

**PROJECT V**

## 2018 Call for Projects Application &amp; Scoring Criteria

<b>APPLICATION CHECKLIST</b>	
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.	
<b>Completed Application</b>	<input type="checkbox"/>
<b>Board/Council Resolution (Draft Permitted Initially)</b>	<input type="checkbox"/>
<b>Scoring Criteria – 100 Points Total</b>	
<b>Financial Commitment (15 Points)</b>	<input type="checkbox"/>
Capital Match Rate	<input type="checkbox"/>
<b>Cost Effectiveness (15 Points)</b>	<input type="checkbox"/>
Estimated Operating Cost per Revenue Vehicle Hour	<input type="checkbox"/>
Lease/Cost Estimates & Project Backup Documentation	<input type="checkbox"/>
<b>Project Readiness (15 Points)</b>	<input type="checkbox"/>
Project Implementation Schedule	<input type="checkbox"/>
Planning and Environmental Documentation	<input type="checkbox"/>
<b>Operations Plan (20 Points)</b>	<input type="checkbox"/>
Route Map w/ Existing Transit Service	<input type="checkbox"/>
Draft Time Table & Headways	<input type="checkbox"/>
Stop Locations Identified	<input type="checkbox"/>
Average Service Speed by Time Period	<input type="checkbox"/>
Fleet Size & Summary of Vehicle Types	<input type="checkbox"/>
Maintenance Facilities Available & Service Plan Developed	<input type="checkbox"/>
<b>Ridership Projection (5 Points)</b>	<input type="checkbox"/>
Agree to Collect & Submit O&M Data Quarterly	<input type="checkbox"/>
Projected Average Daily Boardings (Opening Year)	<input type="checkbox"/>
<b>Funding Plan (10 Points)</b>	<input type="checkbox"/>
Specific Funding Needs (Per year and per phase)	<input type="checkbox"/>
Funding Assurances	<input type="checkbox"/>
Partnership Arrangements	<input type="checkbox"/>
Service Coordination Plan	<input type="checkbox"/>
<b>Agency Experience (10 Points)</b>	<input type="checkbox"/>
<b>Community Benefit (10 Points)</b>	<input type="checkbox"/>
Community/Activity Centers/Tourist Attractions Served by Project	<input type="checkbox"/>
Documented Community Support (Surveys, outreach, etc.)	<input type="checkbox"/>
Fixed-Route Bus/Rail Connections	<input type="checkbox"/>

**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.
Project Title:	Click here to enter text.

**Project Description**

Click here to enter text.

**Proposed Funding Summary**

Total Project Cost:	Click here to enter text.	Capital 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.

**Proposed Funding Breakdown**

Include anticipated expenditures (i.e. Bus stops, staff time, marketing, etc.)

Capital		Operations	
<i>Expenditure</i>	<i>Anticipated Cost</i>	<i>Expenditure</i>	<i>Anticipated Cost</i>
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



Describe Source of Agency Funds:

[Click here to enter text.](#)

**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 Year:

[Select Fiscal Year](#)

Phase Ready:

[Click here to enter text.](#)

**Special Event Transit (If Applicable) (Add additional pages if needed)**

Event Name	Date	Time	Location
<a href="#">Click here to enter text.</a>	<a href="#">Select date.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Select date.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Select date.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Select date.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>

**Minimum Eligibility**

		YES	NO
<b>A</b>	Applicant is eligible to receive M2 funding:	<input type="checkbox"/>	<input type="checkbox"/>
<b>B</b>	Supplement rather than supplant existing transit services:	<input type="checkbox"/>	<input type="checkbox"/>
<b>C</b>	Projects meet ADA requirements:	<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b>	Financial plan for ongoing operations & maintenance:	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Project approved by Board/Council and partner jurisdictions:	<input type="checkbox"/>	<input type="checkbox"/>
<b>F</b>	Local funding meets minimum 10% match requirement:	<input type="checkbox"/>	<input type="checkbox"/>



Transit Usage (Provide rationale with application materials)			
Projected Average Daily Boardings 1st Year: <u>Total Annual Boardings</u> Annual 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.		
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 <input type="checkbox"/>	No <input type="checkbox"/>
Applicant is requesting Pre-Award Authority (See page 6-3 of the Guidelines for pre-award authority provisions):		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Additional Comments			
Click here to enter text.			

*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.*

Click here to enter text.

Name (Print)

Signature

Date