

GRANT APPLICATION FORM FOR TRANSPORTATION FUND FOR CLEAN AIR REGIONAL FUNDS
FY 2008/09 v1.0

INSTRUCTIONS

Complete Parts 1 through 7 for all grant applications, with the exception of non-public entities, which should not complete Part 6. Also complete the appropriate supplementary project information sheet(s) for your project type (Parts 8 through 14). An electronic version of this form for filling out or printing is available at www.baaqmd.gov/tfcaregional.

IMPORTANT!

If you are applying for a **vehicle project**, see page 7 of this application **before** continuing. If you are a **PORT TRUCK** applying for a **retrofit**, **DO NOT FILL OUT THIS APPLICATION**. See page 7 of this application for details.

SUBMITTAL

Submit two (2) hard copies of this grant application form to:

Damian Breen
Grant Programs Manager
BAAQMD
939 Ellis Street
San Francisco, CA 94109

All grant applications must be received by the Air District no later than **5:00 PM Monday, June 30, 2008**. Hand-delivered grant applications should be delivered to the above address. Grant applications will not be accepted via fax or e-mail.

PART 1. SUMMARY INFORMATION

Agency/Project Sponsor Name:

Date of Grant Application:

Primary Contact Person:

Job Title:

Phone # () -

Fax # () -

E-mail:

Mailing Address of Primary Contact:

Secondary Contact Person:

Phone # () -

Fax # () -

E-mail:

Certification: By signing below, I certify that the emission reductions that would be realized by this project are not required by any federal, state or local regulation, memorandum of agreement with a regulatory agency, settlement agreement, mitigation requirement, contract, or other legally binding mandate or obligation. I also certify all statements made in this grant application are true and complete, and I understand that any misstatements or omissions of material facts may disqualify this grant application and any monies awarded based on it.

Signature : _____

Responsible Party Name:

Job Title :

Mailing Address (if different from Primary Contact above):

Project Type (see p. 2 of the *Grant Application Guidance*):

TFCA Regional Fund Application Form FY 2008/09

Project Title:

Total Project Cost:

Amount of TFCA Regional Funding Requested:

PART 2. PROJECT DESCRIPTION:

A. Provide a concise description addressing who, what, when, where, etc.:

B. Explain how this project will reduce emissions from motor vehicles:

C. Name any other participating entities and describe their role in implementing the project:

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

PART 3. IMPLEMENTATION SCHEDULE:

Provide a detailed implementation schedule, including project start date, completion date, and key milestones. Your implementation schedule must comply with the TFCA project-readiness policy; see Policy #11 in Appendix A of the *Grant Application Guidance*.

Activity or Milestone	Estimated Completion Date
Project Start	
Project Completion	

PART 4. BUDGET

Provide total project budget, broken out by major categories of costs: e.g., capital costs, operating expenses, incremental cost of a clean air vehicle, personnel, etc. Capital costs and operating costs must be separately identified. List all items to be paid with matching funds first and then list funds to be paid with TFCA dollars. If an item is to be paid with multiple funding sources, list each amount and source separately. Any indirect costs or TFCA grant administrative costs must be specifically identified as a separate line item. See Appendix C in the *TFCA Grant Application Guidance* document for an explanation of eligible TFCA costs. (Budget may be submitted on a separate sheet.)

Matching Funds

Line Item	Estimated Cost	Matching Funding Source⁽¹⁾
Total Matching Funds		-----

1. This column must include any TFCA County Program Manager Funds and Bicycle Facility Program Funds

TFCA Regional Funds

Line Item	Estimated Cost	TFCA Regional Funds
		TFCA Regional Funds
		TFCA Regional Funds
		TFCA Regional Funds
Total TFCA Regional Funds		-----

PART 5. FUNDING

Total each funding source listed above. Attach documentation for all matching funds in the form of a resolution, adopted budget, letter of funding commitment, or contract from the funding agency. If this documentation is not available to be included with the grant application, indicate when you will provide it to the Air District.

TFCA matching funds requirement: Project sponsors requesting more than \$150,000 in TFCA Regional Funds must provide matching funds from non-TFCA sources that equal or exceed 10% of the total project cost. (TFCA County Program Manager Funds do not count toward fulfilling this requirement.) See Policy #7 in Appendix A of the *Grant Application Guidance*.

Funding Source	Amount of Funds	Status (Secured, Approval Pending, etc.)
TFCA Regional Funds requested		N/A
TFCA County Program Manager Funds		
Other:		
Total Funds		

PART 6. CLEAN AIR POLICIES AND PROGRAMS (EVALUATION CRITERION #4) – PUBLIC AGENCIES ONLY

The purpose of Evaluation Criterion #4 is to encourage public agencies to adopt policies and programs to implement the Transportation Control Measures (TCMs) in the *Bay Area 2005 Ozone Strategy*. To apply for points for TFCA Criterion #4, complete the section below. A maximum of 10 points will be awarded. The table below shows which TCMs different types of agencies will get credit for implementing. Determine which TCMs that apply to your agency you will be implementing; this applies to all TCMs your agency is implementing, not just the TFCA project included as a part of this grant application. **For each TCM that your agency is implementing, provide a brief paragraph on the following page describing: 1) the policies and actions that your agency is planning in order to implement the TCM; and 2) current progress in implementing those policies and actions.**

Submission of TCMs without the description will not qualify for points. You will not get credit for descriptions of TCMs that do not apply to your type of agency. To obtain a full description of the TCMs, visit the Air District web site at the following address: http://www.baaqmd.gov/pln/plans/ozone/2005_strategy/adoptedfinal_vol2.pdf (see Appendix D -Transportation Control Measure Descriptions)

Transportation Control Measures	Cities/COUNTIES	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 Areawide 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				

PART 6 (CONT.) CLEAN AIR POLICIES AND PROGRAMS (EVALUATION CRITERION #4) – PUBLIC AGENCIES ONLY

Provide a brief paragraph for each TCM, describing: 1) the policies and actions that your agency is planning in order to implement the TCM; and 2) current progress in implementing those policies and actions. (Provide a description only; Air District staff will notify you if supporting documentation is required.)

PART 7. 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? ___ ___ ___

- C. Will the project directly benefit Sensitive and PM Impacted Communities? (See *Grant Application Guidance*, Evaluation Criterion #5.) To receive points, you must fill in the table below and provide a clear explanation as to how the project would directly benefit residents in each community as an attachment to your grant application. ___ ___

For each of the three colored areas (not hatch-marked) and three colored hatch-marked areas on the Particulate Matter Exposure map, indicate the percentage of the time your project will operate in that zone and identify the number of the zone found on the map. 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 zone numbers.) Note: BAAQMD staff may request that the grant applicant provide documentation to verify the information provided below.

Zone Type	Percent Operation	Zone Number
Red Zone*		
Red Hatch-marked Zone		
Gold Zone*		
Gold Hatch-marked Zone		
Green Zone*		
Green Hatch-marked Zone		

* Not Hatch-marked

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

For each of the Types of PDAs on the PDA map, indicate the percentage of the time your project will operate in that PDA and identify the number/letter code of the PDA found on the map. 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. For boundaries that are not clearly identifiable, use your best judgment as to which PDA your project operates in) Note: BAAQMD staff may request that the grant applicant provide documentation to verify the information provided below.

PDA Type (Potential or Planned)	Percent Operation	Code

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Supplementary Project Information Sheets are available separately. See additional vehicle project information below before completing this section. Complete and attach only the appropriate sheet(s) for your project type, as follows:

Ridesharing Projects -	Part 8	Public entities only
Shuttle and Feeder Bus Projects, Vanpool Projects -	Part 8 & Part 9	Public entities only
Regional Transit Information Projects -	Part 8	Public entities only
Rail-Bus Integration Projects -	Part 8	Public entities only
Smart Growth & Traffic Calming Projects -	Part 8	Public entities only
Arterial Management & Signal Timing Projects -	Part 10 (Sections A-C)	Public entities only
Transit Bus Traffic Signal Prioritization Projects -	Part 10 (Section D only)	Public entities only
Transit, Shuttle, and School Bus Replacements -	Part 11	Public entities only
Heavy-duty Clean Air Vehicles -	Part 11	Public and non-public entities
Repowers to Existing Engines -	Part 12	Public and non-public entities
Retrofits to Existing Engines -	Part 13	Public and non-public entities
Light-duty Clean Air Vehicles -	Part 14	Public entities only

ADDITIONAL VEHICLE INFORMATION

Do you operate a Port Truck? A Port Truck is “a truck engaged in service at ports or intermodal rail yards.”

Port Truck Applicants-Retrofit

If you operate a **PORT TRUCK** and are applying for a **RETROFIT** project, **DO NOT FILL OUT THIS APPLICATION**. For port truck retrofits, a special fund has been established whereby \$5,000 is available from the Goods Movement program with the possibility of matching funds from both the District and the Port of Oakland. Applications are located at the Goods Movement website: http://www.baaqmd.gov/pln/grants_and_incentives/gm/index.htm, under Applications.

All Applicants-Replacement, Repower, and Retrofit (non-port trucks)

For all **applicants** applying for vehicle replacement (including port trucks), repower (including port trucks), or retrofit (non-port trucks) projects, there are two programs with available funds: the TFCA Regional Fund program and Goods Movement program: http://www.baaqmd.gov/pln/grants_and_incentives/gm/index.htm. Applicants should read the eligibility and requirements for both programs to determine which is preferred for each applicant. However, a few things to consider are:

1. For **vehicle replacement** projects, the Goods Movement program covers up to \$50,000 whereas TFCA funds can only cover the incremental cost of the vehicle (see Supplemental Project Information Sheet Part 11 for Heavy Duty Clean Air Vehicles for definition of incremental cost).
2. For **repower** projects, TFCA covers up to 100% of the project cost whereas the Goods Movement programs covers only up to \$20,000 for a repower.
3. For **retrofit** (non-port truck) projects, the TFCA program can fund up to 100% of the retrofit device whereas the Goods Movement program only covers \$5,000 at most.
4. **Important Dates:**
 - a. **April 30th, 2008:** Goods Movement applications available for replacements, repowers, and retrofits (port trucks only)
 - b. **Mid-June, 2008:** Goods Movement applications available for replacements, repowers, and retrofits (for non-port trucks)

Contacts

If you are unclear which classification your truck(s) fall under see the Goods Movement website above or contact the following people:

For all questions regarding the Goods Movement program and truck classification contact: **Joe Steinberger** at jsteinberger@baaqmd.gov or 415.749.5018.

For questions regarding TFCA vehicle projects, see the contacts listed in the Application Guidance for your project type.