

San Mateo County Shuttle Program FY 2016/2017 & FY 2017/2018

Application Form for Existing Shuttles

Sponsoring agency:

Contact person:

Phone:

Email:

Shuttle Name	Amount of Funding Requested
	\$

Minimum Requirements:

Yes No

- ☐ ☐ Project is located within San Mateo County
- ☐ ☐ Project is a shuttle service that meets local mobility needs and/or provides access to regional transit
- ☐ ☐ Funding is for shuttle operations open to the general public
- ☐ ☐ Shuttles must be compliant with the Americans with Disabilities Act (ADA)
- ☐ ☐ A funding match of at least 25% will be provided
- ☐ ☐ A Non-Supplantation Certificate is attached
- ☐ ☐ A letter of concurrence/sponsorship from SamTrans is attached*
* Please contact Tracey Lin, Operations Planning [(650)-508-6457, lintr@samtrans.com], no later than January 5, 2016 to request the letter of concurrence/sponsorship.
- ☐ ☐ A governing board resolution in support of the proposed shuttle is attached
- ☐ ☐ Project met shuttle program benchmark standards for FY 14/15
- ☐ ☐ If project did not meet shuttle program benchmark standards for FY 14/15, project sponsor has met with SamTrans operations planning staff for technical assistance prior to the application deadline

If you have answered “no” to any of the above minimum requirements, please review the project guidelines and contact Tom Madalena [(650) 599-1460, tmadalena@smcgov.org] or Joel Slavit [(650) 508-6476, slavitj@samtrans.com] with any questions.

Attachments

List all attachments here:

- ☐ A letter of concurrence/sponsorship from SamTrans (*Minimum requirement*)
- ☐ A Non-Supplantation Certificate (*Minimum requirement*)
- ☐ Service Maps (*C1a*)
- ☐ Governing Board Endorsement (*E1*)
- ☐ Support letters (*E2*)
- ☐ Other specify here

APPLICATION FOR EXISTING PROJECTS

A. Need (up to 20 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 it 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
4. Provides transportation to the services used by the special demographic groups from Item A.3 above.

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

B. Readiness (Up to 20 points)

1. Service Plan - Describe how the service was delivered for the prior 12 months and any proposed changes for the new two year funding period, including:
 - a. Service area (route description, destinations served)
(Attach maps)
 - b. List specific rail stations, major SamTrans route or ferries served by the shuttle
 - c. 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.
 - d. Marketing (outreach, advertising, signage, schedules, etc.)

- e. Service provider
- f. Administration and oversight plan/roles
- g. Co-sponsor/stakeholders (roles/responsibilities)
- h. Monitoring plan (service quality performance data, complaints/complements, surveys)
- i. Ridership characteristics (commuters, employees, seniors, students, etc.)
- j. Any differences/changes to existing service for the funding period, compared to the prior 12 months
- k. If the shuttle under-performed the benchmarks listed in Table 1 below, did the sponsor utilize the Technical Assistance Program (TAP) offered by SamTrans and the Alliance?

Table 1 – Benchmarks for existing shuttles

Shuttle service	Operating Cost/ passenger	Passengers/ Service Hour
Commuter	\$7	15
Community or Combination	\$9	10
Door to Door	\$16	2

2. Funding Plan with Budgeted Line Items (*use Table 2 below*):

Table 2

Budget Line Item	For Prior 12 Months	FY 16/17 Budget	FY 17/18 Budget	Total Budget FY 16/17 & 17/18
a. Contractor cost (e.g. operator/vendor)				
b. Fuel				
c. Insurance				
d. Administrative costs (e.g. staff oversight)				

e. Other direct costs (e.g. marketing)				
f. Total Operating Cost				

g. Notes/exceptions (e.g. if there are projected differences between the first and second years' costs)

C. Effectiveness (up to 25 points)

1. Service Performance

Operating cost per passenger and passengers per service hour for FY 14/15
(Use Table 3 below)

Table 3

Operating Data	For FY 14/15
Vehicle Hours of Service	
Service Vehicle Miles	
Total Passengers	
Performance Indicators	For FY 14/15
Operating Cost/Passenger ¹	
Passengers/Service Hour ²	

Footnotes

1. Total Operating Cost/Total Passengers
2. Total Passengers/Vehicle Hours of Service

2. What other transit services does this shuttle connect with (*if bus, identify the route*)?
3. Does the shuttle provide connections between transit oriented development and major activity centers?
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. Funding Leverage (up to 20 points)

1. List amounts and sources of matching funds

Source of Funding	Amount	Percentage
Matching Funds <i>(list sources)</i>		
<i>Subtotal Matching Funds</i>	<i>\$0.00</i>	<i>#DIV/0!</i>
TA or C/CAG Funding request for FY16/17 & FY17/18		#DIV/0!
Total Funding	\$0.00	#DIV/0!

2. How much private sector funding will be contributed towards this shuttle? \$_____

E. Policy Consistency & Sustainability – (up to 15 points)

1. Proposed shuttle is included in adopted local, special area, 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)*
4. Does the shuttle accommodate bicycles?
5. Are there any costs savings demonstrated through sharing of resources (e.g. shuttle operator provides reduced rates if used for both peak and off-peak service)

San Mateo County Shuttle Program FY 2016/2017 & FY 2017/2018

Application Form for New Shuttles

Sponsoring agency:

Contact person:

Phone:

Email:

Shuttle Name	Amount of Funding Requested
	\$

Minimum Requirements:

Yes No

- ☐ ☐ Project is located within San Mateo County
 - ☐ ☐ Project is a shuttle service that meets local mobility needs and/or provides access to regional transit
 - ☐ ☐ Funding is for shuttle operations open to the general public
 - ☐ ☐ Shuttles must be compliant with the Americans with Disabilities Act (ADA)
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- ☐
- ☐
- ☐

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
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3. Provide transportation to low-income, transit dependent, seniors, disabled or other special-needs populations
4. Provides transportation to the services used by the special demographic groups from Item A.3 above.

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, whether SamTrans/Alliance technical assistance was utilized, 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
- h. Co-sponsor/stakeholders (roles/responsibilities)
- i. Monitoring plan (service quality performance data, complaints/complements, surveys)
- j. Ridership characteristics (commuters, employees, seniors, students, etc.)
- k. Any differences/changes to existing service for the funding period, compared to the prior 12 months
- l. Planning process for shuttles (extent of public planning process, use of SamTrans and Alliance Technical Assistance Program)

C. Effectiveness (up to 15 points)

- 1. Projected ridership and performance for each fiscal year. *(Use Table 1 to provide calculation information for questions 1, 2 and 3. State assumptions and document justifications where possible.)*

Table 1

Projected Operating Costs	FY16/17 Projection	FY17/18 Projection
Contractor Cost		
Fuel		
Insurance		
Administrative Costs (e.g. Personnel expenses)		
Other Direct Costs (e.g. Printing marketing materials, promotions, etc.)		
Total Operating Costs		\$0

Projected Operating Data	FY16/17 Projection	FY17/18 Projection
Vehicle Hours of Service		
Service Vehicle Miles		
Total Passengers		

Performance Indicators	FY16/17 Projected Average	FY17/18 Projected Average
Operating Cost/Passenger	#DIV/0!	#DIV/0!
Passengers/Service Hour	#DIV/0!	#DIV/0!

2. What other transit services does this shuttle connect with (*if bus, identify the route*)?
3. Does the shuttle provide connections between transit oriented development and major activity centers?
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**San Mateo County Shuttle Program
Fiscal Years 2016/2017 and/or 2017/2018**

Non-Supplantation of Funds Certification

This certification, which is a required component of the project initiator's grant application, affirms that San Mateo County Transportation Authority (TA) Measure A Local Shuttle Program and/or City/County Association of Governments of San Mateo County (C/CAG) Local Transportation Services Program funds will be used to **supplement** (add to) existing funds, and will not **supplant** (replace) existing funds that have been appropriated for the same purpose. Potential supplantation will be examined in the application review as well as in the pre-award review and post award monitoring.

Funding may be suspended or terminated for filing a false certification in this application or other reports or documents as part of this program.

Certification Statement:

I certify that any funds awarded under the FY 2016/2017 and/or FY 2017/2018 TA Measure A Local Shuttle Program and/or C/CAG Local Transportation Services Program will be used to supplement existing funds for program activities, and will not replace (supplant) existing funds or resources.

Project Name: _____

Project Applicant: _____

PRINT NAME

TITLE*

SIGNATURE

DATE

* This certification shall be signed by the Executive Director, Chief Executive Officer, President or other such top-ranking official of the Project Applicant's organization.