



This funding request is for public transportation projects that begin July 1, 2019, and end no later than June 30, 2021. Applications must be received by WSDOT no later than 5:00 p.m. on September 14, 2018. WSDOT will review all submitted applications for errors and completeness and may request additional information/ corrections from applicants, which may be submitted up to December 7, 2018. Unless requested by WSDOT, applicants may not submit any revisions to an application after the application due date of September 14, 2018.

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.

<b>General Organization Information</b>			
Legal Name of Organization			
DBA (if applicable)			
Federal Tax ID Number		DUNS Number	
Statewide Vendor Number			
Mailing Address	City	State	Zip + 4 (required)
Billing Address (if different from mailing address)	City	State	Zip + 4 (required)
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**

Public Transit                      Non-Profit Organization                      Tribal Government                      General and Local Government

**I. Organization Service-Level Information**

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

<b>Agency-wide Information</b>	<b>July 1, 2017, through June 30, 2018 (actual)</b>	<b>July 1, 2018, through June 30, 2019 (estimated)</b>	<b>July 1, 2019, through June 30, 2021 (projected)</b>	<b>July 1, 2021, through June 30, 2023 (projected)</b>
Revenue Vehicle Hours				
Revenue Vehicle Miles				
Passenger Trips				
Volunteer Hours				

## 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
- Commuter service
- Other (describe)

#### b. Need for service (select one)

- Sustain existing service
- Expand service
- If expand service, check all that apply
  - Establish new service area
  - Increase budget
  - Extend hours of service

### 2. Capital

- Fleet expansion
- Fleet replacement
- Equipment (describe)

Information Technology (Identify the regional or state ITS architecture in which your project is referenced.)

### 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))

Regional Transportation Planning Organization / Metropolitan Planning Organization who will be ranking this project

Duration of Project:      Two Year (2019-2021)      Four Year (2019-2023) (for continuing operations and mobility management projects only)

Amount of funds requested from WSDOT:      For 2019-21:      For 2021-23:  
(Auto fills from page 8)

Amount of funds requested from WSDOT (for Capital Projects Only)  
(Auto fills from page 9)

Willing to accept FTA funds for the biennium?      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](#).

Identify the areas this project will serve:

City(ies):

County(ies):

Legislative district(s):

Is this project primarily serving a rural area?      Yes      No

Is this project primarily serving the Seattle, Tacoma, Everett urbanized area?      Yes      No

**1a.** Proposed scope/description 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 the need is addressed.

Human Services Transportation Plan	Page # or TBD

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

2. Describe coordination efforts with your regional planning organization.

3. 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?

4. How will your organization measure whether the project is successful and improves the efficiency and effectiveness of public transportation?

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

6. Identify if your project connects to, coordinates with, leverages or enhances other modes of transportation in your service area (aviation, intercity bus or rail, park and rides, bicycle/pedestrian)?

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7. Identify the project staff for this project. What type of experience do these individuals have with grant management?

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8. Is this project dependent on any other project submitted by your organization or other organizations?      Yes      No  
List in order of priority the dependent projects by project title.

Project Title

9. 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?

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If you answered 0, please explain why you believe you will not be able to provide any DBE contracting opportunities on this project.

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#### IV. Project Service Level Information

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

Project Specific Information	July 1, 2017, through June 30, 2018 (actual)	July 1, 2018, through June 30, 2019 (projected)	2017-2019 Biennium (total of actual and projected)	July 1, 2019, through June 30, 2021 (projected 24-months)	Percent of change	July 1, 2021, through June 30, 2023 (projected 24-months)	Percent of change
Revenue Vehicle Hours							
Revenue Vehicle Miles							
Passenger Trips							
Volunteer Hours							

2. How were service-level estimates developed?

3. For mobility management, demand response, or deviated fixed route projects, summarize the intended outputs of this project in both qualitative (narrative) and quantitative (statistical) formats.

**V. Financial Information for Operating, Mobility Management and Planning Grants**  
**[For capital project, skip to Section VI.]**

**Expenses**

1. Identify your expenses.

	July 1, 2017, through June 30, 2018	July 1, 2018, through June 30, 2019	2017-2019 Biennium	July 1, 2019, through June 30, 2021 (projected)	Percent of change
<b>Total Gross Operating Expenses</b>					
Less Passenger Fares and Donations					
<b>Total Net Operating Expenses</b>					
Expenses	July 1, 2019, through June 30, 2021 (projected)	July 1, 2021, through June 30, 2023 (projected) (for continuing operations and mobility management projects only)		Percent of change	
<b>Total Gross Operating Expenses</b>					
Less Passenger Fares and Donations					
<b>Total Net Operating Expenses</b>					

2. If there are variances in the line item totals between the biennia, please explain.

**Revenues**

3. Identify your sources of revenue.

	July 1, 2017, through June 30, 2018 (actual)	July 1, 2018, through June 30, 2019 (budgeted)	2017-2019 Biennium (total of actual and budgeted)	July 1, 2019, through June 30, 2021 (projected)	July 1, 2021, through June 30, 2023 (projected) <small>(for continuing operations and mobility management projects only)</small>
<b>Subtotal Operating Revenue</b>					
Amount requested	N/A	N/A	N/A		
<b>Total Operating Revenue</b>					
<b>Pledged match rate</b>					

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

	2019-2021	2021-2023
Total net operating expenditures		
Total operating revenue		
Difference (Should be \$0)		



4. Please describe how the budget was developed. Describe matching sources identified as "other" in the revenue table above.

**VI. Equipment Request (for Capital projects only)**

1. Identify your capital equipment request.

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

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

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

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

Less Local Matching Funds for this Project (from Section 4 on next page) \_\_\_\_\_

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

If "Other" is identified in your capital equipment request, please describe.

2. Explain how you determined the unit cost for each item listed. This constitutes your Independent Cost Estimate (ICE).

3. Are you buying off the State contract?    Yes    No

4. 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		

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

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	Remaining 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 effective June 1, 2018? (PRACTICABLE USE OF ELECTRICITY AND BIOFUELS TO FUEL LOCAL GOVERNMENT VEHICLES, VESSELS, AND CONSTRUCTION EQUIPMENT)

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

## 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.

## VII. 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-profit applicants who are direct service providers)
- Service area map (required)
- Population density map (required)
- 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)
- Replacement Vehicle Worksheet

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.