

April 2001

Attachment 3

Project Name \_\_\_\_\_

Agency Name \_\_\_\_\_

**State of California**  
**UNIFORM TRANSIT APPLICATION**  
**(Form A -- Application)**

A completed Uniform Transit Application must be submitted for each project.

Please refer to "INSTRUCTIONS FOR COMPLETING A UNIFORM TRANSIT APPLICATION" for a line by line explanation of information required in the application. Sections in the instructions have been designed to match each section in the application.

**Section I. Title, Certification and Eligibility**

**Item 1. Title and Certification**

A. Project Type and Title: \_\_\_\_\_

\_\_\_\_\_ Commuter Rail      \_\_\_\_\_ Urban Rail

\_\_\_\_\_ Intercity Rail      \_\_\_\_\_ Other, describe: \_\_\_\_\_

B. Project Location (County(s), City(s)): \_\_\_\_\_

C. Project Limits (Identify start and end points, such as cross street or milepost): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

D. Total Project Cost (All fund sources - state, local, federal, other)

(Please show one total dollar amount): \_\_\_\_\_

E. Total Amount of State Funding (Please show one total dollar amount): \_\_\_\_\_

F. Total Amount of State Funds Requested For This Application by Fund Source (Please list amounts by state fund source): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

G. Application Submittal Date: \_\_\_\_\_

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**Item 1. Title and Certification** (continued)

H Lead Applicant Agency: \_\_\_\_\_

I Address: \_\_\_\_\_  
\_\_\_\_\_

J Contact Person: \_\_\_\_\_

Phone

FAX

#: \_\_\_\_\_ # \_\_\_\_\_

K Co-Applicant Agency, as appropriate: \_\_\_\_\_

L Address: \_\_\_\_\_  
\_\_\_\_\_

M Co-Applicant Agency Contact Person: \_\_\_\_\_

Phone

FAX #

#: \_\_\_\_\_

N List All Other Funding Agencies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

O Name of Recipient Agency, if applicable: \_\_\_\_\_

P Address of Recipient

Agency: \_\_\_\_\_  
\_\_\_\_\_

**Item 1. Title and Certification** (continued)

Q. To the best of my knowledge and belief, the data and information in this request are true and correct and I am authorized by my council, board, authority, commission, or ruling body to file the request on behalf of the applicant.

**LEAD APPLICANT**

Name and Title: \_\_\_\_\_

\_\_\_\_\_

Signature (in blue ink): \_\_\_\_\_ Date: \_\_\_\_\_

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**CO-APPLICANT**

Name and Title: \_\_\_\_\_

\_\_\_\_\_

Signature (in blue ink): \_\_\_\_\_ Date: \_\_\_\_\_

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**CO-APPLICANT**

Name and Title: \_\_\_\_\_

\_\_\_\_\_

Signature (in blue ink): \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**RECIPIENT**

Name and Title: \_\_\_\_\_

\_\_\_\_\_

Signature (in blue ink): \_\_\_\_\_ Date: \_\_\_\_\_

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**Item 2. Eligibility** (Check-off)

If the CEO does not have agency delegation, the agency is required to provide a resolution on the eligibility requirements below: (attach copy of resolution)

- a.  That a statement has been provided from your governing body's legal counsel stating that your organization has the financial and institutional ability to implement the project and that your organization is empowered to: let a contract; to sue or be sued by another entity or person; and other responsibilities and duties of your agency.
- b.  That this project will be available to the general public, or its primary purpose will be to benefit the public and does not benefit a private entity or individual. If it does not benefit the public, please explain, and attach your explanation to this application, as part of your submittal. (State funds, in most cases, may not be used for private passenger rail facilities.)
- c.  That the matching funds required for this project are available and committed to this project. Committed funds have received necessary authorizations and the recipient agency has authority to expend the funds.
- d.  That if the project exceeds the state funds available, the applicant agency shall use other funds to backfill the cost increases to complete the project.
- e.  That this project fulfills the requirements of the High Density Housing Demonstration Program, providing the applicant wishes to have its rail transit station project considered under this program.
- f.  That the applicant will comply with the Commission's Hazardous Waste Identification and Clean-up Policy for Rail Right-of-Way;
  - o This project has been fully investigated by the applicant to determine the absence/presence of hazardous wastes.
  - o The applicant has taken reasonable steps to assure full due diligence, clean-up of the site, as appropriate, and indemnifies the state of future clean-up liability or damages, as well as not seeking state funds for clean-up, damage or liability costs associated with hazardous wastes.
- g.  That the applicant will comply with the Commission's Timely Use of Funds Policies.

For Proposition 116 Projects attach resolution stating:

- i.  The governing body has stated that no other capital funds previously programmed, planned or approved for rail purposes will be used for other than rail purposes.
- j.  The governing body has stated that the proposed project has no unnecessary enhancements and is not an unnecessarily elaborate alternative.
- k.  Unless otherwise specified in Proposition 116, the governing body has stated that new or increased development fees, taxes or exactions, or permit fees have not or will not be included in the operating budget(s) for this project, or for the purpose of matching funds for Proposition 116 grants.

**Item 2. Eligibility** (Continued)

- i. \_\_\_\_\_ If the Transit Integration Plan has not been completed, the governing body has stated that a plan will be completed and submitted to the Commission for review before the line begins operations. Along with this assurance, a schedule shall be provided which shows the timing for the plan's development.
- m. \_\_\_\_\_ The governing body has stated that a passenger safety program is in place.
- n. \_\_\_\_\_ The governing body has stated that the agency shall comply with the Proposition 116 accessibility requirements for the disabled and for providing access to bicyclists.

**SECTION II. Funding, Project Description and Schedules, and System Characteristics**

**Item 3.**

**Funding Sources & CTC Actions Requested for this Specific Application**

	ORIGINAL REQUESTED FUNDING SOURCES & SCHEDULE			NEW REQUESTED FUNDING SOURCES & SCHEDULE (Changes to Original Requested)		
	Amount Requested			Amount Requested		
	FY	FY	FY	FY	FY	FY
FCR						
ISTE A						
P116						

**CTC ACTIONS REQUESTED**

(Please enter check-mark or specify TCI, FCR, AB 973, PROP 116)

- STIP Inclusion
- SB 2800 Approval
- Prop 116 Partial Project App. Approval
- Allocation Project Approval
- AB 3090 Approval
- Prop 116 Project Application Approval
- Other

**Amendments**

- \_\_\_\_\_ :
- \_\_\_\_\_ STIP
- \_\_\_\_\_ PROP 116

(1) For each program provide any additional information below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

, For Proposition 116 requests, cite the section of the Public Utilities Code authorizing the project.

\_\_\_\_\_

\_\_\_\_\_

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Agency Name \_\_\_\_\_

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**Item 5. System Characteristics** (continued)

	Current System	Improved System			
		Line Year 1	System Year 1	Line Year 3	System Year 3
b. Annual Operating Cost	_____	_____	_____	_____	_____
c. Annual Revenues	_____	_____	_____	_____	_____
Local Sources (Total)	_____	_____	_____	_____	_____
Farebox	_____	_____	_____	_____	_____
Sales Tax (LTF)	_____	_____	_____	_____	_____
Local Sales Tax	_____	_____	_____	_____	_____
Local Bonds	_____	_____	_____	_____	_____
Other (Specify Source)	_____	_____	_____	_____	_____
Private	_____	_____	_____	_____	_____
State Sources (Total)	_____	_____	_____	_____	_____
Sales Tax (STA)	_____	_____	_____	_____	_____
Other (Specify Source)	_____	_____	_____	_____	_____
Federal Sources (Total)	_____	_____	_____	_____	_____
FTA Section 9	_____	_____	_____	_____	_____
Other (Specify Source)	_____	_____	_____	_____	_____
d. Ridership Projections (Annual)	_____	_____	_____	_____	_____
Average Weekday Ridership	_____	_____	_____	_____	_____
e. Operating Costs Covered by Farebox Revenue	_____ %	_____ %	_____ %	_____ %	_____ %
f. Average Fare Per Passenger	_____	_____	_____	_____	_____
(a) Actual Farebox Ratio	_____	_____	_____	_____	_____
(b) If Below TDA Requirements Show the Subsidy Amount and Specify Source(s)	_____	_____	_____	_____	_____

**Item 6. Overall Project Schedules**

Indicate, as applicable, the beginning and ending dates for each phase of this project. (A detailed project development schedule must accompany an allocation request.)

Identify any significant issues that may arise and result in project delay due to environmental, litigation, relocation, right-of-way acquisition, or other pertinent issues.

Overall Project Schedule

	<u>Begin Work Month/Year</u>	<u>Completion Month/Year</u>
Federal Alternatives Analysis/Initial Study	_____	_____
Environmental Documentation & Clearance	_____	_____
Preliminary Engineering	_____	_____
Final Design	_____	_____
Acquisition of Right-of-Way or Other Access Rights	_____	_____
Construction/Rehabilitation	_____	_____
Vehicle Acquisitions (locomotives, cabs, trailers, LRVs, buses, other)	_____	_____
Date Initial Service Will Begin Operation	N/A	_____
Date Full Service Will Begin Operation	N/A	_____

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**Item 7. Environmental Clearance**

**Please check the appropriate category and provide the information below on the status of the environmental clearance for the project. If appropriate, provide documentation which demonstrates that the requirements have been met. (Check all that apply)**

List  
Actual or Estimated  
Completion Date

CEQA: (California Environmental Quality Act-  
Public Res. Code 21000 et seq.)

\_\_\_\_\_ Categorically Exempt, cite section \_\_\_\_\_

\_\_\_\_\_ Statutory Exempt, cite section \_\_\_\_\_

NEPA: (National Environmental Policy Act-  
42 USC, Sec. 4321 et seq.)

\_\_\_\_\_ Categorically Excluded, cite  
\_\_\_\_\_ section \_\_\_\_\_

**IF YOUR PROJECT IS NOT EXEMPT, INDICATE THE FOLLOWING:**

CEQA

\_\_\_\_\_ Negative Declaration \_\_\_\_\_

\_\_\_\_\_ Draft EIR \_\_\_\_\_

\_\_\_\_\_ Final EIR \_\_\_\_\_

\_\_\_\_\_ Supplemental EIR \_\_\_\_\_

\_\_\_\_\_ Certification of EIR \_\_\_\_\_

\_\_\_\_\_ Notice of Determination \_\_\_\_\_

\_\_\_\_\_ Lead Agency \_\_\_\_\_ Responsible agency \_\_\_\_\_

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Item 7. **Environmental Status** (Continued)

List  
Actual or Estimated  
Completion Date

<u>NEPA</u>	_____
_____ Finding of No Significant Impact	_____
_____ Draft EIS	_____
_____ Final EIS	_____
_____ Supplemental EIS	_____
_____ Record of Decision	_____

**Item 8. Financial Plan**

- a. Complete the following Project Financial Plan showing all sources of capital funds that will be used to finance the total project cost, including this application. (Agencies may provide their own financial plan format, providing all required information is presented.)
- b. Describe the assumptions and process for how the projected capital costs were developed.
- c. Describe the prior commitments that your agency has obtained for this project.

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Agency Name \_\_\_\_\_

Item 8. (Continued)

**Print out pages "14 -17 of the Application" document to use for this application.**

**Print out "Page 18 of the Application" document to use as page 18 for this application.**

*Print out  
Application =  
Project Plan*

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