



**ORANGE COUNTY TRANSPORTATION AUTHORITY  
M2 PROJECT W - SAFE TRANSIT STOPS**

**DRAFT NEEDS ASSESSMENT SURVEY**

**SECTION ONE: GENERAL PROJECT INFORMATION**

**Applicant Information**

Local Agency \_\_\_\_\_  
Project Manager \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Proposed Project Location**

Stop Location \_\_\_\_\_  
Stop Ranking \_\_\_\_\_  
  
Total Estimated Project Cost \_\_\_\_\_  
Project W Funding Request \_\_\_\_\_  
*(If design funding is requested please specify local match rate)*

**Ridership Demand (Boardings)**

**Digital photos of location must be attached**

OCTA \_\_\_\_\_ Other\* \_\_\_\_\_ *\* Other includes ridership numbers from services other than OCTA*  
If "Other" is indicated, please explain \_\_\_\_\_

**SECTION TWO: NEEDS ASSESSMENT**

**Project Description**

1a. Describe the current condition of the facilities and what amenities exist.

1b. Does the jurisdiction believe that the stop should remain on the List of the 100 Busiest Stops? Please describe.

**SECTION TWO: NEEDS ASSESSMENT (CONTINUED)**

---

2. What is the age of the current amenities that exist at the proposed project location? How many years of useful life remain?

3. What are the proposed improvements? What amenities will be installed?

**SECTION TWO: NEEDS ASSESSMENT (CONTINUED)**

---

4. What is the ADA status of the existing facility? Will any additional improvements be required to meet current ADA standards?

5. Will any of the equipment being replaced be salvaged and reinstalled elsewhere? If so, what location(s)?

6. Please list any other priority factors that your jurisdiction would like to have considered.