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

Application Form for Existing Shuttles

Sponsoring a	igency:	
Contact person	on:	
Phone:		
Email:		
Shuttle Na	me	Amount of Funding Requested
		\$
Minimum Re	•	
Yes No	Project is located within San Mateo C Project is a shuttle service that meets to regional transit Funding is for shuttle operations oper Shuttles must be compliant with the A A funding match of at least 25% will A Non-Supplantation Certificate is at A letter of concurrence/sponsorship fi * Please contact Tracey Lin, Operations Plan than January 5, 2016 to request the letter of A governing board resolution in supp Project met shuttle program benchman If project did not meet shuttle program	local mobility needs and/or provides access to the general public Americans with Disabilities Act (ADA) be provided tached tached rom SamTrans is attached* ning [(650)-508-6457, lintr@samtrans.com], no later f concurrence/sponsorship. ort of the proposed shuttle is attached
guidelines an [(650) 508-6 Attachments List all attach	nd contact Tom Madalena [(650) 599-14476, slavitj@samtrans.com] with any qu	amTrans (Minimum requirement)

<u>APPLICATION FOR EXISTING PROJECTS</u>

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 is 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.
- 5. 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 routes 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/compliments, 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, describe any changes to the service plan that will be made as a result of the required technical assistance consultation with SamTrans operations planning staff

Table 1 - Benchmarks for existing shuttles

Shuttle service	Operating Cost/	Passengers/ Service Hour	
	passenger		
Commuter	\$7	15	
Community or Combination	\$9	10	
Door to Door	\$18	2	

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

Table 2

	For Prior 12	FY 16/17	FY 17/18	Total Budget FY 16/17 &
Budget Line Item	Months	Budget	Budget	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	For FY 14/15

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 sources)		
Subtotal Matching Funds	\$0.00	#DIV/0!
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 wil	l be contributed t	towards this shi	uttle? \$

- 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)