

**STATE OF CALIFORNIA
FTA SECTION 5311(f) PROJECT CAPITAL APPLICATION
PART III – CATEGORY 4 – PLANNING AND MARKETING STUDIES
FEDERAL FISCAL YEAR 2017"**

General Information:

Name of Applicant: _____

Address: _____

City/State/Zip Code: _____

Contact Person: _____ Title: _____

Phone: _____ E-Mail: _____

Amount of Federal Section 5311 (f) Funds Requested: _____

Planning and Marketing Studies

Planning Study (i.e. intercity transit coordination plan, ridership forecast/survey)

Feasibility Study (i.e. to determine new service or routes)

Marketing Study (i.e. strategic marketing, research and/or innovation)

Other (specify): _____

I. Project Description (Refer to Program Guidelines)

- Describe in detail your proposal as it relates to the Intercity Bus Program definition.

- Describe your project's functional relationship to the California intercity bus network such as the ability to connect to network that may include maps, schedule(s), and terrain.

II. National Objectives and State Emphasis (See page 4 of 5311(f) FY2015 Guidelines)

- Provide and describe how this project supports the National Objectives and the State Emphasis. Refer to Section V of the Guidelines.

III. Purpose and Need

- Provide detailed discussion of need and purpose (i.e. fill service gaps, improve/or establish service connectivity, increase ridership/capacity)

- Discuss if this project is in response to a transit plan and/or unmet need hearing within your service area. Include copies of materials or documentation to support this.

- What is the intent of this study (i.e. seamless travel options, mobility and accessibility, inter-regional connectivity)?

IV. Project Management, Scope of Work, and Location

A. Planning/Feasibility Study

- Describe the management structure. Include an organization chart and functional relationship(s) of the team that will be responsible for this project. Identify responsible personnel for the day-to-day operations.

- Provide a plan of action and milestones that show specific project goals and objectives, possible constraints (i.e. scope, quality, time and budget) to bringing about the successful completion of this proposed project.

- Identify the study area of the proposed project. (i.e. map).

B. Marketing Study

- Describe the content(s) of the marketing plan (i.e. goals, objectives, and milestones).

- The marketing plan may include, but not limited to items such as enhancement of service, coordination, ridership, or efficiency.

- Identify the study area of the proposed project. (i.e. map).

- Identify your marketing strategy, research and/or innovation (method or approach) that directly relates to the California Intercity Bus Program/Network.

PROCUREMENT SCHEDULE

	Date
Invitation for Bid	
Bid Review	
Award Contract	
Begin Work	
Project Completion	

V. Project Budget/Capital

Subrecipient: _____

Project Description: _____

ITEM DESCRIPTION (Attach quote or three like-kind bids)	COST
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
NET PROJECT COST:	\$ _____

LOCAL SHARE
(Itemize by Fund Source (State, County, & City) & Toll Credit included)

	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL LOCAL SHARE* = Allowable Percentage _____%	\$ _____
TOTAL FEDERAL SHARE* = Allowable Percentage _____%	\$ _____

*FUNDING PROGRAM	LOCAL SHARE	FEDERAL SHARE
5311(f) (Equipment, Shelters, Facilities)	11.47%	88.53%
5311(f) (Vehicles/Preventive Maintenance)	11.47%	88.53%
Project using Toll credit and CMAQ projects may be equal up to 100% at the discretion of the Regional Planning Agency Certification per Part II and prior approval from Caltrans.	11.47%	88.53%

Exhibit E

Section 5333(b) (formerly Section 13(c)) Documentation
and
Agreement by Subrecipient to Terms and Conditions
of the Special Section 5333(b) Warranty

1. Name and Address of Subrecipient:

2. Project Description(s):

Operating assistance for public transportation service during the operating period of **2015**.

Purchase of vehicles, and/or other capital equipment for **2015**.

3. County and Service Area of Project:

4. List of all **current operators of public transportation** (including **your system**) and **corresponding labor organizations** (if applicable) representing the employees of the providers in the above service area that are **eligible or potentially eligible** recipients of federal Section 5311 or 5311(f) funding assistance even if they are not currently recipients. **Exclude** human service agency providers from this list unless they provide transportation to the general public; **exclude** taxi operators unless they provide shared-ride transportation on a regular and continuing basis.

Public Transportation Operators

Labor Organization (or N/A)

5. Certification I certify for the Subrecipient that, with respect to the subject Section 5311 or 5311(f) project, I have reviewed the Special Section 5333(b) Warranty for the Section 5311 program including the Model Agreement which is a part thereof, and with full knowledge of the terms and conditions of said Warranty and Model Agreement, I certify that the Subrecipient agrees to comply with the terms and conditions of said Warranty and Model Agreement for the duration of the Section 5311 or 5311(f) project and, further, that these terms and conditions will be a part of any and all agreements and contracts between or among the Federal Government, the State of California, the Subrecipient, entered into with respect to the subject Section 5311 or 5311(f) project.

Also, I acknowledge that, for the purposes of the Special Section 5333(b) Warranty for the Section 5311 Program, the State of California is neither the legally nor financially responsible party under the Special Warranty, and the State assumes no special obligations under the Special Warranty that are not otherwise part of its normal obligations as a grant administering agency.

Authorized Subrecipient Signature

Date

(Print Name and Title of Authorized Subrecipient)