



## Bike Rack Application

**The Allen County Bike and Pedestrian Task Force is a community organization that is Allen County's voice for safe places to walk, bike and be active in Allen County – Keeping our Community Active.**

Allen County Public Health has grant funds available through the Creating Healthy Communities Program to assist in the purchase of bike racks. We are looking for businesses/community organizations that are interested in placing a bike rack at their location.

Name of Business/Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Do you own or lease the property? \_\_\_\_\_

(\*If leasing, property owner's permission is required.)

Describe the exact location of desired bike rack: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is location on public or private property? \_\_\_\_\_

Can you arrange for installation of the bike rack? Yes No

Are you interested in becoming a "Bike Friendly Business"? Yes No

Has the property owner or management of the business provided approval? Yes No

Has the business owner or manager provided approval? Yes No

Continued ➡

Please indicate preferred type of bike rack:

Single rack    Multiple rack

Please indicate preferred style of bike rack:

Inverted U-style

Post and Ring

Double Post and Ring



Multiple Loop Rack



Multiple Inverted U Rack



Multiple Traditional Rack



### **Property Owner's Affirmation**

I, the undersigned, do affirm that I am the owner or a duly authorized representative of the corporation owning the above referenced property. I have been made aware of the Applicant's intent to install a bicycle rack adjacent to the sidewalk in front of the business listed on this application and have no objections.

Owner's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

Director's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Director's Signature: \_\_\_\_\_

We appreciate your involvement in this project. We are willing to help out any way that we can with this application.

For assistance, contact:  
Shelly Miller, CHC Program Coordinator  
419-228-4457  
[smiller@allenhealthdept.org](mailto:smiller@allenhealthdept.org)

*Disclaimer: Once provided, you assume all responsibility for maintenance for this rack or any damage or injury that may occur.*

## **Requesting a Bike Rack**

Improve bike amenities at your worksite or in your community by requesting a free bike rack from Creating Healthy Communities (CHC). All businesses, nonprofits, and community organizations are eligible to apply.

Do you have customers or employees who need a safe place to lock up their bike when they get to your business? Do you want to improve cycling accommodations in your community in a tangible and visible way? Do you want to show your support for sustainable transportation of all sorts? Do you want to do it for free? Then request a free bike rack from CHC!

Simply complete the application form and you'll be contacted by the CHC program coordinator to help you site the rack and determine usage. Successful applications to the Bike Rack program will receive:

- Donation of one (1) bicycle rack per applicant
  - Bicycle rack location assistance
  - Cycling, Walking, Public Transit, and Multimodal Information Packet
  - Recognition of rack recipients – news releases, newsletter articles, social media and web site
  - Inclusion of bicycle rack location on regional bicycle facilities map
- 

## **Eligibility and Other Requirements**

Local businesses and non-profits in Delphos are eligible to apply. Applicants must either own the property on which the bicycle racks will be installed or provide proof of permission from the property owner to install a bicycle rack on the property. All bicycle racks must be installed outside of the public right-of-way unless permission is otherwise granted.

## **Application Deadline and Submission Process**

Applications are accepted on a rolling basis throughout the fiscal year. Please submit one (1) application per physical location or worksite. Applications can be obtained on-line ([www.allencountypublichealth.org](http://www.allencountypublichealth.org)) or over the phone by calling Shelly Miller at 419-228-4457 or email [smiller@allenhealthdept.org](mailto:smiller@allenhealthdept.org).

## **Selection Process**

CHC will review all received applications. A site evaluation will be scheduled within two weeks of receipt for applicants who meet the minimum criteria, including but not limited to usage of current facilities, if applicable; projected usage, projected audience, and need. Site evaluation will include suitability of location and proximity to existing bicycle facilities and routes. Racks will be awarded within four weeks of a site visit.

## **Awards**

Grantees will receive 1 or more inverted-U style racks, or 1 or more post-style racks, each of which can hold two bicycles.

## **Additional Information**

Questions regarding the Bike Rack Donation Program or the application process should be directed to Shelly Miller, Program Coordinator at 419-228-4457 or [smiller@allenhealthdept.org](mailto:smiller@allenhealthdept.org).