

1. How did you hear about the Safe Routes to School Launch Program?



Safe Routes to School Launch Program Intake Form

To yo	ur knowledge, which of the following is in place in your	community? (Check all that apply)
_	destrian Advisory Committee	☐ General Plan which addresses multi-modal safety
	cycle Advisory Committee	
	destrian Coalition or Collaborative	☐ Bicycle Master Plan
	cycle Coalition or Collaborative	☐ Safe Routes to School Committee, Task Force or
	mplete Streets Policy or Complete Streets Resolution	Collaborative
	fe Routes to School Policy or Resolution (City)	□ Other:
	fe Routes to School Policy or Resolution (School strict)	
What	are your main goals for your community's participation	n in the Safe Routes to School Launch Program?
on Sa	ommunity-based organizations or schools/school distric fe Routes to School, pedestrian, and/or bicycle safety is mation:	ets: Have you worked with your local government agenci esues before? If yes, provide name(s) and contact
distri	overnment agencies: Have you worked with your local oct(s) on Safe Routes to School, pedestrian, and/or bicyc	
distri	ct(s) on Safe Routes to School, pedestrian, and/or bicyc	
distriction distri	ct(s) on Safe Routes to School, pedestrian, and/or bicyc	le safety issues before? If yes, provide name(s) and cont
distriction information Are the name	et(s) on Safe Routes to School, pedestrian, and/or bicyc mation: here stakeholders you would like to participate in the P e(s) and contact information:	le safety issues before? If yes, provide name(s) and conta
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 $Please\ submit\ this\ completed\ form\ to\ Michelle\ Lieberman\ at\ michelle\ @saferoutespartnership.org.$