

State of California

UNIFORM TRANSIT APPLICATION

Please refer to "UNIFORM TRANSIT APPLICATION INSTRUCTIONS" for a line-by-line explanation of information required in the application (the instructions match the sections in the application).

Section I. Application, Agency Information and Certification

Item 1. CTC Action Requested (this application)

(Please enter check mark)

- | | |
|--|---|
| <input type="checkbox"/> Program New STIP Project | <input type="checkbox"/> Program New Prop 116 Project |
| <input type="checkbox"/> Amend Existing STIP Project | <input type="checkbox"/> Amend Existing Prop 116 Project |
| <input type="checkbox"/> AB 3090 Approval | <input type="checkbox"/> Deprogram Completed Prop 116 Project Savings |

For Prop 116 requests, cite the Public Utilities Code section authorizing project: _____

a) Project Title: _____

Project Type:

- | | | |
|--|---|---|
| <input type="checkbox"/> Light Rail | <input type="checkbox"/> Commuter Rail | <input type="checkbox"/> Intercity Rail |
| <input type="checkbox"/> Bus/Rolling Stock | <input type="checkbox"/> Transit Facilities | <input type="checkbox"/> Grade Separation |
| <input type="checkbox"/> BRT | <input type="checkbox"/> Other: _____ | |

b) Project Location: (City(s), County(s)): _____

c) Project Limits (Identify start and end points, such as cross street or milepost): _____

d) Total Project Cost (All fund sources - state, local, federal, other): \$ _____

e) Total Amount of State Funding (Please show one total dollar amount): \$ _____

f) Total State Funds Covered By This Application (by state fund source): \$ _____

g) Application Submittal Date: _____

Item 2. Agency Information

a) APPLICANT AGENCY: _____

b) APPLICANT Address: _____

c) APPLICANT Contact Person: _____

Phone #: _____ Email: _____

d) RECIPIENT AGENCY, if different: _____

e) RECIPIENT Address: _____

f) RECIPIENT Contact Person: _____

Phone #: _____ Email: _____

g) CO-APPLICANT AGENCY, if applicable: _____

h) CO-APPLICANT AGENCY Address: _____

i). CO-APPLICANT Contact Person: _____

Phone #: _____ Email: _____

j) **To the best of my knowledge and belief, the data and information in this request are true and correct and I am authorized by my council, board, authority, commission, or ruling body to file the request on behalf of the applicant agency.**

APPLICANT Name and Title: _____

Signature (in blue ink): _____ Date: _____

RECIPIENT Name and Title: _____

Signature (in blue ink): _____ Date: _____

CO-APPLICANT Name and Title: _____

Signature (in blue ink): _____ Date: _____

Item 3. Applicant Authority

If the applicant's policy board has delegated to the general manager, executive director or chief executive officer, by resolution, the authority to enter into legally binding commitments with the State, submit a copy of the resolution. In addition, the applicant will provide assurances that the policy board will comply with the conditions, requirements, or statements of fact by checking off the eligibility requirements on the list below:

If the applicant's representative does not have agency delegation, the agency is required to provide a board resolution assuring compliance with the eligibility requirements below: (attach copy of resolution)

- a) _____ A statement has been provided from your governing body's legal counsel stating that your organization has the financial and institutional ability to implement the project and that your organization is empowered to: let a contract; to sue or be sued by another entity or person; and other responsibilities and duties of your agency.
- b) _____ This project will be available to the general public, or its primary purpose will be to benefit the public and does not benefit a private entity or individual. If it does not benefit the public, please explain, and attach your explanation to this application, as part of your submittal. (State funds, in most cases, may not be used for private passenger rail facilities.)
- c) _____ The matching funds required for this project are available and committed to this project. Committed funds have received necessary authorizations and the recipient agency has authority to expend the funds (a dollar-for-dollar local match is required for some Prop 116 projects as specified in Section 99665 (a) of the Public Utilities Code).
- d) _____ If the project exceeds the state funds available, the applicant agency shall use other funds to backfill the cost increases to complete the project.
- e) _____ The applicant will comply with the Commission's Hazardous Waste Identification and Clean-up Policy for Rail Right-of-Way, including fully investigating the project to determine the absence/presence of hazardous wastes.

Applicant has also taken reasonable steps to assure full due diligence, clean-up of the site (as appropriate), and indemnifies the State of future clean-up liability or damages, as well as not seeking state funds for clean-up, damage or liability costs associated with hazardous wastes.

- f) _____ The applicant will comply with the Commission's Timely Use of Funds Policies.

For Proposition 116 Projects, the board resolution should also confirm that:

- g) _____ The governing body has stated that no other capital funds previously programmed, planned or approved for rail purposes will be used for other than rail purposes.
- h) _____ The governing body has stated that the proposed project has no unnecessary enhancements and is not an unnecessarily elaborate alternative.
- i) _____ In accordance with Section 99665 of the Public Utilities Code, the local agency shall not adopt new or increased development taxes, fees, or exactions or permit fees for the purpose of providing matching funds for Proposition 116 funds or to pay for operating costs of new service established utilizing Proposition 116 funds.
- j) _____ If the Transit Integration Plan has not been completed, the governing body has stated that a plan will be completed and submitted to the Commission for review before the new transit service begins operation. Along with this assurance, a schedule shall be provided which shows the timing for the plan's development.
- k) _____ The governing body has stated that a passenger safety program is in place.
- l) _____ The governing body has stated that the agency shall comply with the Prop 116 accessibility requirements for the disabled and for providing access to bicyclists.

SECTION II. Project Scope, Description, System Characteristics, Schedule, Environmental and Financial Information

Item 4. Project Scope

a) Project Name: _____

b) Project Purpose: _____

c) Project Scope: _____

Project Phase	Scope of Work Activities/Tasks	Schedule (Month/Year)		Cost (\$)
		Start	End	
1. PA&ED	Complete environmental review and conceptual engineering work on preferred alternative, Preliminary Engineering (Major Investment Study).			
2. PS&E	Complete Final Engineering on preferred alternative			
3. R/W	Property acquisition and associated activities			
4. CON (Procurement)	Construct guideway, stations, park & ride lots, maintenance facility. Procure track work and rolling stock.			
			TOTAL	\$

d) Total Estimated Cost of Project: _____ \$

e) Project Start Date: _____

f) Project End Date: _____

g) Amendment Purpose: _____

Item 5. Project Description

- a) Provide a comprehensive overall project description in terms of the capital improvements to be made, increased level of services and performance goals to be achieved, and major activities to be accomplished.

- b) Provide right-of-way information for project, if applicable.

Agency Name - _____
Project Title - _____

- c) Project Maps. Provide 8-1/2"x11" project site map showing simplified cross street detail and another area map showing city and county boundaries.

Item 6. Project Benefits

- a) Describe how this project will contribute to the development of a coordinated and balanced regional transportation system that includes other rail systems and other travel modes. The project's impact on the overall transportation system development should be explained.

- b) Describe how this project will contribute to the enhancement of an efficient and effective intercity, commuter, and/or urban passenger rail system, or transit system. The project's capacity or contribution to improving or extending the rail system should be explained.

- c) If this request includes funding for a feasibility or planning study, please explain the purpose, intent, and objectives of the study (it is Commission policy not to fund feasibility or planning studies using Prop 116 funds, except as provided by statute).

- d) If this project involves replacement or rehabilitation, explain how the improvements such as on-time performance, reliability, and passengers carried during peak periods results in an improvement to the system. Identify if this project is on an intercity, short-line or other type of rail project requiring rehabilitation.

- e) Please explain how the project is cost-effective, has the financial funding for capital and operational improvements and can be operated on an ongoing basis. Explain the assumptions used which demonstrate how the project is cost-effective, discuss the certainty of funding for the project, and discuss the likelihood of ongoing funding for the operation and maintenance of the project.

Item 7. System Characteristics

a) Describe the operating plan for this system. Indicate if this is a final or preliminary plan. If this is a preliminary plan, indicate which components of the plan require refinements, modifications or changes.

b) Describe the fare structure for this system. Indicate if this is a final or preliminary structure. If this is a preliminary structure, indicate which components of the plan require refinements, modifications or changes.

c) Describe the assumptions and process that were used to develop the ridership projections shown in the request. Provide the estimated passenger carrying capacity for this service.

d) Describe the assumptions and process for how the operating cost projections were developed.

Item 7. System Characteristics (continued)

	Current System	Improved System			
		Line Year 1	System Year 1	Line Year 3	System Year 3
e) Annual Operating Cost	_____	_____	_____	_____	_____
f) Annual Revenues	_____	_____	_____	_____	_____
Local Sources (Total)	_____	_____	_____	_____	_____
Fare-box	_____	_____	_____	_____	_____
Sales Tax (LTF)	_____	_____	_____	_____	_____
Local Sales Tax	_____	_____	_____	_____	_____
Local Bonds	_____	_____	_____	_____	_____
Other (Specify Source)	_____	_____	_____	_____	_____
Private	_____	_____	_____	_____	_____
State Sources (Total)	_____	_____	_____	_____	_____
Sales Tax (STA)	_____	_____	_____	_____	_____
Other (Specify Source)	_____	_____	_____	_____	_____
Federal Sources (Total)	_____	_____	_____	_____	_____
FTA Section 5309	_____	_____	_____	_____	_____
Other (Specify Source)	_____	_____	_____	_____	_____
g) Projected Annual Ridership	_____	_____	_____	_____	_____
h) Average Weekday Ridership	_____	_____	_____	_____	_____
i) Average Fare Per Passenger	_____	_____	_____	_____	_____
j) Operating Costs Covered by Fare-box Revenue	_____	_____	_____	_____	_____
k) Actual Fare-box Ratio	_____ %	_____ %	_____ %	_____ %	_____ %
If Below TDA Requirements					
l) Show the Subsidy Amount and Specify Source(s)	_____	_____	_____	_____	_____

Item 8. Overall Project Schedule

Indicate, as applicable, the start and completion dates for each phase of this project. (A detailed project development schedule must accompany an allocation request.)

Identify any significant issues that may arise and result in project delay due to environmental, litigation, relocation, right-of-way acquisition, or other pertinent issues.

	<u>Overall Project Schedule</u>	
	<u>Start Work Month/Year</u>	<u>Complete Work Month/Year</u>
Federal Alternatives Analysis/Initial Study	_____	_____
Environmental Documentation & Clearance	_____	_____
Preliminary Engineering	_____	_____
Final Design	_____	_____
Acquisition of Right-of-Way or Other Access Rights	_____	_____
Construction/Rehabilitation	_____	_____
Vehicle Acquisitions (locomotives, cabs, trailers, LRVs, buses, other)	_____	_____
Date Initial Service Will Begin Operation	_____	_____
Date Full Service Will Begin Operation	_____	_____

Item 9. Environmental Clearance

Please check the appropriate category and provide information on the status of the environmental clearance for the project. If applicable, provide documentation that demonstrates the requirements have been met.

**List Actual
or Estimated
Completion Date**

CEQA: (California Environmental Quality Act - Public Res. Code 21000 et seq.)

_____ Categorically Exempt, cite section _____

_____ Statutorily Exempt, cite section _____

NEPA: (National Environmental Policy Act - 42 USC, Sec. 4321 et seq.)

_____ Categorically Excluded, cite section _____

IF YOUR PROJECT IS NOT EXEMPT OR EXCLUDED, INDICATE THE FOLLOWING:

Lead Agency _____ Responsible Agency _____

CEQA (Check all that apply)

_____ Negative Declaration _____

_____ Draft EIR _____

_____ Final EIR _____

_____ Supplemental EIR _____

_____ Certification of EIR _____

_____ Notice of Determination _____

NEPA (Check all that apply)

_____ Finding of No Significant Impact _____

_____ Draft EIS _____

_____ Final EIS _____

_____ Supplemental EIS _____

_____ Record of Decision _____

Item 10. Project Financial Information

- a) Complete the attached **Project Overall Funding Plan** showing all sources of capital funds that will be used to finance the total project cost. Plan shall itemize the state funding sources, and the funds provided by Recipient or other funding sources, if any. (Agencies may provide their own funding plan format, provided all required information is presented.)

(\$ in thousands)

Fund Source	Prior	Current	FY __ - __	FY __ - __	FY __ - __	FY __ - __	Future	Total
State								
PTA								
Prop 116								
SHA								
STP / TE (State-Administered Fed)								
Other: _____								
Subtotal – State								
Local								
Local Funds								
CMAQ								
Regional STP/ Regional TE								
FTA Section 5310								
FTA Section 5311								
Other: _____								
Subtotal - Local								
Total Funding								

- b) Describe the assumptions and process for how the estimated capital costs were developed.

- c) Describe the prior funding commitments that your agency has obtained for this project.

d) Complete the attached **Project Financial Plan** showing estimated expenditures and reimbursements for each project component by funding source (Agencies may provide their own financial plan format, provided all required information is presented.)

(\$ in thousands)

Project Phase	Current Request	FY 200_-200_				FY 200_-200_				Future Request	Project Total
		Quart.1	Quart. 2	Quart.3	Quart.4	Quart.1	Quart. 2	Quart.3	Quart.4		
<u>PA&ED</u>											
State Funds											
State-Adm Fed											
Other State:											
Local Funds											
Local-Federal											
Other Local:											
Subtotal											
<u>PS&E</u>											
State Funds											
State-Adm Fed											
Other State:											
Local Funds											
Local-Federal											
Other Local:											
Subtotal											
<u>R/W</u>											
State Funds											
State-Adm Fed											
Other State:											
Local Funds											
Local-Federal											
Other Local:											
Subtotal											
<u>Con</u>											
State Funds											
State-Adm Fed											
Other State:											
Local Funds											
Local-Federal											
Other Local:											
Subtotal											
<u>Rolling Stock</u>											
State Funds											
State-Adm Fed											
Other State:											
Local Funds											
Local-Federal											
Other Local:											
Subtotal											
<u>Summary</u>											
State Funds											
State-Adm Fed											
Other State:											
Local Funds											
Local-Federal											
Other Local:											
Project Total											