

Project ID

CMAQ: Transit Improvements and Programs

Project Name**: _____ MPMS# (if known): _____

This is an interactive application form. Please fill it out completely and review your entries carefully. After completing the form, save it to your computer, and include it with your application package submission as described in SPC's CMAQ Program Guidance and Procedures document. **The fields marked with a double asterisk (**) are required.**

- 1. Type of Transit Program** (for bus pull-offs, go to 'Traffic Flow Improvements' form): **Select all types of transit programs that apply. To select contiguous types of transit programs, click and drag your selection or depress the 'Shift' key while making your selections. To select non-contiguous types of transit programs, depress the 'Ctrl' key while making your selections. Selections should be made using mouse click(s).**

If other, describe: _____

2. Transit System Characteristics**:

- a. Service Area (square miles): _____
- b. Estimated Service Area Population: _____
- c. Estimated Service Area Employment: _____
- d. Annual Vehicle Revenue Hours: _____
- e. Annual Vehicle Revenue Miles: _____
- f. Average Weekday Unlinked Trips: _____
- g. Vehicles Operated in Maximum Service: _____
- h. Peak-To-Base Ratio: _____

3. The Associated Transit Agency is**: _____

A. Vehicle Replacement and/or New Purchase Project:

4. Vehicles to be Replaced:

- a. Quantity: _____ Heavy Duty Transit Bus _____ Para Transit Bus
- b. Average Age: _____ years

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5. Replacement Vehicles:

a. Number: _____ Heavy Duty Transit Bus _____ Para Transit Bus

b. Bus Model Year: _____

c. Fuel Type (select one):

If other, describe: _____

6. Will the new vehicles be dedicated to special service/routes?

_____ Yes _____ No

a. Daily vehicle revenue miles on service route: _____

7. Are the new vehicles associated with an increase in service?

_____ Yes _____ No

a. Average additional daily vehicle revenue miles/new vehicle: _____

B. Transit Amenities Improvement Project:

8. Daily Boardings on Route(s) Impacted by Improvements: _____ boardings

9. Level of Improvement (select one): Explain: _____

10. Night Service Availability:

_____ Yes _____ No

11. Peak-to-Base Ratio (optional): _____

12. Service Type (select one):

If other, describe: _____

13. Time Period Targeted (select one): C. Change in Service Frequency for Existing Service Project:

14. Change in Daily Revenue Bus VMT on Impacted Routes: _____ miles

15. Daily Boardings on Route(s) Impacted by Improvement: _____ boardings

16. Headway: Existing _____ minutes and Proposed _____ minutes

17. Parallel Service Headway (optional): _____ minutes

18. Service Change Duration: _____ hours

19. Percentage Share of Service Operated Closed Door (express): _____%

20. Data for Buses Providing New Service:

a. Average Year Bus Was Manufactured: _____

b. Bus Fuel Type (select one):

If other, describe: _____

c. Service Type (select one):

If other, describe: _____

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D. Change in Time of Day for Existing Service Project:

21. Change in Daily Revenue Bus VMT on Impacted Routes: _____ miles

22. Base Unlinked Transit Trips on Impacted Route(s): _____ trips

23. Percentage Share of Service Operated Closed Door (as factor): _____ %

24. Number of Hours of Service Change: _____

25. Type of Service (select one): 26. Time Period of Service Change (select one):

27. Data for Buses Providing New Service:

a. Average Year Bus Was Manufactured: _____

b. Bus Fuel Type (select one):

If other, describe: _____

E. New Express Service Coverage (new routes, or extensions) Project:

28. Change in Daily Revenue Bus VMT on New Express Service: _____ miles

29. Daily Bus Vehicle Trips on New Express Service: _____ trips

30. Park-n-Ride Spaces Serving New Express Service: _____ spaces

31. Headway for New Express Service: _____ minutes

32. Percentage Share of Service Operated Closed Door: _____ %

33. Data for Buses Providing New Service:

a. Average Year Bus Was Manufactured: _____

b. Bus Fuel Type (select one):

If other, describe: _____

F. New Local Service Coverage (new routes, or extensions) Project:

34. Total Households Within ½ Mile Radius of New Service: _____ households

35. Change in Daily Revenue Bus VMT on New Local Service: _____ miles

36. Ratio of New Transit Revenue Miles in Previously Unserved Areas to All New Miles: _____

37. Share of Households Along New One-Way Loop Service: _____

38. Off Peak Headway for New Service: _____ minutes

39. Peak Headway for New Service: _____ minutes

40. Night Service Available? _____ Yes _____ No

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41. Data for Buses Providing New Service:

a. Average Year Bus Was Manufactured: _____

b. Bus Fuel Type (select one):

If other, describe: _____

G. New Shuttle Service at Transit Stop Project:

42. Total Station Boardings: _____ boardings

43. Shuttle Information:

a. Shuttle Fare: \$ _____

b. Headway: _____ minutes

c. Shuttle Capacity: _____

d. Shuttle Route Distance: _____ miles

e. Average Year Bus Was Manufactured: _____

f. Bus Fuel Type (select one):

If other, describe: _____

H. Transit Center Project:

44. Change in Daily Revenue Bus VMT on Impacted Routes: _____ miles

45. Average In-Vehicle Travel Time (minutes): _____ Existing and _____ Proposed

46. Average Transfer Wait Time (> 0 minutes): _____ Existing and _____ Proposed

47. Number of Existing Riders: _____ riders

48. Number of Existing Transfers: _____

49. Percentage Share of Service Operated Closed Door: _____%

50. Service Type (select one):

If other, describe: _____

51. Night Service Available? _____ Yes _____ No

52. Average Year Bus Was Manufactured: _____

53. Bus Fuel Type (select one):

If other, describe: _____

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Project Name**: _____ MPMS# (if known): _____

I. Bus Rapid Transit Project:

54. Increase in Daily Revenue Bus VMT Due to BRT: _____ miles

55. Attracted New Ridership Due to Implementation of BRT: _____

56. Percentage Share of New Ridership Diverted from Autos: _____%

57. Percentage of People Walking to BRT Stations for Work Trip: _____%

58. Off Peak Headway for BRT Service: _____ minutes

59. Peak Headway for BRT Service: _____ minutes

60. Night Service Available? _____ Yes _____ No

61. Average Distance from Home to BRT Stations Parking Lots: _____ miles

62. Average Year Bus Was Manufactured: _____

63. Bus Fuel Type (select one):

If other, describe: _____

64. Is New BRT Service (select one):

65. Road Section Length: _____ miles

66. Speed Limit: _____ mph

67. Number of Lanes (1-way): _____ lanes

68. Volume (1-way AADT): _____

69. Peak Hour Level of Service (A-F):

70. If New BRT Service is on Exclusive New Bus Lanes (answer below):

a. Is an HOV / Bus-Only Lane to Be Added? _____ Yes _____ No

b. Is a Queue Jump Lane to Be Added? _____ Yes _____ No

c. Is a Bus Pull-Off Lane to Be Added? _____ Yes _____ No

d. Average Number of Buses per Hour: _____ AM _____ Midday _____ PM _____ Night

e. Number of Buses per Hour Using Bus Pull-Off Lane (if applicable): _____ buses

J. Financial Incentives for Potential Transit Users Project:

71. Daily Fare Reduction / Incentive: \$ _____

72. Number of Employees in Affected Area: _____ employees

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K. High Speed Rail Project:

73. Description of Proposal:

	<u>Origin City</u>	<u>Destination City</u>
a. Population:	_____	_____
b. Employment:	_____	_____
c. Income:	_____	_____

74. Proposed HSR Speed (select one):

75. Total Length of Corridor: _____ miles

76. Length of Corridor in County: _____ miles

L. Public Education, Outreach, Marketing, Promotions:

Information about this type of project should be provided on a 'Transportation Demand Management' form.

M. Other:

77. Describe transit improvements/programs that do not fit above categories A-L.

78. Additional Information:

If you need additional space, use and attach as many 'Additional Information' forms as needed.