



Program Goals

To encourage joint planning and coordination on the part of central Puget Sound transit systems in order to improve the user experience, increase ridership and make the most effective use of tax dollars.

Project Summary

Project Title

Project Type

Select One

Project Summary

Lead Agency

Federal Tax ID Number or Statewide Vendor Number

DUNS Number

Project Partners

Grant Request for 2015-2017	Total Project Cost	Local Match Amount (minimum of 10% of total project cost)
State Legislative District(s)		
County / Counties		
Mailing Address		
Address to receive payments (if different from above)		
Grant Administrator	Grant Administrator Phone	Grant Administrator Email
Billing Contact	Billing Contact Phone	Billing Contact Email

Describe the issue or problem to be addressed and how the proposed project addresses this.

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.

Impact on service

Impacts on service include consideration for improved service, improved service delivery, and improved transfers and coordination across transit service.

Describe this project's impact on service.

Impact on Customer Service

Impacts on customer service include consideration for improved reliability; improved outreach and coordination with customers, employers, and communities; and improved customer service functions, such as customer response time and web-based (and other) communications.

Describe this project's anticipated impact on customer service.

Impact on Administration/Efficiencies

Impacts on administration / efficiencies include consideration for improved marketing and outreach efforts, improved customer focused tools, improved interagency communications, and cost-saving efficiencies realized upon project implementation or following project completion.

Describe this project's anticipated impact on administration / efficiencies.

Joint Planning and Coordination

Joint planning/coordination includes consideration for the number of project partners, impact to or inclusion of multiple jurisdictions, impact on non-central Puget Sound regions, and the use of demand-management strategies to leverage existing services and programs.

Describe what joint planning or coordination efforts are underway or planned as part of the project proposal.

Describe the roles and responsibilities of each partnering agency (e.g., who is maintaining vehicles, who is paying for service, who is providing service, and how do each of the efforts complement the goals of the project).

Readiness to Proceed

Readiness to proceed includes consideration for projects that minimize project risks and are most likely to deliver benefits to the traveling public in a timely fashion; and projects that have all needed funding in place and can deliver public services and demonstrate benefits before June 30, 2017.

Does the applicant currently have the funding and staff necessary to complete the project, with the exception of these grant funds? ☐ Yes ☐ No

Fill in the appropriate milestone for your project in the left column (e.g., equipment: contract award, RFP; mobility management: project start; planning: project completion). In the middle column, enter the date your organization estimates the task will be done. In the last column, enter an activity description.

[illegible]

Transferability & Innovation

Transferability includes consideration for project scopes that can be adapted or adopted by another agency.

Describe the transferability of project/practices upon the conclusion of the project.

Innovation includes consideration for projects that take advantage of emerging technologies; new types of partnerships; making better use of existing capacity; new business models; and customer-focused solutions to create additional choices, increased ridership and/or improved experiences for the traveling public. Examples could include using big data to provide real-time information to customers, dispatch technologies that improve resource and asset efficiency, public/private funding partnerships, park and ride efficiencies (e.g., through permit reservation programs), and fare media delivery options.

Describe the project's use of innovation.

Social Justice

Social justice includes consideration for addressing the needs of special populations. Describe how this project would serve people who, because of minority status, income, disability, or age, are traditionally underserved, and how you arrived at this answer.

Describe specific measurable deliverables/outcomes (i.e., describe benefits such as cost savings, travel time improvements, improved coordination, increased ridership, and improved customer service).

How will your organization measure whether the project is successful (e.g., performance measures and evaluation plan that includes the identification of milestones towards successful completion of the project)?

Financial Information

Budget for operating / planning / mobility management projects.

Complete the following information for this project only.

[illegible]

There is a 10 percent matching requirement from the applicant or local partners to apply for this grant (e.g., FTA, other state funds, local reserves).

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01/2016

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The total operating / planning / mobility management expenditures and revenues should match. Please use the below to ensure the difference is \$0.00.

Total net operating expenditures \$ 0.00

Total operating revenue \$ 0.00

Difference (Should be \$0.00) \$ 0.00

Please describe how the budget was developed. Provide comments or an explanation why your project doesn't fit into any of the above categories.

Identify your capital equipment request

Description	Pass. Seating & WC stations	Useful Life	Fuel Type	Replace (R) Expand (E)	Oty	Unit Cost	Total Cost
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00

Sub Total \$ 0.00

Sales Tax _____

Total Estimated Cost \$ 0.00

Less Local Matching Funds for this Project _____

Total Equipment Request for this Project \$ 0.00

Did you perform an independent cost estimate for each item listed above?

☐ Yes ☐ No

Please explain how you determined unit cost for items listed.