Washington State Department of Transportation

Consolidated Grant Program 2017-2019 Application

This funding request is for public transportation projects that begin July 1, 2017 and end no later than June 30, 2019. Applications must be received by WSDOT no later than 5 p.m. on October 14, 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 November 28, 2016. Unless requested by WSDOT, applicants may not submit any revisions to an application after the application due date of October 14, 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 on completing the application.

General Organization Information

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

Type of Applicant

- ☐ Rural Public Transit
- ☐ Small Urban Public Transit
- ☐ Large Urban Public Transit
- ☐ Non-Profit Organization*
- ☐ Private for Profit
- ☐ Special District (i.e. School, Port)
- ☐ Tribal Government
- ☐ State Agency
- ☐ General and Local Government

*Please see attachment checklist for additional requirements.

I. Organization Service-Level Information

List the service-level information requested below for all transportation services your organization provides (including project-related).

Agency-wide Information*	July 1, 2015 through June 30, 2016 (actual)	July 1, 2016 through June 30, 2017 (estimated)	July 1, 2017 through June 30, 2019 (projected)
Revenue Vehicle Hours			
Revenue Vehicle Miles			
Passenger Trips			
Volunteer Hours			

* Please see application instructions for information on completing this table.

II. Type of Project

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

1. Operating

☐ General Operating Assistance – Select this option if you are a transit agency and are submitting only one operating project that includes all of the transportation services your organization provides (maximum of $ 1.5 million).

☐ 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
- ☐ Demand-response
- ☐ Employment related
- ☐ Other (describe)

b. Need for service (select one)

- ☐ 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
- ☐ Restore previously reduced level of service
- ☐ Provide new services (describe)

2. Capital

- ☐ Fleet expansion
- ☐ Fleet replacement
- ☐ Equipment (describe)

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

3. ☐ Mobility Management

4. ☐ Planning (maximum of $50,000)

III. Project Description

Responses are limited to the space provided.

Project Title (must be the same project title ranked by your local (RTPO/MPO)	
Amount of Funds Requested from WSDOT	Willing to accept FTA funds? ☐ Yes ☐ No Checking yes to federal funds means that your organization is willing and able to comply with the associated federal requirements. For full list see the *Consolidated Grants Program Guidebook.*

1a. Proposed scope of the work.

1b. Identify which regional Coordinated Public Transit - Human Services Transportation Plan(s) (HSTP) this project is included in and on which page it is referenced. If this is a new project, on what page of the HSTP is the regional need addressed?

Human Services Transportation Plan	Page #

1c. Why is this project needed, and how does this proposal address the need?

2. If the proposed project involves special needs transportation, how does the project advance efficiencies in, accessibility to, or coordination of transportation services provided to persons with special transportation needs? List other transportation service providers serving this area, and describe the coordination you have done regarding the proposed project.

3. How will your organization measure whether the project is successful and improves the efficiency and effectiveness of public or special-needs transportation?

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

5. 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)?

6. 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.

7. Is this project dependent on any other project submitted by your organization or other organizations? If so, please identify the other project(s) and any other organization(s), and describe their relationship to the project proposed in this application. Please identify the priority order for funding of all of the identified linked project(s).

IV. Project Service Level Information

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

Project Specific Information*	July 1, 2015 through June 30, 2016 (actual)	July 1, 2016 through June 30, 2017 (budgeted)	July 1, 2017 through June 30, 2019 (projected 24-months)
Revenue Vehicle Hours			
Revenue Vehicle Miles			
Passenger Trips			
Volunteer Hours			

* Please see application instructions for information on completing this table.

2. How were service-level estimates developed?

3. For mobility management projects, summarize your service accomplishments in both qualitative (narrative) and quantitative (statistical) formats.

V. Financial Information for Operating, Mobility Management and Planning Grants

[For capital project complete Section VI only.]

Expenses

1. Identify your expenses.

	July 1, 2015 through June 30, 2016 (Actual)	July 1, 2016 through June 30, 2017 (Budgeted)	2015-2017 Biennium (Total of Actual and Budgeted)	July 1, 2017 through June 30, 2019 (Projected)
			$ 0	
			$ 0	
			$ 0	
			$ 0	
			$ 0	
			$ 0	
			$ 0	
			$ 0	
			$ 0	
			$ 0	
			$ 0	
			$ 0	
			$ 0	
			$ 0	
			$ 0	
			$ 0	
			$ 0	
			$ 0	
			$ 0	
Total Gross Operating Expenses	$ 0	$ 0	$ 0	$ 0
Less Passenger Fares and Donations			$ 0	
Total Net Operating Expenses	$ 0	$ 0	$ 0	$ 0

Revenues

2. Identify your sources of revenue.

	July 1, 2015 through June 30, 2016 (Actual)	July 1, 2016 through June 30, 2017 (Budgeted)	2015-2017 Biennium (Total of Actual and Budgeted)	July 1, 2017 through June 30, 2019 (Projected)
			$ 0	
			$ 0	
			$ 0	
			$ 0	
			$ 0	
			$ 0	
			$ 0	
			$ 0	
			$ 0	
			$ 0	
			$ 0	
			$ 0	
Subtotal Operating Revenue	$ 0	$ 0	$ 0	$ 0
Amount requested in this application	**N/A**	**N/A**	**N/A**	
Total Operating Revenue	$ 0	$ 0	$ 0	$ 0
Pledged match rate (%)				

The total operating expenditures and revenues should match. Please use the tool below to ensure the difference is $0.

Total net operating expenditures	$ 0
Total operating revenue	$ 0
Difference (Should be $0)	$ 0

3. Please describe how the budget was developed. If there are variances between the 2015-2017 Biennium Totals and the requested 2017-2019 Biennium Totals, please explain. Describe matching sources identified as “other” in the revenue table above.

4. What Disadvantaged Business Enterprise (DBE) goal can your organization meet for this project (express the goal as a percentage of the proposed project budget)? What efforts will you make to meet this goal?

If you answered 0, please explain why you believe there are no DBE contracting opportunities on this project.

VI. Equipment Request (for Capital projects only)

Please see application instructions prior to completing this section.

1. Identify your capital equipment request.

Vehicles							
Description	Pass. Seating & WC stations	Replace (R) Expand (E)	Fuel Type	Useful Life	Qty	Unit Cost	Total Cost
							$ 0
							$ 0
							$ 0
							$ 0
							$ 0
							$ 0
							$ 0
							$ 0
Other equipment							
							$ 0
							$ 0
							$ 0
							$ 0
							$ 0
							$ 0
							$ 0

Sub Total $ 0

Sales Tax

Total Estimated Cost $ 0

Less Local Matching Funds for this Project

Total Equipment Request for this Project $ 0

2. Please explain how you determined the unit cost for each item listed.

3. 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	0

4. Is this capital project scalable? ☐ Yes ☐ No
If yes, specify the minimum funds needed and explain the scalability.

5. What Disadvantaged Business Enterprise (DBE) goal can your organization meet for non-vehicle equipment components of this project (express the goal as a percentage of the proposed project budget)? What efforts will you make to meet this goal?

If you answered 0, please explain why you believe there are no DBE opportunities on this project.

6. Complete the information below if your organization is proposing to replace transportation vehicles with these grant funds. You may attach one additional Excel worksheet if needed.

Vehicle Type	Useful life (years)	Make/Model	Year	Vehicle Identification Number (VIN)	Current Status Active (A) Spare (S)	Current Mileage

7. 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

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

8. How will you address ADA accessibility issues with the proposed capital procurement?

Estimated Milestones

Select the appropriate milestones for your project and the date(s) each milestone will be completed.

Milestone	Date

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 associated with this application.

Name

Title Date

VII. 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.

VIII. Attachments Checklist

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

- ☐ Copy of organization's most recent audit report
- ☐ 501(c) IRS Letter of Determination (For new non-profit applicants only)
- ☐ WUTC Certification (for new non- & for- profit applicants who are direct service providers)
- ☐ Service area map
- ☐ Population density map
- ☐ Letters committing matching funds
- ☐ In-kind match valuation proposal (if in-kind match will be used - not for capital projects)
- ☐ Optional: Letters of support (combine into one file attachment)
- ☐ Independent cost estimate (capital projects only)
- ☐ Intelligent Transportation System (ITS) architecture map (applicable to ITS project requests only)

Note: If awarded federal funds, you may be required to submit additional documents. See Consolidated Grants Program Guidebook for more information on state and federal grant management requirements.