

# San Francisco Lifeline Transportation Program (SF LTP) Cycle 1 Application

Applications are due by 5 p.m., February 15, 2019

**Date Received:**

**Project Name:**

**Project Type: Operating/Capital Project Sponsor:**

**Date:**

For sponsors submitting more than one application, please rank the application:

**Application of total applications submitted**

Complete this checklist to indicate the submitted items and to list any additional attachments. Clearly label attachments according to the numbering provided below. Attachments must be easily readable when reproduced in black and white.

*To mark a box as checked, double click on the box and mark the “Default Value” as “Checked.”*

**SF LTP Cycle 1 Application**

Provided Word file: Project Summary and Narrative

Provided Excel file: Schedule, Budget, and Funding Plan

**Map of Project Area / Route** **Map with Transit Stops Indicated**

List additional attachments, such as letters of support, charts, drawings, and route schedule/timetable (add attachments as needed):

**Attachment 1:** *(add title)* **Attachment 2:** *(add title)***Attachment 3:** *(add title)*

|  |  |  |
| --- | --- | --- |
| **Budget Summary** | **Amount ($)** | **% of Total**  **Project Budget** |
| Lifeline funding requested: |  |  |
| Required local match: |  |  |
| Other funding: |  |  |
| Total project budget: |  |  |

**A. GENERAL PROJECT INFORMATION**

1. **Project Name: \_\_\_**
2. **Project Sponsor**

Agency \_\_\_

Contact/Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

Telephone \_\_\_

1. **Partner Agencies**

Agency, Project Role, Name/Title, Telephone, Email

1. **Brief Description of Project (50 words max.):**

**B. PROJECT DETAILS**

**Project Need, Goals and Objectives**

1. Provide a detailed project description. Specify if the project will provide new or continue existing transit service directly benefiting Communities of Concern (CoCs).
2. Describe the significance of the unmet transportation need or gap that the proposed project seeks to address and how the project will address that need or gap. Specify the goals and objectives of the project.
3. Please describe the CoC(s) that will directly benefit from the project including pertinent demographic data and/or maps. Estimate the number of people per month and year that will be served by this project.

**Community-Identified Priority**

1. Discuss how the project addresses a transportation gap and/or barrier identified in a Community-Based Transportation Plan (CBTP) and/or other substantive local planning effort involving focused inclusive engagement to low-income populations. Indicate the name of the plan(s) and the page number(s) where the relevant gap and/or barrier is identified. Indicate the priority given to the project in the plan.

**Implementation Plan and Project Management Capacity**

1. Is the project ready to be implemented? What, if any, major issues need to be resolved prior to implementation and when will they be resolved?
2. Describe your organization’s ability to provide and manage the proposed project.
3. Describe any proposed use of innovative approaches that will be employed for this project and their potential impact on project success.

**Project Sustainability**

1. Describe project sustainability by project type:

* Operating projects: Describe efforts to identify potential funding sources for sustaining the service beyond the grant period. If funding is identified, provide the responsible agency(ies) and funding sources for all ongoing service.
* Capital projects: For construction projects, identify the responsible agency(ies) and funding sources for ongoing maintenance of the project, including but not limited to lighting and landscaping.

**Cost-Effectiveness and Performance Indicators**

1. Demonstrate how the proposed project is the most appropriate and cost-effective way in which to address the identified transportation need.
2. Identify performance measures to track the effectiveness of the project in meeting the identified goals. Minimum requirements by project type include:

* Operating projects, provide the baseline and new or continued units of service to be provided (e.g., number of trips, service hours, etc.) and cost per unit of service (e.g., cost per trip or persons served per month and year).
* Capital projects, identify project delivery milestones.

**Coordination and Program Outreach**

1. Describe how the project will be coordinated with the community, public and/or private transportation providers, social service agencies, and non-profit organizations serving CoCs. Describe plans to market the project, and ways to promote public awareness of the project.

**C. PROJECT SCHEDULE, BUDGET, AND FUNDING PLAN**

1. Complete the schedule, budget and funding plan information in the attached Excel template.