

**W2W/JARC Project Proposal Application Form**  
(please complete one form for each project)

**Part One: Project Summary**

**Project Name:**

**Project Type:**

- Continuation
- New

**Project Start Date:**

**Project End Date:**

**Percentage of low-income persons in project service area.**

- 0–20%
- 21–40%
- 41–60%
- 61–80%
- 81–100%

**Percentage of low-income persons in Metropolitan Statistical Area or county.**

- 0–20%
- 21–40%
- 41–60%
- 61–80%
- 81–100%

**Project Description – Please describe the following:**

- Gaps between existing services addressed by this project and employment opportunities
- Goals and objectives of project
- Definition of proposed project service area
- Description of major employment opportunities
- Intended beneficiaries

**Describe how the project effectively uses existing transportation providers and integrates new services into existing transportation system or services.**

**Percentage of target population (low-income population in service areas) served by the proposed project.**

- 1–10%
- 11–30%
- 31–50%
- 51–100%

**Hours of Operation:**

**Days of Week Service will run:**

**Number and Type of Vehicles to be used:**

**Are these vehicles:**

- Leased
- Owned

**Vehicles provided through a service contractor:**

- Yes
- No

**Vehicles wheelchair lift equipped:**

- Yes
- No

**Describe how project meets the mobility needs of persons with disabilities:**

**Number of existing and projected riders: (Please indicate average weekday and weekend; if applicable)**

**Estimated cost per one-way passenger (if continuing project, please include current cost per one-way passenger):**

**Employment potential in the service area, including new jobs/employment sites reached:**

**Will you be partnering with other transit providers for this service? Please explain.**

**Please explain how your project relates to the strategies from the Regional Coordinated Human Services Transportation Plan:**

**Part Two: Financial Commitments**

**Document sources of matching funds and degree of commitment for this project:**

**Identify long-term financing sources to support continuation of the proposed project or other aspects of the regional plan, including continued transit, human service and employer provided financial resources:**

**Project Budget:**

Provide a breakdown of revenue that will fund this project. These revenue sources could include the following:

- **w2w transportation grant request**
- **local/private funding**
- **Any other funding that will help to fund this project. This also includes any WIA or JARC funding for this project.**

**Project Budget (Capital)**

Capital Equipment/Facilities/IT	Type of Service	Cost	Federal Share (80%)	Non-Federal Share (20%)
		\$ -	\$ -	\$ -
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
<b>Total Cost</b>		\$ -	\$ -	\$ -

**Project Budget (Operating)**

Examples of eligible operational activities:

- Extended hours
- Shuttle service
- Service to child care centers

Operational Activity	Type of Service	Cost	Federal Share (50%)	Non-Federal Share (50%)
		\$ -	\$ -	\$ -
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
<b>Total Cost</b>		\$ -	\$ -	\$ -

**Project Budget (Administrative)**

Administrative Expenses	Type of Service	Cost	Federal Share (50%)	Non-Federal Share (50%)
		\$ -	\$ -	\$ -
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
<b>Total Cost</b>		\$ -	\$ -	\$ -

<b>Funding Source</b>	
Project Revenue/Co-pay/Farebox Revenue	
w2w Grant Request	
JARC	
Other Local Funding	
Workforce Investment Act (Labor and Industry)	
OTHER (Please List)	
Total Project Budget (Includes all funding sources)	

**Include an explanation of the assumptions used to develop the budget, if applicable, such as estimated cost per trip, cost per hour (or other unit of service.)**

**Part Three: Evidence of Coordination**

**If a new project, have you coordinated with the various service providers in your area? (Provide documentation – letters of support, emails, meeting notes, etc.)**

**Have you formed relationships or partnerships with support service providers during the implementation of the service? Perhaps they have not yet implemented service.**

Yes  No

**What was the outcome of this coordination?**

**Do you have commitments or expressions of interest from employers, job developers or other similar organizations?**

Yes  No

**Please explain**

**Part Four: Evidence of Performance:**

**Do you have a previously approved project underway?**

Yes  No

**If yes, please list project(s) and provide a brief summary of what has been accomplished to date, based on the project's goals and objectives:**

**Please explain the indicators that will be used to monitor project performance and to make subsequent adjustments in project implementation.**

**If your project is Access to Jobs, how will you monitor the program success for welfare-to-work or lower income riders?**