

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)
- 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 sponsor has met with SamTrans operations planning staff 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 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 (*CIa*)
- Governing Board Endorsement (*E1*)
- Support letters (*E2*)
- Other specify here
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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
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. Provide transportation to the services used by the special demographic groups from Item A.3 above.
5. 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 routes 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/compliments, 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, action(s) taken as a result of the required technical assistance consultation with SamTrans operations planning staff for new shuttles)

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	FY17/18 Projected
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?
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)

- List amounts and sources of matching funds

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

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

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

- Proposed shuttle is included in adopted local, special area, county or regional plan *(list plans)*
- Describe how the shuttle service supports job and housing growth/economic development.
- Will clean-fuel vehicles be deployed for shuttle service? *(describe)*
- Does the shuttle accommodate bicycles?
- Are there any cost savings demonstrated through sharing of resources (e.g. shuttle operator provides reduced rates if used for both peak and off-peak service)