

Welcome to Step Two of the Regional Mobility Grant Application

You can begin work on this part of the application at any time, but you cannot submit it to WSDOT until you have received WSDOT's approval of Step One.

IMPORTANT NOTE: Due to limitations with Adobe Reader please follow these suggestions:

- The application form works best if you enter the data directly into it with no cutting and pasting.
- Make sure you're using the latest version of Adobe Reader (Adobe Reader X). See the Regional Mobility web page for a free download.
- You cannot directly save any data you used to fill in the forms.
- You do not need to complete the application in one sitting; it is possible to fill out individual pages and print them.
- It is advisable to save your response and data in separate documents such as Word or Excel.
- Form fields are limited to a fixed number of characters as a safeguard to prevent overflow. However this does not work perfectly. Please ensure that all of your information is viewable in hard copy format, especially if you're copy and pasting your response from a different source.
- When you have completed the application, you will need to print a hard copy to save the information. Then you scan the hard copy as a pdf (including maps) and email it to RMG@wsdot.wa.gov.

All of us who work on the Regional Mobility Grant Program wish you great success with your application!

1. Project Summary
2013-2015 Regional Mobility Grant

Project Title		Category	2 Yr	4 Yr	
		CN			
		OP			
		EV			
Lead Agency		Federal Tax ID #			
		Legislative Districts			
Mailing address		Grant request for 2013 - 2015			
		Grant request for 2015 - 2017			
		Total grant request			
		EXPENDITURE PLAN			
Address to receive reimbursement checks		2013-2015 Biennium			
		Jul - Sep, 2013			
		Oct - Dec, 2013			
		Jan - Mar, 2014			
		Apr - Jun, 2014			
Project Manager		Jul - Sep, 2014			
		Oct - Dec, 2014			
		Jan - Mar, 2015			
		Apr - Jun, 2015			
		Total 2013-2015 Biennium			
Grant Administrator		2015-2017 Biennium			
		Jul - Sep, 2015			
		Oct - Dec, 2015			
		Jan - Mar, 2016			
		Apr - Jun, 2016			
Billing Contact		Jul - Sep, 2016			
		Oct - Dec, 2016			
		Jan - Mar, 2017			
		Apr - Jun, 2017			
		Total 2015-2017 Biennium			
		Total grant request both biennium's			
Summarize the proposed grant project					
WSDOT Approved Vehicle Trips Reduced (VT)		WSDOT Approved Vehicle Miles Traveled Reduced (VMT)			
In Year 1		In Year 1			
In Year 4		In Year 4			



Readiness to Proceed Checklist

Design % complete

**Environmental permits applied for?
approved?**

Yes ☐ No ☐
Yes ☐ No ☐

**Building permits applied for?
approved?**

Yes ☐ No ☐
Yes ☐ No ☐

**Executive Order 05-05 compliance applied for?
approved?**

Yes ☐ No ☐
Yes ☐ No ☐

Land /right-of-way % acquired

Construction % complete

RFP (or IFB) published?

Yes ☐ No ☐

Or – other agency procurement identified?

Yes ☐ No ☐

Vendor selected?

Yes ☐ No ☐

Additional Information

3. Project Description (two pages) 2013-2015 Regional Mobility Grants

Describe the problem this project is designed to solve in relation to both the local public transportation system and the broader regional transportation system. Include the location and the specific congested corridor or situation.

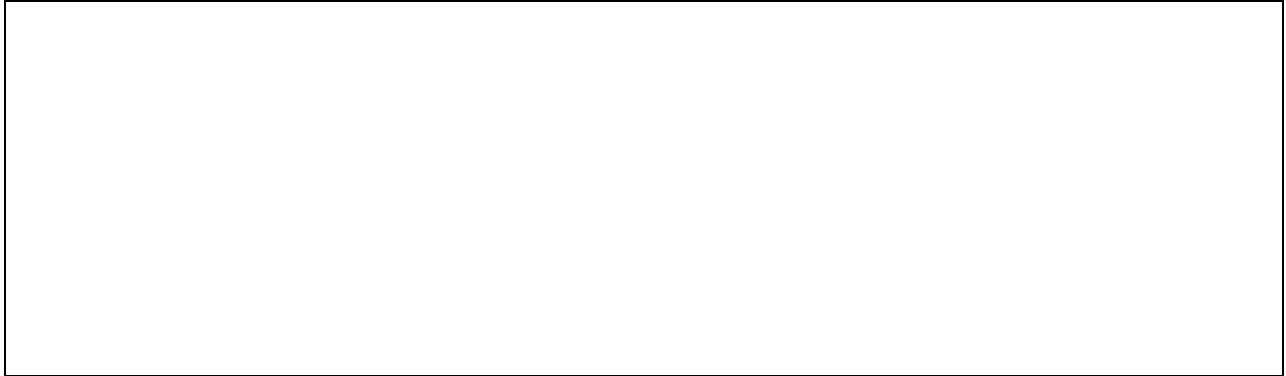
3. Project Description (two pages)
2013-2015 Regional Mobility Grants

Describe how the proposed grant project will address the above problem.

4. Maps

2013-2015 Regional Mobility Grants

Please provide relevant addresses and cross streets.



Please include the following maps as a PDF attachment to the grant application.

- Regional location map
- Engineering drawing or site map(s)
- An aerial image of the project site(s)

All applicants submitting a hard copy of the grant application must include hard copies of the maps.

**5. Location of Identified Bottlenecks,
Chokepoints, or Congested Corridors
on the State Highway System
2013-2015 Regional Mobility Grants**

**Locations of Identified Bottlenecks,
Chokepoints or Congested Corridors on
the State Highway System**

2007-2026 Highway System Plan.

The entire plan may be viewed at <http://www.wsdot.wa.gov/planning/HSP.htm>.

**This page is only a placeholder. There is nothing to fill out for
Section 5.**



6. Impact on Congested Corridors 2013-2015 Regional Mobility Grants

Identified Bottleneck or Chokepoint
beginning / ending location:

Level of Service

The current level of service through the corridor is:

Describe the congestion problems your proposal addresses. The explanation should relate the project to both the public transportation system and the broader regional transportation system and should clearly demonstrate the connection between the problem and your proposal.

7. System Integration (two pages)

2013-2015 Regional Mobility Grants

Describe the system integration problems your proposal addresses. For example, indicate how your proposal:

- improves multimodal connections and service
- establishes or improves connections between counties or urban centers
- exemplifies coordination among jurisdictions and/or
- improves the use of demand management strategies to leverage existing services and programs, including Growth and Transportation Efficiency Center programs
- Limit your response to two pages

7. System Integration (two pages)
2013-2015 Regional Mobility Grants

8. Financial Plan Description 2013-2015 Regional Mobility Grants

Describe the funds you are contributing to the project. (If applicable, attach documentation)

Describe the contributions of any financial partners on the project.

With the exception of the Regional Mobility Grant funds, is your proposed project fully funded? Yes ☐ No ☐

If, no explain how and when the project will be fully funded.

Describe any undocumented financial contributions or other unique aspects of your financial plan.

Please describe how you plan to maintain funding for the service or facility after Regional Mobility Grant funding is exhausted.

9. Financial Plan Table 2013-2015 Regional Mobility Grants

This table should represent all project costs. The information contained in this table will serve as the basis for any funding agreements with the State.

Type of Work	Funding Sources and Amounts					
	Total Project Funds	Regional Mobility Grant Funds	Other State Funds	Local Funds	Federal Funds	Other Funds
PE or Design						
Right of Way / Land						
Construction						
Capital Equipment						
Operations						
Total Project Cost/Funding						
% of RMG Contribution to Overall Project Cost						
% of Match Contribution to Overall Project Cost (Local, Federal and Other funds, not State)						

Do you have confirmation from the other funding sources that you will receive the funding?

Yes ☐ No ☐

Assuming you will receive Regional Mobility Grant funds, what percentage of the total project cost is still need to fully fund the project?

Comments

10. Cost Effectiveness

2013-2015 Regional Mobility Grant

Total Project Costs
Incremental Cost ¹

To complete this section please include your projects total cost, and fill in the appropriate dollar amounts for each of your projects elements. The sum of the individual project elements must equal the total project cost.

Construction	Project Life Expectancy (years)
Park and Ride	12
Transit Center	12
Transit Lanes	20
Transit Signal Priority	10
Bus Shelters	10
Freeway Management	10
HOV Lanes	20
Business and Transit Lanes	20
Passenger Amenities	2
Bicycle/Pedestrian Facilities	15
Railroad Track	30
Bus bulbs/Sidewalks	15
Total	

Operation	Project Life Expectancy (years)
New Route	2-4
Extended Route	2-4
Increased Frequency	2-4
Promotion Activity	2-4
Total	

Right of way	Project Life Expectancy (years)
Land acquisition cost	100
Leased Land (years) ²	
Total	

Equipment	Project Life Expectancy (years)
Buses	12
Railcars	25
Total	

If you project will create a new transit route, or extend an existing route please provide your agencies cost per service hour.

\$ _____

¹ Incremental Cost (if any) to the agency to provide the service. For example, a project that proposes to purchase new buses with a net increase in service hours must include the cost of operating that service in the cost estimate. 1) The cost of the buses and 2) cost of the additional service.

² Please include the term of the lease in years, and include the number of renewal periods (if any) to determine the total effective life of the lease. For example, a five year lease with four renewal periods would have an effective life of 20 years.

11. Executive Order 05-05 - Checklist 2013-2015 Regional Mobility Grants

Executive Order 05-05 (EO 05-05) requires a review of all capital construction projects and land acquisitions for all capital construction projects that are not undergoing a Section 106 review under the National Historic Preservation Act of 1966.

Please provide the following information regarding your project and EO 05-05. Note: any information provided in this section will be used for administrative purposes only, and will not be scored competitively. If your project is selected for Regional Mobility funding, this information will help WSDOT expedite resolution of any requirements related to EO 05-05 compliance.

Questions:

- 1) Does your project require excavation, or displacement of soil?

Yes ☐ No ☐

If the answer to Question #1, above, was “Yes,” please answer the following:

- 2) To what maximum depth will this digging occur? (An approximate answer is acceptable here)
- 3) How large an area will be excavated? (An approximate answer is acceptable here)
- 4) Please describe the area in which the digging will take place: is it on a paved thoroughfare, or right-of way, or is the project site on newly excavated land?

5) Is this project receiving federal funding?

Yes ☐ No ☐

If the answer to Question #5, above, was “Yes,” please answer the following:

6) Is a Federal Section 106 environmental review required?

Yes ☐ No ☐

7) Has the Section 106 review process been started, scheduled, or completed?

Yes ☐ No ☐

8) At what date was it:

Started

Completed

Scheduled

9) If your project is not receiving federal funding, have you begun the process of requesting approval from the Department of Archeology and Historic Preservation (DAHP) for EO 05-05 compliance?

Yes ☐ No ☐

10) If you have started the EO 05-05 process, has DAHP provided any guidance on this, or a letter indicating approval for the project? If yes, please describe.

Yes ☐ No ☐

12. Project Schedule 2013-2015 Regional Mobility Grants

Construction Projects

For 2-year projects, all of these milestones must occur before June 30, 2015.

For 4-year projects the following milestones must occur before June 30, 2015:

- Design 90% complete
- Complete environmental documentation
- Set contract ad date
- Set construction start date and project completion date

Construction Project Milestones (Critical path milestones are in Bold)	Past or planned completion dates (mm/yy)
Design 10% complete	
Design 30% complete	
Design 60% complete	
Design 90% complete	
Complete environmental documentation	
Executive Order 05-05 compliance	
Obtain required permits	
Land acquired/right of way certification	
Utilities	
Ad date	
Bid date	
Award date	
Construction start date	
Construction 25% complete	
Construction 50% complete	
Construction 75% complete	
Operationally complete	
Performance Management Plan (PMP) approved by WSDOT	
Fully complete	
Site inspection visit by WSDOT	

12. Project Schedule 2013-2015 Regional Mobility Grants

Equipment/Vehicle Project

For 2-year projects, all of these milestones must occur before June 30, 2015.

For 4-year projects the following milestones must occur before June 30, 2015:

- Development/approval of final specifications
- Place order
- Set delivery date

Equipment/Vehicle Purchase Milestones (Critical path milestones are in Bold)	Past or planned completion dates (mm/yy)
RFP of IFB publish date	
Contract award	
Set delivery date	
First vehicle accepted	
First vehicle service start date	
All vehicles accepted	
All new vehicles in service	
Service inspection visit by WSDOT	
Performance Management Plan (PMP) approved by WSDOT	

Operating Projects

For all operating projects the new service must start before October 1, 2014.

Operating Project Milestones (Critical path milestones are in Bold)	Past or planned completion dates (mm/yy)
Service plan completed	
Start date established	
Service start date	
Service inspection visit by WSDOT	
Performance Measuremetn Plan (PMP) approved by WSDOT	

13. MPO/RTPO Verification 2013-2015 Regional Mobility Grants

Attach correspondence (letter, memo or e-mail is sufficient) from the relevant Metropolitan Planning Organization (MPO)/Regional Transportation Planning Organization (RTPO) to verify the project is consistent with the regional transportation plan or policies, local transportation plans or policies and local transit plans or policies.

14. Transit Agency Verification 2013-2015 Regional Mobility Grants

If the proposed project will affect one or more transit agencies you must provide correspondence (letter, memo or e-mail is sufficient) to verify the project is consistent with their plans and policies.

**15. Greenhouse Gas Emission
Reduction Policy Statement
2013-2015 Regional Mobility Grants**

1. Has your agency adopted policies to reduce Greenhouse Gas Emissions?

Yes ☐ No ☐

2. Please describe specific goals and objectives of your agency's Greenhouse Gas Emission Reduction Policy, and describe what components it includes, and how it is implemented.

3. RCW 70.235.070 requires project "consistency" with the state Greenhouse Gas emission limits, and Vehicle Mile Traveled reduction benchmarks found in RCW 47.01.440. Please describe how your proposed project is consistent with RCW 70.235.070.

4. Does the project contain any renewable energy equipment: e.g. solar or wind electrical generation?

16. Application Signature 2013-2015 Regional Mobility Grants

This application must be certified by someone authorized to sign contracts on behalf of your organization or delegated that authority, 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 is true and accurate and that this organization has the necessary fiscal, data collection, and managerial capability to implement and manage the project associated with this application.

Applicant Agency _____

Project Title _____

Name and Title of Signatory _____

Date _____