

A. GENERAL PROJECT INFORMATION

1. Project Sponsor

Name of the organization _____

Contact person _____

Address _____

Telephone number _____

E-mail address _____

DUNS Number¹ _____

2. Other Partner Agencies

Agency	Contact Person	Address	Telephone

3. Project Type: *Check one.* ☐ Operating ☐ Capital ☐ Both

For operating projects, please check one of the following: ☐ New ☐ Continuing

4. Project Name: _____

5. Brief Description of Project (50 words max.):

--

6. Budget Summary:

	Amount (\$)	% of Total Project Budget
Amount of Lifeline funding requested:		
Amount of local match proposed:		
Total project budget:		

¹ Provide your organization's nine-digit Dun & Bradstreet (D&B) Data Universal Numbering System (DUNS) Number. To search for your agency's DUNS Number or to request a DUNS Number via the Web, visit the D&B website: <http://fedgov.dnb.com/webform>.

B. PROJECT ELIGIBILITY

Lifeline Eligibility

Does the project result in improved mobility for low-income residents of the Bay Area?

☐ Yes. *Continue.* ☐ No. *Stop. The project is not eligible to receive Lifeline funds.*

Does the project address a transportation gap and/or barrier identified in one of the following planning documents? (Additional details to be provided in question #3)

☐ Yes. *Continue.* ☐ No. *Stop. The project is not eligible to receive Lifeline funds.*

Check all that apply:

- ☐ Community-Based Transportation Plan (CBTP)
- ☐ Other substantive local planning effort involving focused outreach to low-income populations
- ☐ Countywide or regional welfare-to-work transportation plan
- ☐ Coordinated Public Transit-Human Services Transportation Plan
- ☐ Other documented assessment of need within the designated communities of concern

(Please specify: _____)

Is the service open to the general public or open to a segment of the general public defined by age, disability, or low income?

☐ Yes. *Continue.* ☐ No. *Stop. The project is not eligible to receive Lifeline funds.*

State Transit Assistance (STA) Eligibility

Is the project for improving existing public transportation services (including community transit services) and encouraging regional transportation coordination?

☐ Yes. *The project may be eligible to receive STA funds.*

☐ No. *The project is not eligible to receive STA funds.*

C. PROJECT NARRATIVE

Please provide a narrative to describe the project addressing points #1-13 below: **(500 words max)**

Project Need/Goals and Objectives

1. Describe the unmet transportation need that the proposed project seeks to address and the relevant planning effort that documents the need. Describe how project activities will mitigate the transportation need. Capital or operations projects (sponsored by public transit operators or in partnership with non-profits or cities) that support and segment but are not traditional fixed route projects may be given extra points under this criteria. Describe the specific community this project will serve and provide pertinent demographic data and/or maps.

2. What are the project's goals and objectives? Provide a baseline and post-implementation estimate of the number of service units that will be provided (e.g., one-way trips, vehicle loans, bus shelters, persons trained). Estimate the number of low-income persons that will be served by this project per day, per quarter and/or per year (as applicable).

Community-Identified Priority

3. How does the project address a transportation gap and/or barrier identified in Community-Based Transportation Plan (CBTP) and/or other substantive local planning effort involving focused inclusive engagement to low-income populations? Indicate the name of the plan(s) and the page number where the relevant gap and/or barrier is identified. Indicate the priority given to the project in the plan. (For a list of San Mateo County CBTPs, please visit <https://ccag.ca.gov/plansreportslibrary-2/>

Priority will be given to projects that directly address transportation gaps and/or barriers identified through a CBTP or other substantive local planning effort involving focused inclusive engagement to low-income populations; however, other projects may also be considered, such as those that address transportation needs identified in countywide or regional welfare-to-work transportation plans or other documented assessment of needs within designated communities of concern.

4. Is the project located in the community in which the CBTP and/or other substantive local planning effort involving inclusive outreach to low-income populations was completed? If not, please include justification for applying the findings from the CBTP and/or other substantive local planning effort in another low-income area.

A map of MTC Equity Priority Communities is available at:
https://mtc.ca.gov/sites/default/files/Equity_Priority_Communities.pdf

Implementation Plan and Project Management Capacity

5. ***For operating projects:*** Provide an operational plan for delivering service, including a project schedule. For fixed route projects, include a route map.

For capital projects: Provide an implementation plan for completing a capital project, including a project schedule with key milestones and estimated completion date.

6. Describe any proposed use of innovative approaches that will be employed for this project and their potential impact on project success.

7. Is the project ready to be implemented? What, if any, major issues need to be resolved prior to implementation? When are the outstanding issues expected to be resolved?

8. Describe and provide evidence of your organization's ability to provide and manage the proposed project. Identify previous experience in providing and coordinating transportation or related services for low-income persons. Describe key personnel assigned to this project, and their qualifications.

9. Indicate whether your organization has been or is a current recipient of state or federal transportation funding. If your organization has previously received Lifeline funding, please indicate project name and grant cycle and briefly describe project progress/outcomes including the most recent service utilization rate.

Coordination and Program Outreach

10. Describe how the project will be coordinated with the community, public and/or private transportation providers, social service agencies, and private non-profit organizations serving low-income populations.

11. Identify project stakeholders and describe how project sponsor will continue to involve and inform key stakeholders throughout the project. Describe plans to market the project, and ways to promote public awareness of the program.

Cost-Effectiveness and Performance Indicators

12. Demonstrate how the proposed project is the most appropriate way in which to address the identified transportation need and is a cost-effective approach. Identify performance measures to track the effectiveness of the project in meeting the identified goals. At a minimum, performance measures for service-related projects would include: documentation of new “units” of service provided with the funding (e.g., number of trips, service hours, workshops held, car loans provided), cost per unit of service (e.g., cost per trip), and a quantitative summary of service delivery procedures employed for the project. For capital-related projects, milestones and reports on the status of project delivery should be identified.

13. Describe a plan for ongoing monitoring and evaluation of the service, and steps to ensure that original goals are achieved.

C/CAG Lifeline Transportation Program Cycle 7 Funding Application

D. BUDGET

Project Budget/Sustainability

1. Provide a detailed line-item budget describing each cost item including start-up, administration, operating and capital expenses, and evaluation in the format provided below. If the project is a multi-year project, detailed budget information must be provided for all years. Please show all sources of revenue, including anticipated fare box revenue.

The budget should be in the following format:

Revenue	Year 1	Year 2	Total
Lifeline Program Funds			\$ -
[Other Source of Funds]			\$ -
[Other Source of Funds]			\$ -
Total Revenue	\$ -	\$ -	\$ -
Expenditures ¹	Year 1	Year 2	Total
Operating Expenses (list by category)			\$ -
Capital Expenses (list by category)			\$ -
[Other Expense Category]			\$ -
[Other Expense Category]			\$ -
Total Expenses	\$ -	\$ -	\$ -

¹ If the project includes indirect expenses, the applicant must have a federally approved indirect cost rate and please note that SamTrans will require administrative fees to be budgeted in your project cost for passing through funds.

Clearly specify the source of the required matching funds. Include letter(s) of commitment from all agencies contributing towards the match. If the project is multi-year, please provide letters of commitment for all years.

C/CAG Lifeline Transportation Program Cycle 7 Funding Application

2. Describe efforts to identify potential funding sources for sustaining the service beyond the grant period if needed.

E. STATE AND FEDERAL COMPLIANCE

By signing the application, the signatory affirms that: 1) the statements contained in the application are true and complete to the best of their knowledge; and 2) the applicant is prepared to comply with any and all laws, statutes, ordinances, rules, regulations or requirements of the federal, state, or local government, and any agency thereof, which are related to or in any manner affect the performance of the proposed project, including, but not limited to, Transportation Development Act (TDA) statutes and regulations.

Signature

Date

Printed Name