



## Project Concept Form

The following Project Concept Form will provide Metro information that is needed in anticipation of the next FTA 5310 Program funding cycle(s). Note that this form is separate from the survey, as some information may be duplicative, but necessary to be included here.

Please describe a project or program your agency/organization may be interested in applying Federal 5310 program or other funds. Note that if you have more than one Project Concept Form to submit, please indicate the priority of project/programs below.

Project title: \_\_\_\_\_

Priority number (if applicable) \_\_\_\_\_ (first, second, third, etc.)

Brief description: \_\_\_\_\_

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1. Please describe your service area:

Countywide or

Specific city or cities (please list):

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2. Please indicate the type of project/program proposed (e.g. rolling stock, equipment, facilities, travel training, mobility management, etc.):

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3. Please describe the scope of project/program proposed (e.g. providing new service, fleet and/or service expansion, replacement vehicles, continuation of existing services):

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4. Would this project/program provide services to seniors and/or persons with disabilities?  
**YES/NO**

5. Are there particular communities and/or city(ies) that would be served?

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6. Can you quantify, in numbers, the benefits or service levels of your project/program (e.g. estimated number of passenger trips, vehicle trips, travel trainings, etc.)?

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7. Would this project/program need any partner or coordinating agencies? **YES / NO**

If yes, please indicate the agency or partner organization(s): \_\_\_\_\_

8. What is the estimated total cost for the project/program? \_\_\_\_\_

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9. Does this project/program already have funds committed or anticipated to become available during the 2021-2024 period: (check all that apply and the corresponding %):

- Federal funds                      percentage of total funding \_\_\_\_\_
- State funds                              percentage of total funding \_\_\_\_\_
- Local funds, not fares      percentage of total funding \_\_\_\_\_
- Donations/fares                      percentage of total funding \_\_\_\_\_
- No committed or anticipated funding for this project/program

10. Are there opportunities for other sources of funds for the project/program (e.g. other revenues, advertisements, etc.)? \_\_\_\_\_

11. Would the funds identified in questions 8 and 9 cover the cost of the project/program, or is there still an anticipated funding gap? **YES / NO**

If yes, please indicate the funding deficit: \$\_\_\_\_\_

12. Please indicate an anticipated schedule to implement the project/program:

Year	Q1 (Jul-Sept)	Q2 (Oct-Dec)	Q3 (Jan-Mar)	Q4 (Apr-Jun)
<b>2021</b>				
<b>2022</b>				
<b>2023</b>				
<b>2024</b>				