| COF | RE CAPACITY PROJE | ECT DESCRIPTION TEMPLATE |
|-------------------------|-------------------|--------------------------|
| PROJECT NAME: | | |
| | Partici | pating Agencies |
| | Name | |
| | Contact Person | |
| Lood Amonou | Address | |
| Lead Agency | Telephone Number | |
| | Fax Number | |
| | Email | |
| | Name | |
| | Contact Person | |
| Metropolitan Planning | Address | |
| Organization | Telephone Number | |
| | Fax Number | |
| | Email | |
| | Name | |
| | Contact Person | |
| Transit Agency | Address | |
| Transit Agency | Telephone Number | |
| | Fax Number | |
| | Email | |
| | Name | |
| | Contact Person | |
| State Department of | Address | |
| Transportation | Telephone Number | |
| | Fax Number | |
| | Email | |
| | Name | |
| | Contact Person | |
| Other Relevant Agencies | Address | |
| Other Relevant Agencies | Telephone Number | |
| | Fax Number | |
| | Email | |
| | Name | |
| | Contact Person | |
| Other Relevant Agencies | Address | |
| Carol Relevant Agencies | Telephone Number | |
| | Fax Number | |
| | Email | |
| | Name | |
| | Contact Person | |
| Other Relevant Agencies | Address | |
| Caron Relevant Agenoles | Telephone Number | |
| | Fax Number | |
| | Email | |

| CORE CAP | ACITY PROJECT DE | SCRIPTION TEMPLATE | (Page 2) |
|--|--|---|---------------------------------|
| | Length (miles) | | |
| | Mode/Technology | <select m<="" td=""><td>ode></td></select> | ode> |
| | Total Number of Stations | | |
| | Number of New Stations (if any) | | |
| | List each new station (if | | |
| | any) separately, including | | |
| | the number of park and ride spaces at each and | | |
| | whether structured or | | |
| | surface parking | | |
| | | | |
| | | | |
| Project Definition | | | |
| | | | |
| | | | |
| | | | |
| | List each station with | | |
| | major transfer facilities to other modes | | |
| | other modes | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Number of vehicles/ rolling | | |
| | stock to be included as part of the project | | |
| | Above grade | | |
| | Below grade | | |
| Type of Alignment by Segment (Number of Miles) | At grade | | |
| (Name of the least | Exclusive | | |
| | Mixed Traffic Ownership – who owns the | | |
| Status of Existing Right of Way | right of way? Current Use: active freight | | |
| | or passenger service? | | |
| Droinet Dianning Dates | | Existing Year | Opening Year |
| Project Planning Dates | _ | 2017 | |
| Capital Cost Estimate | 2017 constant dollars | \$ | <u>-</u> |
| Estimated Number of U.S. Jobs F | Year of Expenditure | \$ | - |
| Construction, Operation and Mai | ntenance of the Project | | |
| | | Project Schedule | |
| | | Ins | sert anticipated or actual date |
| | • | Anticipated NEPA Class of Action | (Select) |
| | (Se | Entry into Project Development elect NEPA class of action above) | |
| | (0. | | |
| Project Planning and Development Schedule | | | |
| 20.010pmont contauto | | LPA selected | |
| | LPA included in the finance | cially constrained long range plan | |
| | | Approval into Engineering | |
| | | Anticipated FFGA Award | |
| | | ration (enter start and end dates) | |
| | Substantial Completion - (| (Normal Revenue Service Begins) | |

| | CORE CAPACITY PROJECT D | | | | | ESCRIPTION TEMPLATE (Page 3) | | | | | | | |
|-------------------------------|--|-------------------|-----------------------|--------|---------------|------------------------------|---------------|-----------------|------------------|--------------------|--|--|--|
| Detail of Existing Operations | | | Heavy Rail/Light Rail | | | | | Commuter Rail | | | | | |
| | Train Line Reference (e.g. Name/Color/Number) | Departure Time | Number of Cars | Car Le | ength (in) | Car V (ft) | Vidth (in) | Usable Space | Seats per Car | Seats Per Train | | | |
| 1 | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | |
| 9 | | | | | $\overline{}$ | | | | | | | | |
| 10 | | | | | $\overline{}$ | | | | | | | | |
| 11 | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | |
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| 28 | | | | | | | | | | | | | |
| 29 | | | | | | | | | | | | | |
| 30 | | | | | | | | | | | | | |
| Total | During the Peak Hour | | | | | | | - | | - | | | |

| Detail | Detail of Operations At Project Opening | | | | Hea | vy Rail | Commuter Rail | | | |
|------------|---|-------------------|-------------------|--------|--------------|---------------|---------------|-----------------|------------------|--------------------|
| Train # | Line Reference | Departure Time | Number of Cars | Car Le | ngth (in) | Car V (ft) | Vidth (in) | Usable Space | Seats per Car | Seats Per Train |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| 7 | | | | | | | | | | |
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Chicago Transit Authority: Red and Purple Modernization (RPM) Phase One

| 26 | | | | | | |
|-------|----------------------|--|--|--|---|---|
| 27 | | | | | | |
| 28 | | | | | | |
| 29 | | | | | | |
| 30 | | | | | | |
| Total | During the Peak Hour | | | | - | - |

| CORE CAPACITY | PROJECT DES | CRIPTION TEMPLATE (Page 4) |
|--|--------------|----------------------------|
| Project Management | | |
| | Name | |
| | Address | |
| Project Manager | Phone | |
| | Fax | |
| | Email | |
| | Name | |
| | Address | |
| Agency CEO | Phone | |
| | Fax | |
| | Email | |
| | Name | |
| Key Agency Staff: | Address | |
| Overall Core Capacity Criteria | Phone | |
| ' ' | Fax | |
| | Email | |
| | Name | |
| Key Agency Staff: | Address | |
| Ridership Statistics and Data | Phone | |
| | Fax Email | |
| | Name | |
| | Address | |
| Key Agency Staff: | Phone | |
| Cost Estimates | Fax | |
| | Email | |
| | Name | |
| | Address | |
| Key Agency Staff: | Phone | |
| Environmental Documentation | Fax | |
| | Email | |
| | Name | |
| Karr Amanar Chaff, Financial | Address | |
| Key Agency Staff: Financial Assessment | Phone | |
| Assessment | Fax | |
| | Email | |
| | Name | |
| | Address | |
| Key Agency Staff: Project Maps | Phone | |
| | Fax | |
| | Email | |
| Contractors | | |
| | Name | |
| | Address | |
| Current Prime Contractor | Phone | |
| | Fax | |
| | Email | |
| | Name | |
| Prime Contractor: Project | Address | |
| Manager ——— | Phone | |
| , and the second | Fax | |
| | Email | |
| | Name | |
| Contractor Responsible for | Address | |
| Ridership Data | Phone | |
| | Fax | |
| | Email | |
| | Name | |
| Contractor Responsible for | Address | |
| Capital Cost Estimates | Phone | |
| | Fax Email | |
| | Email | |

| C | ORE CAPACITY MOBILITY IMPROVEMENT AND COST-EFFECTIVENESS TEMPLATE |
|---------------|---|
| PROJECT NAME: | |

| | Mobility Improvements | | | | | | | |
|------|---|------------------------------|-------|--------------------------|---|--|--|--|
| Line | | Item | Daily | Annualization Factor* | Annualized (annualization factor x daily) | | | |
| 1a | Existing Daily Linked Trips on the existing line(s) as defined in the project | Non-transit-dependent | | | 0 | Average Weekday On/Off Counts, see Reporting Instructions | | |
| 1b | definition | Transit-dependent | | | 0 | <select data="" of="" source="" transit-dependent=""></select> | | |
| 1c | Overall percentag | e of transit-dependent trips | - | | | Line 1b / (Line 1a+Line 1b) | | |
| 2 | Total trips with extra weight given to transit dependent trips (value used in rating) | | | 0 | | Line 1a annualized + 2*(Line 1b annualized) | | |
| | • | | | | | | | |

*Attach documentation describing annualization factor assumed.

| | Cost Effectiveness | | | | | | | | | |
|------|--|--------|---|--|--|--|--|--|--|--|
| Line | ltem | Values | Source/Calculation | | | | | | | |
| 3 | Annualized Core Capacity capital cost (constant 2017 dollars) | | Source: SCC Build Annualized worksheet | | | | | | | |
| 4 | Annual linked trips on the existing line(s) as defined in the project definition (no extra weight given for transit dependent trips) | 0 | Line 1a + Line 1b (unweighted annualized sum) | | | | | | | |
| 5 | Annualized Core Capacity cost per annual linked trip (value used in rating) | \$0.00 | Line 3 / Line 4 | | | | | | | |
| | | - | | | | | | | | |

| | CORE CAPACITY NEEDS AND CONGESTION RELIEF TEMPLATE |
|---------------|--|
| PROJECT NAME: | |

| | Vehicle and Service Characteristics | | | | | | | | |
|------|---|----------|------------|----------|--|--|--|--|--|
| Line | Item | Existing | At Opening | Increase | Source/Calculation | | | | |
| 1 | Total usable space per peak hour, in the peak direction | 0 | 0 | 0 | From Project Description Template, Page 3 | | | | |
| 2 | Total available seats per peak hour, in the peak direction | - | - | - | From Project Description Template, Page 3 | | | | |
| | | | | | | | | | |
| | Capacity Needs | | | | | | | | |
| Line | ltem | Existing | | | Source/Calculation | | | | |
| 3 | Existing Ridership per peak hour, in the peak direction | | | | Peak hour average load from counts, see Reporting Instructions | | | | |
| 4 | Total Usable space per passenger per peak hour, in the peak direction | | | | Line 1 / Line 3 (Light Rail/Heavy Rail only) | | | | |
| 5 | Percent Seated Load per peak hour, in the peak direction | - | | | Line 3 / Line 2 (Commuter Rail only) | | | | |
| 6 | Existing Capacity Needs (Value used in Rating) | | | | Line 4 (Light Rail/Heavy Rail) or Line 5 (Commuter Rail) | | | | |
| | | | - | | | | | | |

| | Congestion Relief | | | | | | | | |
|------|---|----------|------------|----------|--|--|--|--|--|
| Line | ltem | Existing | At Opening | Increase | Source/Calculation | | | | |
| 7 | Total usable space per passenger, in the peak hour, in the peak direction | | | | Line 1 /Line 3 (Light Rail/Heavy Rail only) | | | | |
| 8 | Percent Seated Load per peak hour, in the peak direction | - | - | - | Line 3/ Line 2 (Commuter Rail Only) | | | | |
| 9 | Congestion Relief (Value used in Rating) | | | | Line 7 (Light Rail/Heavy Rail) or Line 8 (Commuter Rail) | | | | |
| | | - | | | | | | | |

| CORE CAP | ACITY FINANCE TEMPLATE | | |
|--|--------------------------------------|---|-------------------------|
| PROJECT NAME: | | | |
| | N= | | |
| Core Capacity Capital Cost of Project in Constant 2017 Dollars (from the SCC Main Worksheet) | (including finance charges, cos | Core Capacity Capital Cost of Project in YOE dollars (including finance charges, costs of Project Development and Engineering, and construction): (from SCC Main Worksheet) | |
| Section 5309 Core Capacity Funding Anticipated (YOE \$): | Section 5309 CIG Share of Core | Capacity Project Cost: | 0.0% |
| Estimated Cost of Project Development (YOE \$): | Estimated Cost of Engineering | Estimated Cost of Engineering (YOE \$): | |
| Total Finance Charges Included in Capital Cost (include finance charges that are of the Section 5309 Core Capacity funding commitment, whichever is later in tim | | ions date or the fulfillment | |
| Other Federal Capital Funding Sources | | | |
| (Non-5309 CIG Funds such as FTA Section 5307, Section 5337, Surface Transpo Program (STP), Congestion Mitigation and Air Quality (CMAQ), etc.) | rtation Type of Funds | Dollar Amount (YOE) | % of Total Capital Cost |
| 1. | | | 0.0% |
| 2. | | | 0.0% |
| 3. | | | 0.0% |
| 4. | | | 0.0% |
| State Capital Funding Sources | | | |
| (Funds provided by State agencies or legislatures such as bonds, dedicated sal annual legislative appropriation, transportation trust funds, etc.) | es tax, Type of Funds | Dollar Amount (YOE) | % of Total Capital Cos |
| 1. | | | 0.0% |
| 2. | | | 0.0% |
| 3. | | | 0.0% |
| 4. | | | 0.0% |
| Local Capital Funding Sources | | | |
| (Municipal, City, County, Township, or Regional funding such as bonds, sales ta legislative appropriation, transportation trust funds, etc.) | x, Type of Funds | Dollar Amount (YOE) | % of Total Capital Cost |
| 1. | | | 0.0% |
| 2. | | | 0.0% |
| 3. | | | 0.0% |
| 4. | | | 0.0% |
| 5. | | | 0.0% |
| 6. | | | 0.0% |
| 7. | | | 0.0% |
| 8. | | | 0.0% |
| Private Sector/In-kind match/Other | | | |
| (Donations of right-of-way, construction of stations or parking, or funding for the from a non-governmental entity, business, or business assoc.) | e project Type of Funds | Dollar Amount (YOE) | % of Total Capital Cost |
| 1. | | | 0.0% |
| 2. | | | 0.0% |
| 3. | | | 0.0% |
| | | | |
| TOTAL NON-SECTION 5309 FUNDING (YOE dollars) | | \$0 | 0.0% |
| QA/QC CHECK: TOTAL CAPITAL COSTS LESS SEC. 5309 FUNDING LESS NON- | SEC. 5309 FUNDING (SHOULD EQUAL \$0) | \$0 | |

| CORE CAPACITY FINANCE TEMPLATE (Page 2) | | | | |
|--|--|---|---|--|
| Core Capacity Project Financial Commitment | | | | |
| Other Federal Sources (Linked from page 1) | Specify Whether New or Existing Funding Source | Specify Status of Funds Committed, Budgeted, or Planned (See notes below) | Identify Supporting Documentation Submitted to Verify Funding Source If a public referendum is needed, provide the anticipated date | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| State Sources (Linked from page 1) | | | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| Local Sources | | | | |
| (Linked from page 1) | | | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| Private Sector/In-kind Match/Other (Linked from page 1) | | | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | ĺ | | |

Reference Notes: The following categories and definitions are applied to funding sources:

Committed: Committed sources are programmed funds that have all the necessary approvals (legislative or referendum) to be used to fund the proposed project without any additional action. These funds have been formally programmed in the MPO's TIP and/or any related local, regional, or state CIP or appropriation. Examples include dedicated or approved tax revenues, state grants that have been approved by all required legislative bodies, cash reserves that have been dedicated to the proposed project, and additional debt capacity that requires no further approvals and has been dedicated by the transit agency to the proposed project.

Budgeted: This category is for funds that have been budgeted and/or programmed for use on the proposed project but remain uncommitted, i.e., the funds have not yet received statutory approval. Examples include debt financing in an agency-adopted CIP that has yet to receive final legislative approval, or state grants that have been included in the state budget, but are still awaiting legislative approval. These funds are almost certain to be committed in the near future. Funds will be classified as budgeted where available funding cannot be committed until the Full Funding Grant Agreement (FFGA) is executed, or due to local practices outside of the project sponsor's control (e.g., the project development schedule extends beyond the TIP period).

Planned: This category is for funds that are identified and have a reasonable chance of being committed, but are neither committed nor budgeted. Examples include proposed sources that require a scheduled referendum, reasonable requests for state/local grants, and proposed debt financing that has not yet been adopted in the agency's CIP.

| CORE C | APACITY FINAN | ICE TEMPLATE (Page 3) | | |
|---|-------------------------|--|---|---|
| Innovative Financing Methods | | | | |
| (Unconventional sources of funding which may include TIFIA, State Infrastr | ucture Banks, Public/Pr | rivate partnerships, Toll Credits, etc.) | | |
| Innovative Funding Source | Anticipat | ted Funding Amount | Identify Supporting Documentation Submitted | |
| | | - | Ι | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | • | |
| Sumn | nary Information from | the Operating Finance Plan | | |
| Core Capacity Project Annual Operating Cost in the Opening Year Total Transit System (including Core Capacity Project) | | | | |
| (YOE\$): | | Annual Operating Cost in the Opening Year (YOE\$) | | |
| Proposed Sources of Operating Funds (Proposed sources of operating funds that are anticipated to support operating expenses of the transit system including the Core Capacity project in the opening year.) | Dollar Amount | Type of Funding Source | Committed, Budgeted or Planned | Specify Whether New or Existing Funding Source |
| | | | | |
| | | | | |
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| | | | | |
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| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| Total | \$0 | | | |
| | | | | |
| | Transit System Oper | ating Characteristics | | |
| Current Systemwide Characteristics (Can be the same data as reported to the FTA for the National Transit Database) | Number/Value | Future Transit System with Core Capacity Project (Systemwide characteristics at completion of the Core Capacity Project) | | Number/Value |
| Farebox Recovery Percent | | Farebox Recovery Percent | | |
| Number of Buses | | Number of Buses | | |
| Number of Rail Vehicles | | Number of Rail Vehicles | | |
| Average Fare | | Average Fare | | |
| Average Age of Buses | | | | |
| Average Age of Rail Vehicles | | | | |
| Revenue Miles of Service Provided | | Revenue Miles of Service | | |
| Revenue Hours of Service Provided | | Revenue Hours of Service | | |

PROJECT NAME:

Use this tool to calculate potential ratings for your Core

| | | Project |
|------------------------|--------|------------------|
| Criterion | Weight | Estimated Rating |
| Mobility Improvements | 16.66% | - |
| Cost Effectiveness | 16.66% | - |
| Congestion Relief | 16.66% | - |
| Capacity Needs | 16.66% | - |
| Environmental Benefits | 16.66% | MEDIUM |
| Economic Development | 16.66% | MEDIUM |
| Summary Rating | | - |

^{*} FTA is providing this tool solely to help project stemplates are subject to verification by FTA. FTA I

CORE CAPA

Capacity project. Complete yellow cells with the ratings you

Justification

Source/Calculation

Mobility & Cost-Effectiveness Template

Capacity Need & Congestion Relief Template

Automatic MEDIUM for Core Capacity projects

Automatic MEDIUM for Core Capacity projects

Ratings are assigned to each criterion on a five-point scale, with Low = 1, Medium-Low =2, Medium = 3, Medium-High = 4, and High = 5. Individual criterion ratings are then weighted 16.66% each to develop the summary Project Justification rating.

Estimated Overall Project Rating:

(The Project Justification and Local Financial Commitment summary ratings are each weighted equally at 50%. However, both must be at least Medium to obtain a Medium or better overall rating.)

Link to CIG Program Guidanc

ponsors understand how their projects may rate. Any antinas sole responsibility for assigning project ratings according

ICITY RATING ESTIMATION

anticipate for local financial commitment. *

Local Financial Commitm

Do you anticipate that your project will qualify for the simplified financial assessment? (See the Local Financial Commitment section of the Core Capacity portion of the CIG Program Final Interim Policy Guidance for the qualifying criteria.)

| Criterion | Weight | Estimated Rating |
|---|--------|-------------------|
| Current Financial Condition | 25% | <select></select> |
| Commitment of Capital and Operating Funds | 25% | <select></select> |
| Reasonableness of Financial Plan | 50% | <select></select> |
| Core Capacity Share (Please complete the Finance Template | - | - |
| Summary Rating | | - |

Complete all templates and the highlighted cells in this worksheet to see the estimated overall rating.

e on the FTA Website

icipated ratings entered into this spreadsheet will not inform the ratings tha ding to the evaluation and rating framework described in the Capital Investr

ent

<Select YES/NO>

Source/Calculation

Enter your estimations of these ratings. See the Local Financial Commitment section in the New Starts chapter of the CIG Program Final Interim Policy Guidance for information on how FTA rates these factors.

Finance Template

Ratings are assigned to each subfactor on a five-point scale, with Low = 1, Medium-Low=2, Medium=3, Medium-High =4, and High = 5. Individual subfactror ratings are then weighted as shown to develop the summary Local Financial Commitment rating. If the summary rating is at least Medium and Core Capacity share is less than 50%, the summary rating is increased one level. If project qualifies for the simplified financial evaluation, the rating is High if the Core Capacity share is 50 percent or less; otherwise it is Medium.