENT | |
| **Short Term strategies** | |
| **Issue** | **Recommendation** |
|  |  |
|  |  |
|  |  |
| **Medium and Long Term Strategies** | |
| Medium and long term strategies our SRTS team will undertake beyond 12 months are:  1.  2.  3. | |
| EVALUATION RECOMMENDATIONS: List and describe the evaluation strategies that your team plans to implement in the next 12 months in the table below. These are considered short term recommendations. | |
| EVALUATION | |
| **Short Term strategies** | |
| **Issue** | **Recommendation** |
|  |  |
|  |  |
|  |  |
| **Medium and Long Term Strategies** | |
| Medium and long term strategies our SRTS team will undertake beyond 12 months are:  1.  2.  3. | |

### 12-Month SRTS Non-Infrastructure Activity Calendar.

All of the short term strategies that you described in the boxes of 5A should be included in a 12-month non-infrastructure activity calendar that identifies leaders and an implementation time-frame. See the Activities and Programs (APP) Reference Guide for directions and tips on how to complete the calendar.

### Add rows as needed to include all of your solutions.

### The existing italicized text in the first four rows is an example and can be deleted.

### For Multiple-School APP’s: Develop a separate calendar for each school in your APP, clearly labeling each calendar with the school name.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| EXAMPLE RECOMMENDATION |  | Jun | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May |
| *Participate in International Walk to School Day* | PLAN |  |  |  |  |  |  |  |  |  |  |  |  |
| Lead:  *Natalie Downs,*  *P.E. Teacher* | IMPLEMENT |  |  |  |  |  |  |  |  |  |  |  |  |
| Possible Funding Sources | IDENTIFY |  |  |  |  |  |  |  |  |  |  |  |  |
| Conduct student travel tallies and parent surveys | PLAN |  |  |  |  |  |  |  |  |  |  |  |  |
| Lead: Charlie Smith, Parent | IMPLEMENT |  |  |  |  |  |  |  |  |  |  |  |  |
| Possible Funding Sources | IDENTIFY |  |  |  |  |  |  |  |  |  |  |  |  |

##### SECTION 6: Public Input

***See Step 6 of the APP Reference Guide for instructions on how to complete this Section.***

### Note: In addition to the information requested in the table below, attach a copy of your public meeting notice.

|  |
| --- |
| Public Input Process:*Example –Presented at PTA meeting* |
| Date:*Example – Wednesday January 4, 2015* |
| Target Audience:*Example – Parents and teachers* |
| Key Input Received: *Example:*   * *Community asked for speed bumps on Robey Road* * *Parents volunteered to lead a walking school bus* * *PTA will include a bike rodeo as part of the annual Spring event* |

##### SECTION 7: Final Plan – Pledge of support

***See Step 7 of the APP Reference Guide for instructions on how to complete this Section.***

Below is an example of a simple endorsement and pledge of support that you can customize for the target school/s included in this APP.

### Example Endorsement:

*Administrators and parents of students at XYZ Elementary school and ABC community/local government are joining together to improve safety and encourage more students to walk and bicycle to school. By implementing our Safe Routes to School Activities and Programs Plan, our goals are:*

* *To enable and encourage children, including those with disabilities, to walk and bicycle to school.*
* *To make bicycling and walking to school a safer and more appealing transportation alternative, thereby encouraging a healthy and active lifestyle from an early age.*
* *To facilitate the planning, development and implementation of projects and activities that will improve safety and reduce traffic, fuel consumption, and air pollution in the vicinity of our school.*

*The undersigned are fully supportive of XYZ School’s Safe Routes to School Activities and Programs Plan and program, and pledge to support their efforts and provide resources as appropriate.*

|  |  |
| --- | --- |
| Signature | Signature |
| Printed Name  XYZ School Principal | Printed Name  School Division Superintendent |
| Signature | Signature |
| Printed Name  County Executive | Printed Name  Mayor, City of XYZ |
| Signature | Signature |
| Printed Name  PTA/PTO | Printed Name  City/County Council |

##### Congratulations!

Now that your Safe Routes to School Activities and Programs Plan is complete, you may electronically submit the Plan to your Virginia SRTS Local Technical Assistance Coordinator (LTAC) for review. Your LTAC will be able to review the Activities and Programs Plan for completeness and ensure that all of the necessary information is included.

If you plan to submit your Activities and Programs Plan as part of a SRTS non-infrastructure grant, your LTAC will be able review your Plan up to one month before the grant application is due. The contact information is available on the VDOT SRTS website at [www.virginia.org/saferoutes](http://www.dot.state.oh.us/saferoutes) under *SRTS Contacts*.

Remember, your work towards achieving a sustainable SRTS Program doesn’t end here! Your Activities and Programs Plan – specifically the 12-month non-infrastructure activity calendar– should be revisited routinely (at least annually) to update the status of each recommendation and to add new recommendations as needs arise. The SRTS team should arrange regular meetings to discuss the progress of the APP. Updates are required if applying for VDOT SRTS funding.