

Regional Mobility Grant Program 2017-2019 Application

This funding request is for public transportation projects that begin July 1, 2017 and last either two or four years. Applications must be received by WSDOT no later than 5 p.m. on September 29, 2016. WSDOT will review all submitted applications for errors and completeness and may request additional information/corrections from applicants, which may be submitted up to October 29, 2016. Unless requested by WSDOT, applicants may not submit any revisions to an application after the application due date of September 29, 2016.

Complete one application per project. Please fill out the application electronically and save as an Adobe PDF file (as opposed to printing the application and scanning). See application instructions for more details.

General Organization Information

Legal Name of Organization				
DBA (if applicable)				
Federal ID Number	Statewide Vendor Number			
Mailing Address				
Main Office Address (if different from mailing address)				
Phone Number				
Organization Director	Organization Director Email Address			
Applicant Contact	Applicant Contact Email Address			
Project Contact	Project Contact Email Address			

Project Title:

Duration of Project:

Two Year (2017-2019) Four Year (2017-2021)

Amount Requested for 2017 to 2019

Amount Requested for 2019-2021 (for four year projects only)

Type of Project

Select the primary type of project for which you are applying. Remember to submit separate applications for each type (capital, operating, mobility management and planning projects).

Operating

Construction

Equipment/Vehicle

Transportation Demand Management

1. What is the proposed scope of work for this project?				
2a. What transportation performance problem is this project designed to address?				
2b. How does this proposal address the problem?				

2c. Is the need for the project and/or the project itself identified in any local or regional plans? If so, please list the plans and /or describe.
3. If your project is in a county with a population of 700,000 or more that borders Puget Sound, please describe the coordination used to develop the project and the level of integration represented by the
project. Otherwise, please leave this section blank.

4. Describe the congestion, inefficiencies, and/or capacity constraints this project will address. Relate the proposed project to one of the following four indicators of transportation system performance: WSDO identified congested corridors; locally identified corridors with level of service D, E, or F; evaluation of transit capacity; or evaluation of existing park and ride capacity. See application instructions for more details.

5. How will the proposed project improve connectivity between counties and regional population centers? Include descriptions of any improved modal connections and services, new public transportation services where none currently exist, and/or expanded public transportation capacity in areas currently served by public transportation.

Project Schedule

6a. Complete the appropriate sections of the table below.

Construction Project Activities	Completion Date (mm/yy)	Notes
Initiate Design		
30% Design		
60% Design		
90% Design		
Executive Order 05-05 review		
Environmental documentation complete (NEPA/SEPA)		
Environmental permits received		
Property acquisition (lease or purchase)		
Utility relocation		
Contract advertisement		
Contract award		
Construction work start		
Construction 25% complete		
Construction 50% complete		
Construction 75% complete		
Operationally complete		
Physical completion		
Vehicle/Equipment Project Activities	Completion Date	Notes
Request for proposals (RFP) or Invitation for bid (IFB)		
publish date		
Contract award		

Vehicle/Equipment Project Activities	Completion Date	Notes
Request for proposals (RFP) or Invitation for bid (IFB)		
publish date		
Contract award		
First vehicle delivery date		
All vehicles accepted		

Operating Project Activities	Completion Date	Notes
Start service		
Complete service		

⁶b. Describe work that has already been accomplished in support of the proposed project, and identify any and all schedule risks that may impact timely completion of the project.

Budget

7a. Financial Plan

Identify the schedule for the following project activities. If an activity has already started, describe the status of the activity in the notes section. If an activity does not apply to your project, denote as not applicable (N/A).

	Funding Sources and Amounts						
Project Activity	Total Project Funds	Regional Mobility Grant Funds	Other State	Local Funds	Federal Funds	Other Funds	Useful Life
Administrative overhead							
Project design (Preliminary Engineering (PE))							
Park and ride surface lot							25
Park and ride parking structure							50
Transit center							25
Transit only, HOV, and BAT lanes							20
Bus bulbs and sidewalks							20
Pedestrian/bicycle trail connections							25
Bus shelters							15
Transit signal priority							15
Security systems							10
Passenger/bicycle amenities							7
Transportation demand management (TDM)							1.5x length of grant
Promotion outreach/advertising							length of grant
New bus route, extended bus route, increased frequency							1.5x length of grant
Street/train car rolling stock							30
Fixed guideway							30
Cutaway bus van chassis							5
Cutaway bus truck chassis							7
Rolling stock buses							12
Land acquisition (purchase)							
Land acquisition (lease)							length of lease
Other							
1							
2							
3							
Total Project Cost							
% of RMG Contribution to Overall Pro (not to exceed 80%)	•						

⁷b. Please identify the specific source(s) and the status of matching funds for the proposed project. If the matching funds are not yet secured, please describe measures being taken to mitigate the risk of not having sufficient funds to implement the proposed project.

8. For projects that involve the purchase of vehicles, will the vehicles meet the requirements set forth in WAC 194-29* (PRACTICABLE USE OF ELECTRICITY AND BIOFUELS TO FUEL LOCAL GOVERNMENT VEHICLES, VESSELS, AND CONSTRUCTION EQUIPMENT) by June 1, 2018? *This section is contingent upon the final adoption of WAC 194-29. Yes No.
Yes No If yes, please describe how your purchasing plans meet the requirements of the rules.
If no, use the evaluation criteria for each section below to explain why it is not practicable to procure any of the vehicle types listed. ELECTRIC or ELECTRIC HYBRID Does not meet your operational needs Cannot meet charging requirements during routine use or through fleet management strategies Lifecycle cost is greater than the lifecycle cost of the vehicle that your agency would otherwise procure Please explain your answer.
FUELED IN WHOLE OR IN PART BY NATURAL GAS OR PROPANE Does not meet your operational needs Lifecycle cost is greater than the lifecycle cost of the vehicle that your agency would otherwise procure Please explain your answer.

9a. What Vehicle Trip (VT) and Vehicle Miles Traveled (VMT) reductions will your project achieve in Year 1 and Year 4?

	VT	VMT
Year 1 reductions		
Year 4 reductions		

9b. Please describe the methodology and assumptions used to derive these estimates and attach supporting calculations.

Application Authority

This application must be certified by someone authorized or delegated to sign contracts on behalf of your organization, such as the board chairperson or chief executive officer. Applications submitted without the checkbox selected will be rejected by WSDOT and will not be considered for grant funding.

I certify, to the best of my knowledge, that the information in this application packet is true and accurate and that this organization has the necessary fiscal, data collection and managerial capabilities to implement and manage the project(s) associated with this application(s).

Name

Supplemental Information

Supplemental information is limited to the space below. 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.)

Letter of verification from MPO/RTPO

Letter of verification from any transit agencies affected by the proposal

Letters from organizations committing matching funds

Draft VT and VMT reduction estimates for the project (please submit in Excel file format)

Copy of (or electronic link to) your agency's greenhouse gas policy

Optional: Letters of support (combine into one file attachment)