



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	Willing to accept FTA funds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Project Title (must be the same project title ranked by your local RTPO/MPO)		
Project Contact Name	Project Contact Phone Number	Project Contact Email Address
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

**General Operating Assistance** – Select this option if your organization (e.g., transit agency) is submitting only one operating project that includes all of the transportation services your organization provides.

**Operating Assistance for a Specific Service** – Select this option if your organization is submitting an application for specific services you provide.

##### a. Service type (check all that apply)

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

##### b. Need for service

- Preserve Existing Service
  - Expand 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)

- Fleet or equipment expansion
- Fleet or equipment replacement

##### a. Fleet or equipment type

- Van
- Light-Duty Cutaway (25ft, <30ft)
- Medium-Duty Cutaway (<30ft, 30ft, >30ft)
- Shelters/Signage
- Add ADA accessibility
- Purchase of service

Other equipment (describe)

Information Technology (describe and provide ITS architecture title and page #)

#### 3. Mobility Management

Yes

#### 4. Planning (maximum of \$50,000 award)

Yes

#### **IV. Project Description**

Responses in Section IV (Questions 1 through 7) 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 the project?

5. 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 relationship to the project you're requesting funding.

6. Discuss the multimodal aspects of your project. Does your project connect to, coordinate with, leverage or enhance other modes of transportation in your service area (aviation, intercity bus or rail, park and rides, bicycle/pedestrian)? Describe.

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:

<b>Project Specific Information</b>	<b>July 1, 2013 through June 30, 2014 (actual)</b>	<b>July 1, 2014 through June 30, 2015 (budgeted)</b>	<b>July 1, 2015 through June 30, 2017 (projected 24-months)</b>
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 mobility management projects, summarize your service accomplishments either in qualitative (narrative) or quantitative (statistics) format.





**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	Pass. Seating & WC stations	Useful Life	Fuel Type	Replace (R) Expand (E)	Qty	Unit Cost	Total Cost

Sub Total \_\_\_\_\_

Sales Tax \_\_\_\_\_

Total Estimated Cost \_\_\_\_\_

Less Local Matching Funds for this Project \_\_\_\_\_

Total Equipment Request for this Project \_\_\_\_\_

**Note:** Vehicles carrying up to 15 passengers used for vanpooling/ridesharing, and vehicles used for special needs transportation under 28 feet are not subject to sales tax. To exercise this option, the vehicle must qualify for and be licensed with rideshare plates through the Department of Licensing. See RCW 82.08.0287 for more information.

\*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.







## **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:

- Copy of organization's last financial statements (i.e. income statement, balance sheet & statement of cash position).
- 501(c) IRS Letter of Determination (For new non-profit applicants only).
- Customer complaint-process guidelines (For new applicants only).
- Title VI plan (For new applicants only)

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.

**End of Project**

