# PROJECT SECTION

Complete one project section for each project. If submitting multiple projects, please fill out one project section per project.

## I. Project Summary

| | | | |
|---|---|---|---|
| Legal Name of Organization: | | | |
| | | | |
| Amount of Funds Requested from WSDOT: | $0.00 | | |
| Project Title (must be the same project title ranked by your local RTPO/MPO): | | | |
| | | | |
| Project Contact Name: | | | |
| Project Contact Email Address: | | | |
| Project Contact Phone Number: | | | |
| Legislative Districts: | | Congressional Districts: | |

## II. Coordinated Public Transit - Human Service Transportation Plans

Identify which regional Coordinated Public Transit - Human Services Transportation Plan(s) this project is included in and on which page it is referenced.

| Human Services Transportation Plan | | Page # |
|---|---|---|
| | | |
| | | |
| Other: | | |

## III. Type of Project

Describe the type of project by selecting one of the four options below. Remember to submit separate applications for capital, operating, mobility management and planning projects. Please see Chapter 4 for more information.

1. Operating

1a. Service type (check all that apply):

- ☐ Fixed-route
- ☐ Route-deviated
- ☐ Volunteer driver
- ☐ Demand-response
- ☐ Vanpool
- ☐ Employment options
- ☐ Other (describe)

1b. Need for service

If Expand Service, check all that apply:

- ☐ Establish new service area
- ☐ Reduce response time
- ☐ Extend hours of service
- ☐ Increase frequency
- ☐ Provide new services (describe)

2. Capital (see Chapter 4, Section III vehicle descriptions)

- ☐ Van
- ☐ Light-Duty Cutaway (25ft, >30ft)
- ☐ Medium-Duty Cutaway (>30ft , <30ft)
- ☐ Other equipment (describe)
- ☐ Shelters / Signage
- ☐ Add ADA accessibility
- ☐ Purchase of service
- ☐ Information Technology (describe and provide ITS architecture title and page #)

3. Mobility Management: ☐

4. Planning (maximum of $50,000 award): ☐

## IV. Project Description

Responses in Section IV (Questions 1 through 6) are limited to the space provided, or may be expanded on the supplemental page if additional space is needed. See instructions in Chapter 4.

1. Provide a detailed description of the project.

2. In regard to the community planning process, how does this project meet the needs of the community and the strategies addressed in the locally developed Human Services Transportation Plan? If this is an Intelligent Transportation System (ITS) project, is it included in an ITS architecture? If the project is for capital replacement or expansion, how does the replacement or expansion meet the needs of the community?

3. How will your organization measure whether the project is successful and improves the efficiency and effectiveness of public or special-needs transportation? For continuing projects, please include information regarding the project's performance to date.

4. Describe your organization's efforts to leverage resources from sources other than WSDOT to support the implementation of this project.

5. Describe how this project relates to other services operated by your organization.

6. Is this project dependent on any other project submitted by your organization or other organizations? If so, please identify the other organization(s) and describe the project and its relationship to the project for which you're requesting funding.

7. Identify the project staff for this project. What type of experience do these individuals have with grant management? Describe their experience managing FTA funds, state funds or other funds.

## V. Project Service Level Information

1. Provide the service level information requested below for this specific project:

| Project Specific Information | July 1, 2011 through June 30, 2012 (actual) | July 1, 2012 through June 30, 2013 (budgeted) | July 1, 2013 through June 30, 2015 (projected 24-months) |
|---|---|---|---|
| Revenue Vehicle Hours* | | | |
| Revenue Vehicle Miles** | | | |
| Passenger Trips*** | | | |
| Volunteer Hours **** | | | |

* Total revenue hours for all vehicles used for the passenger transportation services described in this specific project.

** Include revenue miles from all vehicles used for passenger transportation services described in this specific project.

*** Passenger trips include each time a passenger boards a vehicle used for the passenger-transportation services described in this specific project.

**** For transportation-related volunteer hours only.

2. How were service-level estimates developed?

3. For existing mobility management projects, summarize your service accomplishments either in qualitative (narrative) or quantitative (statistics) format.

## VI. Financial Information – For Operating, Mobility Management and Planning Grants

Complete the following information for this project only.

### Expenses

| Please review Chapter 4 prior to filling out this section. | July 1, 2011 through June 30, 2012 (Actual) | July 1, 2012 through June 30, 2013 (Budgeted) | 2011-2013 Biennium (Total of Actual and Budgeted) | July 1, 2013 through June 30, 2015 (Projected) |
|---|---|---|---|---|
| Please select an option | | | | |
| Please select an option | | | | |
| Please select an option | | | | |
| Please select an option | | | | |
| Please select an option | | | | |
| Please select an option | | | | |
| Please select an option | | | | |
| Please select an option | | | | |
| Please select an option | | | | |
| Please select an option | | | | |
| Please select an option | | | | |
| Enter Other Expense Here | | | | |
| Enter Other Expense Here | | | | |
| Enter Other Expense Here | | | | |
| Enter Other Expense Here | | | | |
| Enter Other Expense Here | | | | |
| Enter Other Expense Here | | | | |
| Enter Other Expense Here | | | | |
| Enter Other Expense Here | | | | |
| **Total Gross Operating Expenses** | | | | |
| Less Passenger Fares and Donations | | | | |
| **Total Net Operating Expenses** | | | | |

### Revenues

| Please review chapter 4 prior to filling out this section. Remember, there is a 5% matching requirement from the applicant or local partners to apply for this grant. | July 1, 2011 through June 30, 2012 (Actual) | July 1, 2012 through June 30, 2013 (Budgeted) | 2011-2013 Biennium (Total of Actual and Budgeted) | July 1, 2013 through June 30, 2015 (Projected) |
|---|---|---|---|---|
| Please select an option | | | | |
| Please select an option | | | | |
| Please select an option | | | | |
| Please select an option | | | | |
| Please select an option | | | | |
| Please select an option | | | | |
| Please select an option | | | | |
| Please select an option | | | | |
| Please select an option | | | | |
| Please select an option | | | | |
| Enter Other Revenue Here | | | | |
| Enter Other Revenue Here | | | | |
| Enter Other Revenue Here | | | | |
| Enter Other Revenue Here | | | | |
| Enter Other Revenue Here | | | | |
| **Subtotal Operating Revenue** | | | | |
| Requested Operating/Development Grant: | N/A | N/A | N/A | |
| ***** Total Operating Revenue** | | | | |

* Do not include passenger fares or donations in local funds.

** Do not include any state or federal funds requested in this application in the Projected Revenue column.

*** This amount must be equal to **Total Net Operating Expenses** on the previous page.

**The total operating expenditures and revenues should match. Please use the tool below to ensure the difference is $0.00.**

| | |
|---|---|
| **Total Net Operating Expenditures** | |
| **Total Operating Revenue** | |
| **Difference (Should be $0.00)** | |

Please describe how the budget was developed. If there are variances between the current budget and the requested budget, please explain. Are the funds requested being used to match federal funds already awarded?

## VII. Equipment Request (for Capital projects only)

Please see Chapter 4, Section VII for guidance on how to describe your vehicle or equipment. Please see Appendix A, Glossary of Terms for the definitions of *replacement* and *expansion*.

1. Identify your capital equipment request.

| Description | ADA Seating * | Useful Life | Fuel Type | Replace (R) Expand (E) | Quantity | Unit Cost | Total Cost |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Enter Other capital equipment here | | | | | | | |
| Enter Other capital equipment here | | | | | | | |

| | |
|---|---|
| Sub Total | |
| Sales Tax | |
| **Total Estimated Cost** | |
| Less Local Matching Funds for this Project | |
| **Total Equipment Request for this Project** | |

***Note:*** *Passenger service vehicles transporting fewer than 15 persons, including the driver, and used for special-needs, passenger-transportation services or vanpooling are exempt from sales tax per RCW 82.08.0287. Rideshare plates are required to exercise this exemption.*

*If answered 0 passenger ADA seating, how will you ensure system accessibility?

2. Did you perform an independent cost estimate for each item listed above? (See Chapter 4 for additional information.).

Yes ☐ No ☐

3. Please explain how you determined unit cost for items listed.

4. Complete the information below regarding the transportation vehicles your organization is requesting to replace with these grant funds. You may attach one additional Excel worksheet if needed. See Appendix A, Glossary of Terms for the definitions of *active* and *spare*.

| Vehicle Type | Make/Model | Year | Vehicle Identification Number (VIN) | Current Status Active (A) Spare (S) | Current Mileage/Date |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

5. What is the source of the matching funds for this equipment request?

| Type of Match | Source / Description of the matching funds | Amount |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Amount of Matching Funds | | |

## VIII. Estimated Milestones

Select the appropriate milestone based on your project in the left column. In the middle column enter the date your organization estimates the task will be done. In the last column enter an activity description.

| Milestone | Date | Activity |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

## Supplemental Information

Supplemental information is limited to one page per project. You may use this space to elaborate on information provided in other sections of the application (indicate the specific question number). Try to keep your comments brief. WSDOT reserves the right to omit information exceeding the visible space provided.

# Attachments Checklist

***(Applications submitted without the required attachments will be considered incomplete.)***

Attachments required for the entire application:

| | |
|---|---|
| ☐ | Public Transportation Management System Physical Equipment and Facility Inventory Report. |
| ☐ | 501(c) IRS Letter of Determination (for new non-profit applicants only). |
| ☐ | Copy of organization's last financial statement audit report. |
| ☐ | Customer complaint-process guidelines. |

Attachments required for each project:

| | |
|---|---|
| ☐ | Service area map. |
| ☐ | Population density map for each project. |
| ☐ | Letters of acknowledgment from RTPO or MPO in the geographic area(s) of the project (only if the RTPO/MPO has not yet ranked the project). |
| ☐ | Letters committing matching funds (on projects with financial partners). |
| ☐ | Indirect cost plan (on operating grant projects only if the organization is planning to charge indirect costs). |
| ☐ | In-kind match valuation proposal (if in-kind match will be used). |
| ☐ | * Optional: Letters of support. |

***Note:*** *All applicants must complete the Public Transportation Management System Physical Equipment and Facility Inventory Report.*

- *Existing grantees who have submitted this form annually may update their inventory and substitute that form for the one provided.*

## END OF PROJECT SECTION

Print Form

Reset Form