## Attachment B

## Application Form - PASS FY 2022/23 Cycle

**PART I: GENERAL INFORMATION**

|  |
| --- |
| **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, by agency. Add or delete rows, as necessary, depending on the number of agencies. *Note: If Caltrans is a participating agency, please attach a copy of any correspondence (e.g., email or letter) from Caltrans that indicates their approval of this project.*  |
| # | Agency Name | Corridor Name(s) | # 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**

**In addition to this information, the applicant must complete all three worksheets in Attachment E and submit the Excel file with the project application.**

|  |
| --- |
| **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 [ ] **Holiday** Signal Coordination: [ ] One period [ ] Two periods [ ] Three periods |
| **b) ADDITIONAL SERVICES**Please identify any additional services you are requesting.  |
|  [ ] Incident Management Flush Plans  [ ] Transit Signal Priority Plans  [ ] Traffic Responsive Timing Plans [ ] 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/PROJECT DELIVERY**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. |
| Are you willing to work with the consultant assigned by MTC?[ ] YES [ ] NO If No, please explain: |

**PART III: DETAILED PROJECT INFORMATION**

**In addition to this information, the applicant must complete all three worksheets in Attachment E and submit the Excel file with the project application.**

|  |
| --- |
| **a) PROJECT OVERVIEW**Please provide a detailed narrative description of the proposed project corridors and the services requested in this application.Please indicate to what degree, and when, the corridor is operating in coordination currently and the major features of your signal operations (e.g. detection coverage, use of adaptive control, pedestrian recall settings, transit signal priority).If applicable, also indicate:If any of the proposed project corridor(s) have documented safety issues (*please attach supporting information*) and how the PASS project signal retiming may specifically address these issues; AND/ORIf any of the proposed project corridor(s) function(s) as a reliever route when incidents occur on the nearby freeway(s) and, if so, describe the resulting traffic flow. |
|  |

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

|  |
| --- |
| **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 if necessary: |
| **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 for the project corridors and indicate which signals do not have communication: |
| **d) GPS CLOCKS**Are you requesting any GPS Clocks from PASS to provide a common time source between any of the project signals? If so, please indicate “Yes” and include these in Attachment E. *Note: Local agencies shall pay 50% of the cost of any GPS clocks procured by MTC for the PASS project.* |
|  |

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

|  |
| --- |
| **e) ADDITIONAL SERVICES DESCRIPTION**Please briefly list the additional plans and/or services being requested and the number of project signals involved for each particular service. Please describe in detail all Additional Services requested, and attach all available supporting documentation to justify this service request and the applicants cost estimate(s).Please make sure the cost and description in this section corresponds to the Additional Services information in Attachment E. |
|  |

**PART IV: PROJECT BENEFITS**

|  |
| --- |
| **a) GOALS**Please indicate which of the following PASS goals listed below can be satisfied with this project. |
| [ ] Improve the safety of (or other benefits to) transit riders, pedestrians, and/or bicyclists [ ] Improve travel time and travel time reliability for transit vehicles[ ] Improve travel time and travel time reliability for autos [ ] Improve air quality by decreasing motor vehicle emissions and fuel consumption [ ] Other, please specify:  |
| **b) JUSTIFICATION**Please describe how the proposed project will achieve the goals selected above. Attach and reference any applicable data that provides evidence for these claims. What recent data, observations or facts suggest that the project will realize the estimated benefits?If the applicant anticipates the PASS project to implement or accommodate specific operational strategies for multi-modal safety or mobility please describe this here. |
|  |

**PART V: DEMONSTRATION OF PARTICIPATION AND SUPPORT**

|  |
| --- |
| **a) AGENCY RESOURCES**Describe the staffing resources, indicating names, positions and roles as applicable, that 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.  |
|  |
| **b) 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, 2023).3. Any operational changes in the project area that may impact traffic flow on the corridor(s).  (These do not necessarily disqualify a project from consideration but may impact the consultant’s work and need to be considered at the beginning of the project planning process.) **NOTE: The project area must not have any planned construction activities that would impact the ability to complete this project within the PASS cycle.** Construction projects include, for example, traffic signal upgrades, control cabinet replacement, roadway or transit-related construction, utility maintenance, etc. |
|  |
| **c) DATA CONTRIBUTIONS *(Optional)***If the applicant intends to submit newly collected traffic data to assist with PASS Consultant’s effort during the data collection or fine-tuning phases[[1]](#footnote-1) please describe the source of that data and its likely value to the project. |
|  |

**PART VI: APPLICATION ATTACHMENTS**

Please attach a project map and, if applicable, the additional services documentation with your application and also complete the Attachment E Excel File as instructed. Applications without the required attachments will be considered incomplete and will not be accepted or reviewed.

|  |
| --- |
| **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 fill out the Traffic Signal Information worksheet in the Excel file ‘Attachment E – PASS Proposal, Signal and Transit Information.’ All traffic volume data should have been collected within the last four years. |
| **c) TRANSIT INFORMATION *(Required)***Please fill out the Transit information worksheet in the Excel file ‘Attachment E – PASS Proposal, Signal and Transit Information.’ All transit information should be the most current available and not more than four years old. |
| **d) PROPOSAL COST INFORMATION *(Required)***Please fill out the Proposal Cost worksheet in the Excel file ‘Attachment E – PASS Proposal, Signal and Transit Information,’ completely and carefully. List each corridor as a separate row, defining corridors by the specific services requested in order to provide an accurate accounting of all services requested and cost estimate that includes all the intersections in the proposal.Please make sure this information matches that in the other Attachment E worksheets. Refer to Attachment A to estimate your agency’s local match requirement for each corridor. Please also provide, in Attachment E, an estimate of the Additional Services being requested by corridor and provide the basis (line-item costs and assumptions) for the cost-estimate below. |
| **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**

|  |
| --- |
| **a) PROJECT SIGNAL DATA *(Required, with the application submittal)***Please attach to the project application email one zipped 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-built drawings, maps, aerial photos, Synchro files, computer models, historical count data, latest four years of collision data, etc. Please contact the MTC PASS Program Manager at the PASS email address if you are unable to provide this data with your application for any reason. *\*If necessary due to space constraints more than one zipped file may be sent as part of a separate email(s) but please limit the number of emails and clearly label all emails and attachments (e.g. Application Part 1 of 1, Part 2 of 2, etc.).*  |

**PART VIII: SIGNATURES**

The primary project sponsor must sign the application below. Other participating agencies must also sign the application below or submit a letter of support indicating their participation in the project (see note about Caltrans-operated intersections below)*.*

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. If selected for a PASS award, the applicant also commits to working expeditiously with the PASS Program Manager to execute the funding agreement that will be used to reimburse MTC for the agency’s share of project costs. MTC will execute a funding agreement with the Primary Project Sponsor only.

***If the proposed project includes a Caltrans-operated intersection, please attach a copy of your correspondence with Caltrans indicating their complete support of the project and that the proposed work involving the intersection(s) was clearly described to Caltrans.***

1. Primary Project Sponsor: 2. Participating Agency:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| 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: |

1. See Attachment D ‘Scope of Work, Schedule and Budget’ for description of these phases in Tasks 2 and 4, respectively. [↑](#footnote-ref-1)