# San Mateo County Shuttle Program FY 18/19 & FY 19/20 Application Form for New Shuttles (Filing Deadline February 9, 2018)

Sponsori	ng age	ency:	
Contact p	erson	:	
Phone:			
Email:			
Shuttle	e Nan	ne	Amount of Funding Requested
Minimum	Requ	irements:	
Yes	<b>No</b>	sufficient time for SamTrans operations p as needed and ultimately make a determ concurrence/sponsorship can be issued. A governing board resolution in support of t	mobility needs and/or provides access to e general public ans with Disabilities Act (ADA) vided amTrans is attached* ship, Operations Planning nuary 12, 2018, and preferably before, to allow lanning staff to review, follow up with sponsors ination as to whether a letter of
•		Commute.Org staff (commuter shuttles) for deadline.  swered "no" to any of the above minimum req sy Kalkin [(650) 599-1467, kkalkin@smcgov.	uirements, please review the project guidelines
		ns.com] with any questions.	org; or 0001 oldvit [(000) 000 0470;
Attachme List all at	tachm A let A No Serv Gove Supp	ents here: ter of concurrence/sponsorship from SamTra on-Supplantation Certificate ice Maps erning Board Endorsement oort letters (E2) or (specify here)	ns

#### APPLICATIONS FOR NEW PROJECTS

### A. Need (up to 25 points)

Describe how the shuttle will:

- 1. Provide service in/to an area underserved by other public transit.
- 2. Provide congestion relief in San Mateo County (Does it provide peak period commute service? Does it make connections to employment centers, activity centers or transit stations? Does is make first or last mile connections? Provide as much detail as you can to support your response.)
- 3. Provide transportation to low-income, transit dependent, seniors, disabled or other special-needs populations and connects to the services used by these demographic groups.

Letters of support from co-sponsors, partners, stakeholders, etc. (List agencies/organizations and attach letters)

#### B. Readiness (Up to 25 points)

- 1. Service Plan Describe how the service will be delivered including:
  - a. Service area (route description, destinations served) (Attach maps)
  - b. Describe your service plan development (planning process, public outreach, use of SamTrans/Alliance technical assistance program, etc.)
  - c. List specific rail stations, major SamTrans route or ferries served by the shuttle
  - d. Schedule (Days, times, frequency) Show coordination with scheduled transit service. Also describe whether the shuttle is a community shuttle, commuter shuttle or door-to-door shuttle as well as the size and number of vehicles to be used.
  - e. Marketing (outreach, advertising, signage, schedules, etc.)
  - f. Service provider
  - g. Administration and oversight plan/roles

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- h. Co-sponsor/stakeholders (roles/responsibilities)
- i. Monitoring plan (service quality performance data, complaints/complements, surveys)
- j. Ridership characteristics (commuters, employees, seniors, students, etc.)

### 2. Funding Plan with budgeted line items – Use Table 1

Table 1

	ojected Operating Costs	FY18/19 Projection	FY19/20 Projection	
-	Contractor (operator/vendor) cost (incl. fuel surcharge, if applicable)			
_	Insurance			
-	Administrative Costs (e.g. Personnel expenses)			
-	Other Direct Costs (e.g. marketing materials, promotions, etc.)			
-	Total Operating Costs			

## C. Effectiveness (up to 15 points)

1. Projected ridership and performance for each fiscal year. (State assumptions and document justifications where possible.)

Projected Operating Data	FY18/19 Projection	FY19/20 Projection
- Vehicle Hours of Service		
- Service Miles		
- Total Passengers		
- Operating Cost/Passenger		
- Passengers/Service Hour		

<sup>&</sup>lt;sup>1</sup> FY 2018/19 & 2019/20 Shuttle Operation Benchmarks

Shuttle Type	Op. Cost/Passenger FY18/19 & 19/20	Passengers Per Service Hour FY18/19 & 19/20 (Current CFP)
Commuter	\$8/passenger	15
Community	\$10/passenger	10
Door to Door	\$20/passenger	2

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	2.	What other transit services does this shuttle connect with (if bus, identify the route)?					
	<ol> <li>Does the shuttle provide connections between transit oriented development and major accenters (if so, describe)?</li> </ol>						
	4.	Describe the extent that this shuttle reduces Single Occupancy Vehicle (SOV) trips and Vehicle Miles Traveled (VMT). Provide justification/methodology for the reduction in the number of SOV trips and VMT.					
D.	Fu	Funding Leverage (up to 20 points)					
	1.	List amounts and sources of matching funds					
		Source of Funding Matching Funds ( <i>list source</i> )	Amount\$	Percentage%			
		Subtotal Matching Funds					
	-	TA or C/CAG Funding request for FY 18/19 & 19/20					
	-	Total Funding					
	2.	How much private sector funding will be contributed to	wards this shuttle? \$				
E.	Ро	Policy Consistency & Sustainability – (up to 15 points)					
	1.	Proposed shuttle is included in adopted local, special a	rea, county or regional plan	(list plans)			
	2.	Describe how the shuttle service supports job and housing growth/economic development.					
	3.	Will clean-fuel vehicles be deployed for shuttle service?	? (describe)				

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4. Does the shuttle accommodate bicycles?