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| **APPLICATION CHECKLIST**  Application materials should be submitted in the order they are listed below. Refer to the CTFP Guidelines for more detailed application requirements. Points shown are the maximum points given per category. | | |
| **Completed Application** | |  |
| **Supplemental Application (excel file)** | |  |
| **Supporting Project Documentation** | |  |
| **Board/Council Resolution (Draft Permitted Initially)** | |  |
| **Agreement to Collect Data in Support of Performance Requirements** | |  |
| **Lease/Cost Sharing Agreements** | |  |
| **Scoring Criteria – 100 Points Total** | | |
| **Financial Commitment *(15 Points)*** | |  |
| Total Initial Marketing, Capital, and Recurring O&M Costs | |  |
| Local Match Identification and Overall Contribution | |  |
| **Cost Effectiveness *(10 Points)*** | |  |
|  | Estimated Cost per Boarding and per Revenue Hour |  |
|  | Documentation Supporting Projected Costs (Vendor Operations, Capital Lease and Amenity, User Fee Schedule, etc.) |  |
|  | Documentation Supporting Projected Ridership |  |
| **Project Readiness *(10 Points)*** | |  |
|  | Project Implementation Schedule |  |
|  | Procurement, Startup, Mobilization / Demobilization Approach |  |
|  | Planning and Environmental Documentation |  |
|  | Tracking Customer Satisfaction and On Time Performance |  |
| **Operations Plan and Service Type *(25 Points)*** | |  |
|  | Traditional and/or On-Demand Service Type and Description(s) |  |
|  | Number of Routes or Services Proposed by Project |  |
|  | Service Status – New; OR Continuation, Expansion, or Modification of Existing |  |
|  | Operating Calendar and Span (hours) |  |
|  | Estimated One-Way or Round-Trip Cycle Times, and Proposed Headways by Time Period |  |
|  | Route Map w/ Existing Transit Service |  |
|  | Stop Locations and Identified Regional Transit Routes (Map & KMZ file) |  |
|  | Fleet Size & Summary of Vehicle Types |  |
|  | Maintenance Facilities Identified & Approach to Vehicle Maintenance |  |
|  | Estimation of Revenue Service Hours |  |
|  | ADA / Paratransit Service Plan |  |
|  | Shared Ride Capabilities, Capacity, and Operations |  |
|  | Contingency Plan for Revenue Shortfalls |  |
| **Ridership Projection *(5 Points)*** | |  |
|  | Projected Average Daily Boardings (Opening Year) |  |
| **Funding Plan *(10 Points)*** | |  |
|  | Partnership Arrangements and Agency Cost Responsibility |  |
|  | Service Coordination Plan |  |
|  | Cost of ADA Service Considered/Addressed |  |
|  | Budget Management |  |
| **Community Benefit *(25 Points)*** | |  |
|  | Activity Center Connections |  |
|  | Local and Regional Transit Connections |  |
|  | Community Outreach and Support Documentation |  |
|  | History and Experience Operating Relevant Transit Service Types |  |
|  | Population Density (persons per sq. mile) |  |
|  | | |

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| **APPLICATION INSTRUCTIONS**  Local Agencies applying for Project V funds are required to complete and submit this application. Application materials must be included in the order in which they are listed on the Application Checklist. Any projects not in compliance with the CTFP Guidelines will not be eligible for funding. | | | | | | |
|  | | | | | | |
| **Applicant Information** | | | | | | |
| Agency: | | Click here to enter text. | | | | |
| Project Manager: | | Click here to enter text. | | | | |
| Title / Department: | | Click here to enter text. | | | | |
| Phone: | | Click here to enter text. | | | | |
| Email: | | Click here to enter text. | | | | |
| **Proposed Projects and Service Types**  Enter Project Titles (name) and select either Traditional or On Demand Service type (as defined by Ch.6 of CTFP Guidelines) per project. Projects may include multiple proposed Traditional Transit routes or On Demand service areas under the selected service type. | | | | | | |
| Project 1 | Project Name | | | Traditional or On Demand | | |
| Project 2 | Project Name | | | Traditional or On Demand | | |
| Project 3 | Project Name | | | Traditional or On Demand | | |
| **Agency Experience *(Add additional pages if needed)*** | | | | | | |
| Previously Operated Transportation Service (List All Applicable): | | | | | | |
| Service Name | | | Service Type and Description (include duration) | | | |
| Service Name | | | Service Type and Description (include duration) | | | |
| Service Name | | | Service Type and Description (include duration) | | | |
| Has a planning or feasibility study been completed for the proposed service? If so, please attach the study to the application packet. | | | | | Yes | No |
| Applicant is requesting Pre-Award Authority (See page 6-3 of the Guidelines for pre-award authority provisions): | | | | | Yes | No |

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| **Community Outreach and Support Summary (by Project)**  If submitting an application for more than one (1) Project, applicants may include discussion of outreach activities that contributed to (or were associated) with multiple Projects within the space below and in supplemental documentation. |
| Click here to enter text. |
|
| **Additional Comments** |
| Click here to enter text. |
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| **Minimum Eligibility** | | | |
|  | | **YES** | **NO** |
| **A** | Applicant is eligible to receive M2 funding: |  |  |
| **B** | Proposed services supplement rather than supplant, or compete with existing transit services: |  |  |
| **C** | Projects meet ADA requirements: |  |  |
| **D** | Financial plan for ongoing operations & maintenance: |  |  |
| **E** | Project approved by Board/Council and partner jurisdictions: |  |  |
| **F** | Local funding meets minimum 10% (Traditional) or 50% (On Demand) match requirement: |  |  |

*I hereby certify that the information provided herein this form is accurate and consistent with accompanying documentation. I further certify that the above information has been approved by Council resolution and that awarded funds will not be used outside of their intended purpose.*

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| --- | --- | --- | --- |
| Click here to enter text. |  |  | |
| Name (Print) |  | Signature | Date |