

**GRANT APPLICATION FORM FOR TRANSPORTATION FUND FOR CLEAN AIR REGIONAL FUNDS
FY 2009/10 v1.0**

INSTRUCTIONS

Public agency applicants must complete Parts 1 through 7.

Non-public entities must complete Parts 1 through 6.

Electronic versions of all Parts of this form are available at www.baaqmd.gov/tfcaregional.

SUBMITTAL

- Complete Parts 1 and 2 in Microsoft Excel and email to grants@baaqmd.gov.
- In addition, submit two (2) hard copies of complete applications (all Parts) and copies of applicable documentation. Applications may be sent by mail and/or hand-delivered to the address listed below.

Karen Schkolnick
District Grant Programs Manager
Strategic Incentives Division
BAAQMD
939 Ellis Street
San Francisco, CA 94109

Other application materials including Parts 3 – 7 sent by email and/or by fax will not be accepted.

PART 1. SUMMARY INFORMATION: *Complete using the Microsoft Excel spreadsheet posted at www.baaqmd.gov/tfcaregional, and email the file to grants@baaqmd.gov.*

PART 2. PROJECT BUDGET: *Complete using the Microsoft Excel spreadsheet posted at www.baaqmd.gov/tfcaregional, and email the file to grants@baaqmd.gov.*

PART 3. PROJECT DESCRIPTION

A. Provide a concise project description. Make sure to address who will do what at which location(s):

B. Explain how this project will reduce emissions from motor vehicles (not applicable for vehicle purchase/lease projects):

C. Describe the implementation area for the project (i.e., specific neighborhood or corridor, city, county, etc.):

PART 4. PROJECT INFORMATION (PROVIDE DOCUMENTATION AS NOTED)

YES NO

N/A

- A. Have you attached the required signed Letter of Commitment or Resolution authorizing the submittal of your grant application and identifying the individual authorized to submit and carry out the proposal? ___ ___
- B. Have you attached documentation for all matching funds that will be applied to the project? ___ ___ ___
If not, indicate when it will be provided to the Air District: _____
- C. Will the project directly benefit a Bay Area highly impacted community? ___ ___
(See the Priority Community map at www.baaqmd.gov/tfcaregional and *Grant Application Guidance*, Appendix B, Evaluation Criterion #5.)

If the answer to "C" is Yes, please use the Priority Community map to identify which impacted communities this project would operate in, and indicate the percentage of time the project will operate in each highly impacted community in the table below. BAAQMD staff may request that the grant applicant provide documentation to verify the information provided below.

The electronic Priority Community map located on the Air District's webpage identifies the six highly impacted communities. Use the "zoom in" tool on the electronic version of the map to enlarge the map to best identify boundaries. If you do not have access to the Internet, the Priority Community Map is available by request from the Grants Programs Document Request Line, (415) 749-4994.

Zone #	Percent Operation
1 Concord	%
2 Richmond/San Pablo	%
3 Western Alameda County	%
4 San Jose	%
5 Redwood City/East Palo Alto	%
6 Eastern San Francisco	%
Total (Maximum 100%)	%

- D. Will the project operate in an officially designated Planned or Potential Priority Development Area (PDA)? (See *Grant Application Guidance*, Appendix B, Evaluation Criterion #6.) To receive points, you must fill in the table below.

Using the PDA map, indicate the number/letter code of the PDA found on the map, the percentage of time your project will operate in each PDA, and the PDA Type. A link to the map is available at www.baaqmd.gov/tfcaregional, or by request from the Grants Programs Document Request Line, (415) 749-4994. (Use the "zoom in" tool on the electronic version to enlarge the map to best identify boundaries and PDA codes.) Note: BAAQMD staff may request that the grant applicant provide documentation to verify the information provided below.

Code	Percent Operation	PDA Type (Potential or Planned)
	%	
	%	
	%	
	%	
	%	
	%	
Total (Maximum 100%)	%	

PART 5. CERTIFICATION AND SURVEY

Applicant must read and initial each item below to indicate understanding and agreement:

I understand that this application is for evaluation purposes only and does not guarantee project funding.

Initial: _____

I certify that the proposed project and the emission reductions that would be realized from it are not required by any federal, state or local regulation, judicial order, agreement, memorandum of understanding, contract, mitigation requirement, or other binding obligation that requires the project applicant to implement any portion of the project that would be funded by the Air District under the TFCA program.

Initial: _____

I certify that this application is for equipment/vehicle(s)/engine(s) that have not already been funded, nor are currently under consideration for funding by another air district, the California Air Resources Board (ARB) or by another public agency.

Initial: _____

I certify that to the best of my knowledge, the information contained in this application and in any documentation accompanying this application or submitted in furtherance of this application is true and accurate and I understand that any misstatements or omissions of material facts may disqualify this grant application and any monies awarded based on it.

Initial: _____

I understand and agree that no costs funded by this program can be incurred until after the funding agreement is executed between the equipment owner and the District.

Initial: _____

I certify that I have the legal authority to apply for funding on behalf of the applicant entity and that I am authorized to sign this application on behalf of applicant.

Signed: _____ **Date:** _____
(Authorized Representative of Applicant Organization)

Name (Please Print): _____

Title: _____

Survey Questions:

Was this application easy to follow? Yes No

If not, do you have any recommendations for making it easier to understand?

PART 6A. PROJECT TYPE-SPECIFIC INFORMATION:

SHUTTLE/FEEDER BUS, VANPOOL, AND REGIONAL RIDESHARE PROJECTS

(FOR PUBLIC AGENCIES ONLY)

Section A - Vehicle Trips To Be Reduced by Project: Complete the table to show vehicle trips that will be reduced by the project.

<i>Project Component</i>	<i># Trips Reduced Per Day (One-Way)</i>	<i># of Transit Riders That Previously Drove Alone</i>	<i># Days Per Year</i>	<i>Avg. One-Way Trip Distance (mi.)</i>	<i>Source of Estimate</i>

Section B - New Vehicle Trips (e.g., trips to access transit station or Park & Ride Lot): Complete the table to show new vehicle trips that will be generated by the project, such as new trips to access a transit station or a Park & Ride lot.

If the project has multiple components, provide the data for each project component on a separate line in both Sections A and B.

<i>Project Component</i>	<i># New Access Trips Per Day (One-Way)</i>	<i># Days Per Year</i>	<i>Avg. One-Way Trip Distance (mi.)</i>	<i>Source of Estimate</i>

Section C: Explain the basis for the data provided in Sections A and B. Cite data sources, explain all assumptions, and show relevant calculations. For established projects, use project-specific data. For pilot projects, use survey data or data from similar existing projects. Attach supporting documentation as appropriate.

Section D: Shuttle and feeder bus projects, complete #1 through #11. Vanpool projects, complete #1 through #3 only.

1. New or existing service? (Check one)
 Pilot service (at least 70% unique) *Established service* *Modification to established service*

2. Number of vehicles of each type to be used in project: ____ Total # of vehicles
 ____ Alternative-fuel (Type: _____) ____ Hybrid-electric vehicle
 ____ Post-1989 gasoline-fueled vehicle ____ Post-1997 diesel vehicle with CARB-certified particulate filter

3. For each vehicle provide the following information:

	<i>Vehicle 1</i>	<i>Vehicle 2</i>	<i>Vehicle 3</i>	<i>Vehicle 4</i>
Engine Type				
Model Year				
Fuel Type				
Name of Retrofit Device on Vehicle (if applicable)				
GVW				
Passenger Capacity				
Annual Miles				
Total One-Way Trips/Day				
Average One-Way Trip Length				
# Days/Year of Service				
Hours of Operation				
Frequency of Service				

4. Shuttle/feeder bus projects that are not sponsored by a transit agency must submit documentation to demonstrate compliance with TFCA Policy #27 (see Appendix A in *Grant Application Guidance*).
5. Provide map showing established or pilot shuttle/feeder bus route and stops. Indicate major employment sites to be served.
6. Identify rail station, ferry station, or airport to be served. Include the proposed shuttle/feeder bus schedule showing timed connections with arriving or departing train or ferry.
7. For established shuttle/feeder bus service, attach data showing ridership for the past 3 years.
8. For a pilot shuttle or a modification to an established shuttle/feeder bus service, attach documentation to support estimates for projected number of users (e.g., survey data from local work sites).
9. Shuttle operators must comply with the requirements of the Americans with Disabilities Act (ADA).

	YES	NO	N/A
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 - a. Does the shuttle/feeder bus providing the service meet the ADA vehicle standards for wheelchair accessibility? ____ ____ ____
 - b. Is there comparable paratransit service provided to eligible persons with disabilities? ____ ____ ____
10. Will service be provided by one of the shuttle/feeder bus vehicle types in Policy #27 (a – d)? ____ ____ ____
11. Describe plans for financing the service in the future and, for **pilot** shuttles/feeder buses, attach letters of support from potential shuttle route users and financial supporters.

PART 7. CLEAN AIR POLICIES AND PROGRAMS (FOR PUBLIC AGENCIES ONLY)
 EVALUATION CRITERION #4, MAXIMUM OF 10 POINTS)

The table below shows which types of agencies may earn credit for implementing certain TCMs.

To obtain a full description of the TCMs, visit www.baaqmd.gov/Divisions/Planning-and-Research/Plans/Bay-Area-Ozone-Strategy.aspx and see Volume 2, Appendix D -Transportation Control Measure Descriptions on that website.

Available Credit for Transportation Control Measures

Transportation Control Measures	Cities/Countries	Transit Agencies	Caltrans/MTC and other Transportation Agencies	Other Non Transportation Agencies	School Districts (K-12)
1 Support Voluntary Employer-Based Trip Reduction Program	X		X	X	
3 Improve Local and Area-wide Bus Service		X	X		
4 Upgrade and Expand Local and Improve Regional Rail Service		X			
5 Improve Access to Rail and Ferries		X	X		
6 Improve Interregional Rail Service		X			
7 Improve Ferry Service		X			
8 Construct Carpool/Express Bus Lanes on Freeways			X		
9 Improve Bicycle Access and Facilities	X	X	X	X	
10 Youth Transportation		X			X
11 Install Freeway Traffic Management Systems			X		
12 Arterial Management Measures	X	X			
13 Transit Use Incentives	X	X	X	X	
14 Carpool and Vanpool Services and Incentives	X		X	X	
15 Local Land Use Planning and Development Strategies	X		X	X	X
16 Public Education/Intermittent Control Measures	X	X	X	X	X
17 Conduct Demonstration Projects	X	X	X	X	X
18 Implement Transportation Pricing Reform	X		X	X	
19 Improve Pedestrian Access and Facilities	X		X	X	X
20 Promote Traffic Calming Measures	X				

For each applicable TCM that your agency implements, provide a brief paragraph (not to exceed 100 words) describing: 1) the policies and actions that your agency has adopted in order to implement the TCM; and 2) current progress in implementing those policies and actions.

Additional documentation is not required at the time of submittal - Air District staff will notify you if supporting documentation is required.

Submission of TCMs without the description will not qualify for points.