**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](mailto: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 *(C1a)*

Governing Board Endorsement *(E1)*

Support letters *(E2)*

Other specify here

APPLICATIONS FOR NEW PROJECTS

1. 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 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. 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)*
6. Readiness (Up to 25 points)
7. 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)

1. Monitoring plan (service quality performance data, complaints/compliments, surveys)
2. Ridership characteristics (commuters, employees, seniors, students, etc.)
3. Any differences/changes to existing service for the funding period, compared to the prior 12 months
4. 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)
5. Effectiveness (up to 15 points)
6. 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



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.*

1. Funding Leverage (up to 20 points)
2. List amounts and sources of matching funds



1. How much private sector funding will be contributed towards this shuttle? $ \_
2. Policy Consistency & Sustainability – (up to 15 points)
3. Proposed shuttle is included in adopted local, special area, county or regional plan *(list plans)*
4. Describe how the shuttle service supports job and housing growth/economic development.
5. Will clean-fuel vehicles be deployed for shuttle service? *(describe)*
6. Does the shuttle accommodate bicycles?
7. 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)