

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

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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](mailto:lama@samtrans.com)), by February 3, 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](mailto:kkalkin@smcgov.org)] or Peter Skinner [(650) 622-7818, [skinnerp@samtrans.com](mailto: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.<sup>1</sup> (*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		

<sup>1</sup> 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	<b>\$9/passenger</b>	<b>15</b>
Community	<b>\$11/passenger</b>	<b>10</b>
Door to Door	<b>\$22/passenger</b>	<b>2</b>

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		
<b>Total Funding</b>		

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?