###### Attachment B – Stage 1 Grant Application

Application deadline: July 16, 2021 by 4:00 p.m. Pacific Time

Please submit application to: [IDEASAV@bayareametro.gov](mailto:IDEASAV@bayareametro.gov)

PLEASE REVIEW THE IDEA SAV PROGRAM DOCUMENTS IN ITS ENTIRETY

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| SECTION 1: GENERAL INFORMATION | |
| 1. Project Sponsor | |
| Lead Applicant (Public Agency) | Click here to enter text. |
| Project Manager  (name and title) | Click here to enter text. |
| Contact Information  (email and phone) | Click here to enter text. |
| 1. Project Partners [please list all project partners (i.e., public agencies/businesses/ organizations) that will be involved, and their role in the project] | |
| 1. Agency/Business/Organization | Click here to enter text. |
| Contact Name | Click here to enter text. |
| Contact Information  (email and phone) | Click here to enter text. |
| Role in Project | Click here to enter text. |
| 2. Agency/Business/Organization | Click here to enter text. |
| Contact Name | Click here to enter text. |
| Contact Information  (email and phone) | Click here to enter text. |
| Role in Project | Click here to enter text. |
| 3. Agency/Business/Organization | Click here to enter text. |
| Contact Name | Click here to enter text. |
| Contact Information  (email and phone) | Click here to enter text. |
| Role in Project | Click here to enter text. |
| 1. Consent to share project data and cooperate with any future MTC effort to implement and evaluate project performance, if selected for grant award. | Yes  No (Not disqualifying but requires explanation of what data can be shared)  Click here to enter text. |
| 1. Do you intend to request any variances from any IDEA SAV Program guidelines described in the CFP, such as those for Section 3.3 (Project Delivery and Partnerships) and Section 3.4 (Public-Private Partnerships)? | Yes (Please explain)  No  Click here to enter text. |
| SECTION 2: PROJECT OVERVIEW | |
| 1. Project Title | Click here to enter text. |
| 1. Project Location | Click here to enter text. |
| 1. Project Brief Description | Click here to enter text. |
| 1. Proposed Technologies | Shared Automated Vehicles (SAVs)  Complementary Technologies (please describe)  Click here to enter text. |
| 1. Project Type | Pilot Project (A small-scale implementation project to test the viability of a project concept and/or technologies)  Deployment Project (An implementation project with a proven concept and technologies with larger outreach area) |
| 1. Project Motivation (what knowledge/lessons about AVs and/or complementary technologies does your project intend to gather?) | Click here to enter text. |
| 1. Which of the IDEA SAV Program objectives does your project meet? | Increase public sector experience and readiness for automated transportation by piloting AVs and/or complementary technologies.  Improve access to mass transit for disadvantaged communities.  Improve the accessibility of automated shared passenger services.  Improve transit system performance through AV technology. |
| 1. Please identify the Community-Based Transportation Plan (CBTP) OR the regional/county/ local or other study describing the needs, gaps and/or challenges your project addresses.   Please also describe the planning process for your project to date and any participation or consideration of affected users and communities. | Click here to enter text. |
| 1. Does your project align with project types listed in Appendix E of the 2018 MTC Coordinated Public Transit-Human Services Transportation Plan? *(Note: This is an optional but desired requirement)* | Yes (please indicate project type and category)  No  Click here to enter text. |
| 1. Does your proposed project provide access to Transit Priority Area or Major Transit Stop (as defined in the California Public Resources Code, Section 21099 and Section 21064.3 respectively)? *(Note: This is an optional but desired requirement)* | Yes (please explain)  No  Click here to enter text. |
| 1. Which IDEA SAV Program target user group(s) does your project serve? | Equity Priority Communities  People with Disabilities  Disadvantaged Communities  Other (please explain)  Click here to enter text. |
| 1. What are the anticipated benefits that your project is likely to achieve? Please describe each of the benefits qualitatively. | Equity  Click here to enter text.  Safety  Click here to enter text.  Accessibility  Click here to enter text.  Connectivity  Click here to enter text.  User Experience  Click here to enter text.  Environmental  Click here to enter text.  Other (e.g., Revenue Generation)  Click here to enter text. |
| 1. To your knowledge, has the proposed technology solution(s) been deployed/piloted by other public agencies or the private sector? | Yes (Please explain and state which agency/firm have deployed or piloted the solution)  No  Click here to enter text. |
| 1. Project Cost and Funding | |
| Total Project Cost | $ |
| Total Grant Request from MTC | $ |
| Local Cash Match | $ |
| In-Kind Match | $ |
| SECTION 3: PROJECT MATERIALS | |
| Please submit the following information as two (2) file attachments to your application.  Attachment 1 should be in a writeable, searchable PDF format and contain items #1-6.  Attachment 2 should contain #7 (CFP Attachment E) and be submitted in Excel format.   1. Project Diagram illustrating project concept and technologies (e.g., high-level system architecture). 2. Project Description including at least two operational scenarios or use cases. 3. Vicinity Map (include route location if identified). 4. List of Key Personnel (project staff including project partners if applicable). 5. High-Level Schedule. 6. Letter(s) of Support from each partner agency or stakeholder or user group clearly describing the value of the project to their organization’s members or system’s users. 7. High-Level Budget and Funding Sources (See Attachment E for template). | |

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