

Project Description

CORE CAPACITY PROJECT DESCRIPTION TEMPLATE

PROJECT NAME:

Participating Agencies

Lead Agency

- Name
- Contact Person
- Address
- Telephone Number
- Fax Number
- Email

Enter your official name for the project as you would like it reflected in the Annual Report on Funding Recommendations

Metropolitan Planning Organization Name

- Contact Person
- Address
- Telephone Number
- Fax Number
- Email

Transit Agency

- Name
- Contact Person
- Address
- Telephone Number
- Fax Number
- Email

State Department of Transportation Name

- Contact Person
- Address
- Telephone Number
- Fax Number
- Email

Other Relevant Agencies

- Name
- Contact Person
- Address
- Telephone Number
- Fax Number
- Email

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CORE CAPACITY PROJECT DESCRIPTION TEMPLATE (Page 2)

Project Definition

- Length (miles)
- Mode/Technology
- Total Number of Stations
- Number of New Stations (if any)
- List each new station (including the number of park and ride

Include park and ride spaces that are part of this project. Do not include existing park and ride

<Select Mode>

Count pair inbound/outbound boarding platforms

Insert additional rows if necessary

Project Description

spaces.

necessary platforms)

List each station with major transfer facilities to other modes

Insert add rows if necessary

Type of Alignment by Segment (Nur	Number of vehicles/ rolling stock to be included as part of the project	
	Above grade	
	Below grade	
	At grade	
	Exclusive	
	Mixed Traffic	
Status of Existing Right of Way	Ownership – who owns the right of way?	
	Current Use: active freight or passenger service?	
Project Planning Dates	Existing Year	
Capital Cost Estimate	2025 constant dollars	0
	Year of Expenditure	0
Estimated Number of U.S. Jobs Related to Design, Construction, Operation and Maintenance of the Project		
Project Planning and Development	Project Schedule	

"Existing" most rece Value link Value link from Finan Template are avail is the year to establis eligibility.

Notes on the Detail of Operations:
Enter the operating

Project Description

operating schedule for the peak hour as defined by the project definition.

"Train Line Reference" should be used to specify the line name, number, color, or other identifying characteristic of each train.

Departure time should be the time when each train enters the defined project area.

If more lines are needed to represent operations in the peak hour, please contact FTA for further instructions.

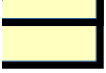
For Light Rail/Heavy Rail, the overall car length and width should be entered in Feet and Inches with no reductions. The usable space calculation will automatically deduct 6'7" of length and 8" of width as per guidance. Please enter whole feet and whole inches with no decimals or fractions.

Project Description

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whether structured or surface parking

Project Description



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Opening Year

CORE CAPACITY MOBILITY IMPROVEMENT AND COST-EFFECTIVENESS TEMPLATE	
PROJECT NAME:	

Mobility Improvements					
Line	Item	Daily	Annualization Factor*	Annualized (annualization factor x daily)	Source/Calculation
1a	Existing Daily Linked Trips on the existing line(s) as defined in the project definition	Non-transit-dependent		0	Average Weekday On/Off Counts, see <i>Reporting Instructions</i>
1b		Transit-dependent		0	<select source of transit-dependent data>
1c	Overall percentage of transit-dependent trips		-		Line 1b / (Line 1a+Line 1b)
2	Total trips with five times weight given to transit dependent trips (value used in rating)		0		Line 1a annualized + 5*(Line 1b annualized)
			-		

*Attach documentation describing annualization factor assumed.

Cost Effectiveness			
Line	Item	Values	Source/Calculation
3	Annualized Core Capacity capital cost (constant 2025 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
		-	

Capacity Need&Congestion Relief

AND CONGESTION RELIEF TEMPLATE

PROJECT NAME:

Finance

CORE CAPACITY FINANCING PROJECT

Please enter entire numbers in the cells in this worksheet. Do not abbreviate or round. For example, enter \$1,000,105 rather than \$1.0 or \$1,000,000. Otherwise calculations will not work correctly.

Core Capacity Capital Cost of Project in YOE dollars
 (from the SCC Main Worksheet) Total Project Charges, costs of Project Development
 Section CIG Funding Authority Project 0
 Estimated Cost of Project Engineering (YOE \$):
 Total Finance Charges Included Cost (include finance charges)

Other Federal Capital Funding Type of Fun(YOE) % of Total C
 (Non-CIG Funds such as FTA Section 5307, Surface Transportation Program)
 1. (Example: CMAQ) 0
 2. 0
 3. 0
 4. 0

Dollar Amount

State Capital Funding Type of Fun(YOE) % of Total C
 (Funds provided by state agencies or legislatures such as bonds, dedicated funds)
 1. (Example: State Transportation Fund) 0
 2. 0
 3. 0
 4. 0
 5. 0
 6. 0

Dollar Amount

Local Capital Funding Type of Fun(YOE) % of Total C
 (Municipal, City, County, Township, or Regional funding such as bonds, dedicated funds)
 1. 0
 2. 0
 3. 0
 4. 0
 5. 0
 6. 0
 7. 0
 8. 0
 9. 0
 10. 0
 11. 0
 12. 0

Dollar Amount

Private Sector/In-kind Contribution Type of Fun(YOE) % of Total C
 (Donations of right-of-way, construction of stations or parking, or funding)
 1. 0
 2. 0
 3. 0

Finance

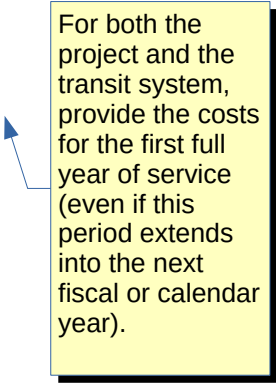
4.			0
5.			0
TOTAL NON-CIG FUNDING (YOE c	0		0
QA/QC CHECK: TOTAL CAPITAL C	0	---	

CORE CAPACITY FINANCE TEMPLATE (Section 2)

Core Capacity Project Financial Commitment

Other FederAre the funds obligated in an existing grant?

Finance



For both the project and the transit system, provide the costs for the first full year of service (even if this period extends into the next fiscal or calendar year).

Finance

CORE CAPACITY RATING ESTIMATION