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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** |[ ]
| **Board/Council Resolution (Draft Permitted Initially)** |[ ]
| **Scoring Criteria – 100 Points Total**  |
| **Financial Commitment *(15 Points)*** |[ ]
| **Cost Effectiveness *(10 Points)*** |[ ]
|  | Estimated Operating Cost per Revenue Vehicle Hour |[ ]
|  | Lease/Cost Estimates & Project Backup Documentation |[ ]
| **Project Readiness *(10 Points)*** |[ ]
|  | Project Implementation Schedule |[ ]
|  | Planning and Environmental Documentation |[ ]
| **Operations Plan *(15 Points)*** |[ ]
|  | Draft Timetable & Headways |[ ]
|  | Route Map w/ Existing Transit Service |[ ]
|  | Stop Locations Identified |[ ]
|  | Fleet Size & Summary of Vehicle Types |[ ]
|  | Maintenance Facilities Identified & Service Plan Developed |[ ]
|  | Average Service Speed by Time Period |[ ]
|  | Paratransit Plan |[ ]
| **Ridership Projection *(5 Points)*** |[ ]
|  | Projected Average Daily Boardings (Opening Year) |[ ]
| **Funding Plan *(10 Points)*** |[ ]
|  | Partnership Arrangements |[ ]
|  | Service Coordination Plan |[ ]
|  | Cost of ADA Service Considered/Addressed |[ ]
| **Service Type *(15 Points)*** |[ ]
| **Agency Experience *(10 Points)*** |[ ]
| **Community Benefit *(10 Points)*** |[ ]
|  |
| **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.  |
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| **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. |
| Project Title: | Click here to enter text. |
| **Project Description** |
|  |
|  |
| **Proposed Funding Summary** |
| Total Project Cost: |  Click here to enter text. | Match Rate: | Click here to enter text. |
| Capital Funding: |  Click here to enter text. | Level of Commitment: | Choose an item. |
| Operating Reserve: |  Click here to enter text. | Non-Applicants: | Click here to enter text. |

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| **Proposed Funding Breakdown**Include anticipated expenditures (i.e. Bus stops, staff time, marketing, etc.) |
| **Capital** | **Operations & Maintenance (O&M)** |
| *Expenditure* | *Anticipated Cost* | *Expenditure* | *Anticipated Cost* |
| Click to add | $ Click to add | Click to add | $ Click to add |
| Click to add | $ Click to add | Click to add | $ Click to add |
| Click to add | $ Click to add | Click to add | $ Click to add |
| Click to add | $ Click to add | Click to add | $ Click to add |
| **Initial Marketing** | **Planning** |
| *Expenditure* | *Anticipated Cost* | *Expenditure* | *Anticipated Cost* |
| Click to add | $ Click to add | Click to add | $ Click to add |
| Click to add | $ Click to add | Click to add | $ Click to add |
| Click to add | $ Click to add | Click to add | $ Click to add |
| Click to add | $ Click to add | Click to add | $ Click to add |

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| Describe Source of Agency Funds:  |
| **Cost Effectiveness** |
| Operating Cost per Boarding Opening Year: | Click here to enter text. |
| Annualized Operating & Capital Cost per Passenger: | Click here to enter text. |
| **Project Readiness** |
| Opening Month and Year:  |  Click here to enter text. |
| Phase Ready: | Click here to enter text. |
| **Special Event Transit (If Applicable) *(Add additional pages if needed)*** |
| **Event Name** | **Date** | **Time** | **Location** |
|  |  |  |  |
| Click here to enter text. | Select date. | Click here to enter text. | Click here to enter text. |
|  |  |  |  |
| Click here to enter text. | Select date. | Click here to enter text. | Click here to enter text. |
|  |  |  |  |
| Click here to enter text. | Select date. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Select date. | Click here to enter text. | Click here to enter text. |
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| **Minimum Eligibility**  |
|  | **YES** | **NO** |
| **A** | Applicant is eligible to receive M2 funding: |[ ] [ ]
| **B** | Supplement rather than supplant 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% match requirement: |[ ] [ ]

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| **Transit Usage (Provide rationale with application materials)** |
| Projected Average Daily Boardings 1st Year:Total Annual BoardingsAnnual Operating Days | Click here to enter text. |
|
| **Fixed-Route Bus/Rail Connections** |
| Number of fixed-route connections (w/in 1/4 mile): | Click here to enter text. |
| **Community Connections *(Add additional pages if needed)*** |
| Community/Activity Centers/Tourist Attractions Served: | Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |
| **Proposed Service Type** |
| Proposed Project/Service Type | Service | Click here to enter text. |
| **Agency Experience *(Add additional pages if needed)*** |
| Previously Operated Service (List All Applicable) | Service | Description (Include service length) |
| Service | Description (Include service length) |
| Service | Description (Include service length) |
| Has a 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 [ ]  |
| **Additional Comments** |
| Click here to enter text. |
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*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 |