

San Mateo County Shuttle Program FY 20/21 & FY 21/22
Application Form for Existing Shuttles
(Filing Deadline: February 21, 2020)

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*

* Minimum 50% match required for existing shuttles in operation for 2 years or more that fail to meet the applicable operating cost per passenger benchmark by 50% or more based on FY18/19 performance data. (More recent performance data covering a full 12 months may be applied if available at the time the application is submitted.).¹

- A detailed marketing plan is attached
- A Non-Supplantation Certificate is attached
- A letter of concurrence/sponsorship from SamTrans is attached*

* Sponsors should contact Alex Lam, Operations Planning (lama@samtrans.com), by January 31, 2020, and preferably before, to allow sufficient time for SamTrans operations planning staff to review, follow up with sponsors as needed and ultimately make a determination as to whether a letter of concurrence/sponsorship can be issued .

- A governing board resolution in support of the proposed shuttle is attached
- Project met shuttle program benchmark standards for FY 18/19²
- If project did not meet shuttle program benchmark standards for FY 18/19, project sponsor has met with SamTrans operations planning staff (community serving shuttles) or Commute.org (commuter shuttles) for technical assistance.

- Sponsors should make appointments to receive technical assistance by January 31, 2020, and preferably before, to allow sufficient time if any follow-up appointments are needed and to incorporate technical assistance recommendations into their proposals.

¹ FY20/21 & 21/22 Benchmarks and 50% match requirement calculation

Shuttle Type	Op. Cost/Passenger FY18/19 & 19/20 (Current CFP)	Benchmark missed by 50% or more
Commuter	\$9/passenger	≥\$13.50/passenger
Community	\$11/passenger	≥\$16.50/passenger
Door to Door	\$22/passenger	≥\$33/passenger

² FY 2018/19 Shuttle Operation Benchmarks

Shuttle Type	Op. Cost/Passenger FY 18/19	Passengers Per Service Hour FY18/19
Commuter	\$8/passenger	15
Community	\$10/passenger	10
Door to Door	\$20/passenger	2

If you have answered “no” to any of the above minimum requirements, please review the project guidelines and contact Susy Kalkin [(650) 599-1467, kkalkin@smcgov.org] or Peter Skinner [(650) 622-7818, skinnerp@samtrans.com] with any questions.

Attachments

List all attachments here:

- A letter of concurrence/sponsorship from SamTrans
- A Non-Supplantation Certificate
- Service Maps
- Governing Board Endorsement
- Support letters
- 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 special populations (e.g. low-income/transit dependent, seniors, disabled, other) 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 15 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 required Technical Assistance Program (TAP) offered by SamTrans and/or the Alliance (Commute.Org)?

Table 1 – FY 18/19 Benchmarks

Shuttle service	Operating Cost/ passenger	Passengers/ Service Hour
Commuter	\$8	15
Community or Combination	\$10	10
Door to Door	\$20	2

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

Table 2

Budget Line Item	For Prior 12 Months	FY 20/21 Budget	FY 21/22 Budget	Total Budget FY 20/21 & 21/22
a. Contractor cost (e.g. operator/vendor) – incl. fuel surcharge if applicable)				
b. Insurance				
c. Administrative costs (e.g. staff oversight)				
d. Other direct costs (e.g. marketing)				
e. Total Operating Cost				

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

C. Effectiveness (up to 35 points)

1. Service Performance

Annual operating cost per passenger and passengers per service hour for FY 18/19
(Use Table 3 below)

Table 3

Operating Data		For FY 18/19
Vehicle Hours of Service		
Service Vehicle Miles		
Total Passengers		
Performance Indicators		For FY 18/19
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 (list source)		
<i>Subtotal Matching Funds</i>		
TA or C/CAG Funding request for FY 20/21 & 21/22		
Total Funding		

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

E. Policy Consistency & Sustainability – (up to 10 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?

San Mateo County Shuttle Program FY 18/19 & FY 19/20
Application Form for New Shuttles
(Filing Deadline February 21, 2019)

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*
 * Sponsors should contact Alex Lam, Operations Planning (lama@samtrans.com), by January 31, 2020, and preferably before, to allow sufficient time for SamTrans operations planning staff to review, follow up with sponsors as needed and ultimately make a determination as to whether a letter of concurrence/sponsorship can be issued.
- A governing board resolution in support of the proposed shuttle is attached
- Project sponsor has met with SamTrans operations planning staff (community shuttles) or Commute.Org staff (commuter shuttles) for technical assistance prior to application deadline.

If you have answered “no” to any of the above minimum requirements, please review the project guidelines and contact Susy Kalkin [(650) 599-1467, kkalkin@smcgov.org] or Peter Skinner [(650) 622-7818, skinnerp@samtrans.com] with any questions.

Attachments

List all attachments here:

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

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 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 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

- 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

Projected Operating Costs	FY20/21 Projection	FY21/22 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.¹ (State assumptions and document justifications where possible.)

Projected Operating Data	FY20/21 Projection	FY21/22 Projection
- Vehicle Hours of Service		
- Service Miles		
- Total Passengers		
- Operating Cost/Passenger		
- Passengers/Service Hour		

¹ FY 2020/21 & 2021/22 Shuttle Operation Benchmarks

Shuttle Type	Op. Cost/Passenger FY20/21 & 21/22	Passengers Per Service Hour FY20/21 & 21/22 (Current CFP)
Commuter	\$9/passenger	15
Community	\$11/passenger	10
Door to Door	\$22/passenger	2

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 (*if so, describe*)?

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 source</i>)		
<i>Subtotal Matching Funds</i>		
TA or C/CAG Funding request for FY 20/21 & 21/22		
Total Funding		

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?

**San Mateo County Shuttle Program
Fiscal Years 2020/2021 and/or 2021/2022**

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 2020/2021 and/or 2021/2022 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.

RESOLUTION NO. xx – xx

**A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF xxxx SUPPORTING THE xxxx PROJECT AND
SUBMITTING AN APPLICATION FOR SAN MATEO COUNTY SHUTTLE PROGRAM FUNDING FOR THE xxx
PROJECT**

RESOLVED by the City Council of xxx, that

WHEREAS, [there is an issue at some location], and

WHEREAS, [there is a proposed project to address the issue], and

WHEREAS, [it will cost \$xxxx to implement the project scope], and

WHEREAS, the City wishes to sponsor [the implementation of the project scope], and

WHEREAS, the City seeks \$xxx for [the project scope], and

WHEREAS, on June 7, 1988, the voters of San Mateo County approved a ballot measure to allow the collection and distribution by the San Mateo County Transportation Authority (TA) of a half-cent transactions and use tax in San Mateo County for 25 years, with the tax revenues to be used for highway and transit improvements pursuant to the Transportation Expenditure Plan presented to the voters (Original Measure A); and

WHEREAS, on November 2, 2004, the voters of San Mateo County approved the continuation of the collection and distribution by the TA the half-cent transactions and use tax for an additional 25 years to implement the 2004 Transportation Expenditure Plan beginning January 1, 2009 (New Measure A); and

WHEREAS, the Board of Directors of the City/County Association of Governments (C/CAG) of San Mateo County at its February 14, 2002 meeting approved the Congestion Relief Plan and subsequently reauthorized the Congestion Relief Plan in 2007, 2010, 2015 and 2019; and

WHEREAS, a component of the C/CAG Congestion Relief Plan is to support Local and Employer Based Shuttle Programs; and

WHEREAS, the TA and C/CAG issued a joint Call for Projects for the San Mateo County Shuttle Program on January 13, 2020, and

WHEREAS, the TA and C/CAG require a governing board resolution from the City in support of the City's application for \$xxx from the San Mateo County Shuttle Program for [project scope], and

WHEREAS, TA and C/CAG require a governing board resolution from the City committing the City to the completion of the [project scope], and

NOW, THEREFORE, BE IT RESOLVED that the City Council of the City xxx

1. Directs staff to submit an application for funding from the San Mateo County Shuttle Program for \$xxx for the [project scope].
2. Authorizes the [Executive Officer] to execute a funding agreement with the San Mateo County Transportation Authority to encumber any Measure A Local Shuttle Program funds and/or City/County Association of Governments Local Transportation Services Program funds awarded.
3. Let it be known the City xxx commits to the completion of [project scope] if awarded the requested funds from San Mateo County Shuttle Program.

* * * * *

PASSED AND ADOPTED at a regular meeting of the City Council of the City of xxx, California, held on the xxx day of xxxx, 20xx by the following vote:

AYES, Councilmembers: xx, xx, xx,

NOES, Councilmembers: xxx

ABSENT, Councilmembers: xx

ABSTAIN, Councilmembers: xx

CITY OF xxxx

By: _____

Name, Title

ATTEST:

Name, Title