

FY 2014-2015 FASTER Application Form - Vehicles

Part I: Applicant Information

<i>Organization Legal Name</i>		<i>Application #</i>
<input type="checkbox"/> Municipality <input type="checkbox"/> County <input type="checkbox"/> State Agency <input type="checkbox"/> Public Transit Agency <input type="checkbox"/> Private non-profit <input type="checkbox"/> other		
<i>(place an x next to your type of organization)</i>		
<i>Brief Project Name</i>		
<i>Amount(s) Requested</i>		<i>Funding Year(s)</i>

Local Agency Project Manager and Contact Information		
<i>Name of Local Agency Project Manager</i>		
<i>Title</i>		
<i>Address</i>		
<i>CDOT Region</i>		
<i>E-mail</i>		
<i>Phone Number</i>		
<i>Mobile Phone Number</i>		<i>FAX</i>
Alternative Contact Information (in absence of Project Manager)		
<i>Name</i>		
<i>E-mail</i>		
<i>Phone Number</i>		

General Description of Services Provided		
<i>Applicant Description (Service Type – Fixed Route, or demand-response?, Open-door public service, or specialized? If you are not a direct provider, but are a county or municipality, describe your “tie” to transit) Note: Your Applicant Description narrative must fit in the adjacent box without expanding it.</i>		
<i>2011 Passenger Trips</i>		Transit System Annual Budget \$
<i>Fleet Size</i>		
<i># of Employees</i>		
<i>County(s) served (or major cities if not a county system)</i>		

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Annual Revenue Miles	
Annual Revenue Hours	

Part II: Project Information

Project Name		
Type of bus purchase (replacement, rehab/refurbishment, or expansion). Describe the project to be funded. (A <u>refined</u> scope of work will be included as Appendix A to this application)		
	FY 2014	FY 2015
Requested FASTER amount =	\$	\$
Local match amount =	\$	\$
Total project cost =	\$	\$

Part III: Project Criteria

Address each of the evaluation criteria separately, demonstrating how the project responds to each criterion. Each proposer is encouraged to demonstrate the responsiveness of a project to all of the appropriate selection criteria with the most relevant information that the proposer can provide, regardless of whether such information has been specifically requested, or identified. Please be thorough, yet concise in the response.

III-1. Threshold Criteria

a. The proposed project is consistent with MPO or TPR's most recent long range Regional Transportation Plan. Yes No Unsure N/A

b. Does the applicant have the technical capacity to administer the project? (see Application "Tips") Yes No Explain your answer in the box below.

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c. Does applicant have adequate financial and management systems in place to ensure adequate reporting and project oversight? Yes No Explain your answer in the box below.

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d. Has the source of local match been identified in a current budget or has it been approved by the agency's governing body in a future budget? What is the source of the match (e.g., agency reserves, capital replacement fund, municipal general fund, private partnership, etc.)? If the match is not from the applicant agency but another party, has that party committed the match in writing? Provide documentation of the commitment of local match from an outside party as Appendix B. Explain your answer in the box below.

e. Further describe the matching funds, including amount and source of the match (agency reserves, capital replacement budget, municipal general fund, private partnership, etc). List each source individually. If the matching funds are not committed, identify their source and anticipated award date. [Add/Remove Lines as necessary – place the cursor in the bottom row then right click → "Insert" → "Insert Rows Below" to add more lines to the following table]

<i>Source</i>	<i>Amount</i>	<i>Date awarded or available</i>

f. Were FASTER Transit funds awarded to this project in previous years? Yes No

g. If awarded, are FASTER funds intended to be used as match for Federal funds?

Yes No

h. If you answered "Yes" to the above question, have the Federal funds already been awarded? What fiscal year are they programmed for? If funds have not been awarded, what is the likelihood of your agency receiving those funds? Additionally, in the box below describe which Federal funding source you are pursuing for this project, when the Federal funding award is anticipated, and how the outcome of a pending award may impact implementation of the proposed FASTER transit project.

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III-2. Project Readiness *If the project is selected and CDOT can obligate the funds by August 31, 2013 (for FY14 projects) or August 31, 2014 (for FY15 projects), can project funds be obligated and contracted so that the project can be implemented quickly?*

<input type="checkbox"/> Yes <input type="checkbox"/> No	Explanation	
Project Funds would be obligated by applicant within:	<input type="checkbox"/> 3 months <input type="checkbox"/> 6 months	<input type="checkbox"/> 12 months <input type="checkbox"/> 18 months
Project would be Implemented by applicant within:	<input type="checkbox"/> 3 months <input type="checkbox"/> 6 months	<input type="checkbox"/> 12 months <input type="checkbox"/> 18 months

III-3. For Vehicle replacements, refurbishments or rehabilitations (skip to section III-4 for fleet expansion requests):

Criteria 1: Mileage and Usage

a. Report the age of the asset(s) to be replaced, rehabilitated, or refurbished by the proposed project. Include the VIN, current mileage (in miles), and annual revenue miles for this vehicle inc calendar year 2011. [Add/Remove Lines as necessary using prior instructions]

Table 1: Vehicles to be replaced or rehabbed/refurbished with this request

Asset (model year, manufacturer, model or variant)	VIN or Fleet ID	2011 revenue miles	2011 revenue hours	Current mileage

b. The project conforms to FTA's spare ratio guidelines. Yes No Unsure (see Application "Tips")

Average Fleet Age (in Years)	
Average Fleet Age (in Miles)	
Spare Ratio	
Explanation	

Criteria 2: Special Considerations

a. Is the proposed project consistent with your agency's fleet management or capital replacement plan? Provide an explanation in the box below and attach a copy of the management plan in Appendix G.

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<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Available	
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b. Given that the FASTER program provides only capital assistance, is your agency committed to operating the services associated with the proposed project over time? How? Provide an explanation in the box below.

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
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c. Asset Condition Rating. For each of the vehicles in Table 1 (previous page), provide a condition rating according to the FTA definitions in Table 2 below. For vehicles reported in Marginal or Poor condition, provide back-up documentation (photos, maintenance records, road-call records, etc.) in Appendix D.

Table 2: Definitions of Transit Asset Condition

Rating	Condition	Definition
Excellent	5	No visible defects, near new condition.
Good	4	Some slightly defective or deteriorated components.
Fair	3	Moderately defective or deteriorated components.
Marginal	2	Defective or deteriorated components in needs of replacement
Poor	1	Seriously damaged components in need of immediate repair.

Vehicle	Fleet ID/VIN	Condition Rating	Rationale

[Add/Remove Lines as necessary – place the cursor in the bottom row then right click → “Insert” → “Insert Rows Below” to add more lines to the following table]

d. Vehicle History. Has the replacement vehicle been rehabilitated or refurbished previously? When and at what mileage? Has the vehicle been in an accident resulting in significant damage or reliability issues? Please explain.

Vehicle	Fleet ID/VIN	Rehab, refurbishment, accident history, etc.

[Add/Remove Lines as necessary – place the cursor in the bottom row then right click → “Insert” → “Insert Rows Below” to add more lines to the following table]

III-4. For Expansion Rolling Stock:

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Criteria 1: Demonstrated Need

a. What are the reasons for the needed expansion? Is this project consistent with the agency's strategic operating or business plan? Explain the rationale for the expansion in the box below.

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Criteria 2: Special Considerations

a. For expansion rolling stock requests, will the project conform to FTA's spare ratio guidelines?

Yes No N/A

<i>Average Fleet Age (in Years)</i>	
<i>Average Fleet Age (in Miles)</i>	
<i>Spare Ratio</i>	
<i>Explanation</i>	

b. Given that the FASTER program provides only capital assistance, is your agency committed to operating the services associated with the proposed project over time? How? Provide an explanation in the box below.

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>Explain</i> <div style="height: 50px;"></div>
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c. Beyond FASTER, have other sources of funding been tried? Is other funding being leveraged, or is the project totally dependent on a FASTER award? If you are a recipient of FTA section 5307 or 5310 funds, why aren't those funds being used?

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d. What are the anticipated outcomes of the project? Will the expansion increase ridership, reduce congestion on the State transportation system, improve service delivery, or introduce other operational efficiencies?

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Part IV: Budget Information

i. Provide a general line-item budget for the total project, with enough detail to describe the various key components of the project. Since it is possible that projects may be partially funded, the budget should provide for the minimum amount necessary to fund specific project components of independent utility. Keep in mind that the state share cannot exceed 80% of the project cost and that there is a minimum request of at least \$25,000 in FASTER funds. [Add/Remove Lines as necessary using prior instructions]

Project Stages with Independent Utility and Description	Federal Share (if applicable)	State FASTER Share	Local Share	Total Cost
1.				
2.				
3.				
4.				
Project Totals				

Part V: Final attachments and signature

For all projects, provide Appendix A as an attachment-. If your project has a commitment for local match from a party other than your organization, include documentation as Appendix B. Attach Appendix D if applicable and Appendix G if you have a fleet management or capital replacement plan. The other Appendices are not needed.

Appendix A	Refined Scope of Work
Appendix B	Documentation of committed private and/or local matching funds
Appendix C	Environmental clearance documentation
Appendix D	Vehicle condition rating – supporting documentation
Appendix E	Overall project schedule (assume 9 months from award to approved IGA)
Appendix F	Detailed project cost estimate and budget
Appendix G	Any other pertinent information

Signature	
<i>Name (please type or print)</i>	
<i>Signature</i>	

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<i>Title</i>	
<i>Date</i>	

The person signing above agrees that they have the authority to sign for the applying organization, the organization they represent supports this funding application, and that that organization intends to execute the project as proposed. This application must be signed in order to be eligible for consideration.