## Application Form - PASS FY 2016/17 Cycle

**PART I: GENERAL INFORMATION**

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| **a) PROJECT SPONSOR** Please provide the contact information of the official authorizing this application submittal. |
| Name:Title: Organization: Mailing Address: Telephone:Email: |
| **b) PROJECT MANAGER *(if different from above****)*Please provide the contact information of the person who will be the day-to-day contact for this project.  |
| Name: Title: Organization: Mailing Address:Telephone:Email: |
| **c) PROJECT SPONSOR & PARTICIPATING AGENCIES**Starting with your agency, please list all of the details requested in the table below. Add or delete rows, as necessary, depending on the number of agencies. |
| # | Agency Name | Corridor | # of Signals |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| **Total Number of Project Signals** |  |
| **d) INDEMNIFICATION AGREEMENT** Starting with your agency, excluding Caltrans, please provide the information requested in the table below. Please contact the MTC Program Manager if you have any questions regarding the existence or validity of your agency’s agreement. Add or delete rows, as necessary, depending on the number of agencies. |
| # | Agency Name | Valid Agreement (Yes/No) | If Yes, List Agreement Date | If No, Expected Submittal Date |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

**PART II: SERVICES REQUESTED**

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| **a) BASIC SERVICES**Please identify the basic services you are requesting. |
| [ ] **Weekday** PeakPeriod Signal Coordination:[ ] Weekday AM [ ] Weekday Mid-day [ ] Weekday PM[ ] Other, please specify peak hours: [ ] School Peak Periods, please specify hours:  [ ] **Weekend** PeakPeriod Signal Coordination: [ ] Two peak periods [ ] Three peak periods  |
| **b) ADDITIONAL SERVICES**Please identify any additional services you are requesting.  |
|  [ ] Incident Management Flush Plans  [ ] Transit Signal Priority Plans  [ ] Traffic Responsive Timing Plans [ ] Adaptive Signal Timing  [ ] Other, please specify:  |
| **c) DATE OF LAST COORDINATION**Please provide the last known date (MM/YY) of signal retiming for each corridor in the project. Also indicate whether the retiming was done through PASS. |
| Corridor Name and Date: PASS: Yes [ ] No [ ]Corridor Name and Date: PASS: Yes [ ] No [ ]Corridor Name and Date: PASS: Yes [ ] No [ ] |
| **d) CONSULTANT ASSIGNMENT**Please indicate your willingness to work with the consultant assigned by MTC. MTC reserves the right to withdraw a project approval if any project sponsor is not willing to work with the assigned consultant. |
| [ ] YES [ ] NO If No, please explain: |

**PART III: DETAILED PROJECT INFORMATION**

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| **a) PROJECT OVERVIEW**Please provide a detailed description of the proposed project and the services requested in this application. Also identify how the proposed project functions as a reliever route when incidents occur on the nearby freeway(s). If applicable, please list any PASS or similar signal timing project previously completed with MTC. |
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| **b) IMPLEMENTATION**Indicate how the new timing plans will be implemented.  |
| [ ] Traffic Management Center (TMC) or remote access to implement new timing plansPlease specify the number of signals: [ ] Field ImplementationPlease specify number of signals: Please explain in detail: |
| **c) SIGNAL COMMUNICATIONS**Indicate if the project signals have communication between them or have a common time source to enable coordination. |
| [ ] Yes [ ] NoPlease explain in detail the type of communication: |

**PART III: DETAILED PROJECT INFORMATION (continued)**

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| **d) GPS CLOCKS**Are you requesting any GPS Clocks from PASS to provide a common time source between any of the project signals? |
| [ ] Yes [ ] NoIf yes, please provide the requested information below for all locations that require GPS Clocks. (List one intersection per row. Add or delete rows, as necessary.) |
| # | Intersection (Main St/Cross St) | Controller Type | Signal Ownership (agency) | Signal Operations (agency) |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| **e) ADDITIONAL PLANS/SERVICES**Please list the additional plans and/or services being requested and the number of project signals involved for each particular service. (Add or delete rows, as necessary.) |
| # | Additional Service | Corridor | # of Signals |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| **f) ADDITIONAL SERVICES DESCRIPTION**Please describe in detail the Additional Services requested above, and attach all available supporting documentation to justify this service request. |
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**PART IV: PROJECT BENEFITS**

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| **a) GOALS**Please indicate which of the following PASS goals listed below can be satisfied with this project. |
| [ ] Improve travel time and travel time reliability for autos [ ] Improve travel time and travel time reliability for transit vehicles[ ] Improve air quality by decreasing motor vehicle emissions and fuel consumption [ ] Improve the safety of (or other benefits to) transit riders, pedestrians, and/or bicyclists[ ] Other, please specify:  |
| **b) JUSTIFICATION**Please describe how the proposed project will achieve the goals selected above. |
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**PART V: DEMONSTRATION OF PARTICIPATION AND SUPPORT**

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| **a) LOCAL MATCH**Please indicate, with an “X”, which local match tier level applies to each project corridor. Refer to Attachment A for the eligibility requirements for each of the three tiers. (Add or delete rows, as necessary.) |
| **#** | **Project Corridor** | **Tier 1****(10% local match)** | **Tier 2****(15% local match)** | **Tier 3****(20% local match)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **b) AGENCY RESOURCES**Describe the staffing resources your agency is committed to providing in order to deliver your project within the PASS cycle. Please provide estimated staff hours that you expect to dedicate to this project.  |
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| **c) PROJECT READINESS**Please describe the following:1. The type of signal interconnect and controllers (including age of equipment) along the project corridor. 2. The project schedule and how the project can be completed within the PASS cycle (ending June 30, 2017). **NOTE: The project corridor must not have any planned construction activities that may impact the ability to complete this project within the PASS cycle.** Construction projects include, for example, traffic signal upgrades, control cabinet replacement, roadway construction, utility maintenance, etc.  |
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**PART VI: APPLICATION ATTACHMENTS**

Please include the following attachments with your application as **one** PDF file. Applications without the required attachments will be considered incomplete and will not be accepted or reviewed.

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| **a) PROJECT MAP *(Required)***Please include a Project Map showing an overview of the project area with ALL of the project signals, cross streets, freeways, schools, hospitals, shopping malls, other traffic generators, etc. Arterials that function as reliever routes should be clearly identified on the map. |
| **b) TRAFFIC SIGNAL INFORMATION *(Required)***Please include a table containing the following information for all traffic signals included in the project. |
| **#** | **Intersection** | **Signal Ownership** | **Signal O&M** | **ADT\*** | **Peak-hour Volume per\* Direction (vphpl)** | **Controller Type** | **Firmware** | **Coordination Type** | **Implementation Type** **(remote or field)** | **Basic Services Requested** | **Additional Services Requested** |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| \*Traffic volume data must be within the past three years. |
| **c) TRANSIT INFORMATION *(Required)***Please include a table containing the following information regarding transit for all of the project corridors. (Add or delete rows, as necessary.) |
| **#** | **Transit Agency** | **Transit Route #** | **Frequency** | **Project Corridor(s)** **on the Route** | **# of Project Signals on the Route** | **Average Weekday Ridership** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **d) COMMUNICATION EQUIPMENT INFORMATION *(if applicable)***If applicable, please provide detailed information on any communications equipment you are requesting.  |
| **e) SUPPORTING DOCUMENTATION for ADDITIONAL SERVICES *(if applicable)***If applicable, please attach any additional information you feel supports your request for the Additional Services requested in this application. |

**PART VII: TRAFFIC SIGNAL DATA**

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| **a) PROJECT SIGNAL DATA *(Required, with the application submittal)***Please include in a separate CD/DVD, one electronic copy of all the existing data available for the traffic signals which are a part of this project. This data includes, but not limited to, signal timing sheets, coordination plans, signal as-builts, maps, aerial photos, Synchro files, computer models, historical count data, latest three years of collision data, etc. Please contact the MTC Program Manager if you are unable to provide this data with your application for any reason.  |

**PART VIII: SIGNATURES**

The primary project sponsor must sign the application below. Other participating agencies may sign the application below or submit a letter of support indicating their participation in the project. By signing the application and/or providing letters of support, the signatory affirms that the statements contained in the application are true and complete to the best of their knowledge.

1. Primary Project Sponsor: 2. Participating Agency:

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| --- | --- | --- |
|  |  |  |
| Signature Date |  | Signature Date |
| Name:Title: Organization: Mailing Address:Telephone:Email: | Name:Title: Organization: Mailing Address:Telephone:Email: |

3. Participating Agency: 4. Participating Agency:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature Date |  | Signature Date |
| Name:Title: Organization: Mailing Address:Telephone:Email: | Name:Title: Organization: Mailing Address:Telephone:Email: |