

# A: GRANT WRITING ASSISTANCE

Complete as lead for either single or multi-jurisdiction applicant:

\_\_\_\_\_  
Lead Jurisdiction Name

Complete if applying on behalf of multiple jurisdictions:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Jurisdiction

\_\_\_\_\_  
Address (Street, City, Zip)

\_\_\_\_\_  
Contact Information (Name, Title)

\_\_\_\_\_  
Applicant Contact Name (First, Last)

\_\_\_\_\_  
Additional Jurisdiction

\_\_\_\_\_  
Title

\_\_\_\_\_  
Contact Information (Name, Title)

\_\_\_\_\_  
Email

\_\_\_\_\_  
Additional Jurisdiction

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Contact Information (Name, Title)

Refer to Program Description & Intake Instructions Form for further details

1. WSAB TOD SIP Funding Request: Select one
- Planning Study (Answer questions 2 – 10)
  - Capital Project (Answer questions 2 – 12)

2. Project Title:

\_\_\_\_\_

3. Name of Funding Agency & Grant Program, Grant Due Date:

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4. Please check the following activity area(s), identified in WSAB TOD SIP, for which you are requesting funds:

- Governance
- Transit Supportive Planning
- Mobility, Access, & Connectivity
- Equitable Development & Community Preservation
- Placemaking
- Sustainability & Resilience

5. Project Description: Include description of project’s relationship to one or more of the 6 TOD SIP Implementation Strategies (250 words max):

6. Proposed Start and Completion Dates of Project to be funded by the Grant Application:

PROPOSED START DATE:	PROPOSED COMPLETION DATE:

7. Project Cost:

TOTAL PROJECT COST:	GRANT REQUEST AMOUNT:
\$	\$

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8. Is your jurisdiction adequately staffed to supply Metro's grant writers with additional information in order to complete a grant application? Explain how, i.e. number of staff available to support, % of time available, etc.

9. Have you conducted public meetings and internal/external stakeholder outreach, including any disadvantaged community members that will be served by the proposed project?

- Yes  
 No

If yes, with whom/what groups have you met?

10. Describe the boundaries or location of this project: (100 words Max)

- a. Please include with your submittal a project area map. A digital version is preferred.
- b. Does your project area include areas identified as Metro's Equity Focus Communities? (See website for Metro's Equity Focus Communities map)
- Yes  
 No

METRO WEST SANTA ANA BRANCH TOD SIP INTAKE FORM  
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Answer Questions 11-12 For Capital Projects only:

11. Have you prepared design and engineering plans for the project, and to what percentage?

- Yes
- No

Percentage:

\_\_\_\_\_

12. Are there any potential issues for future project delivery? (e.g. Metro/Private/Caltrans' right of way, environmental clearance, street configuration, historical sites, etc.)?

- Yes
- No

If yes, what are they and how do you plan to address them? (250 words max)

# METRO WEST SANTA ANA BRANCH TOD SIP INTAKE FORM

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By signing and self-certifying this intake form, the agency commits itself to submit data, project timeline, costs, and other supporting documents to the Los Angeles County Metropolitan Transportation Authority's (Metro) Grant Assistance program contractor. Further, your agency is fully committed to assist the Metro's grant writers to meet and discuss the project, review and comment on application drafts and sign and produce hard and electronic copies and postmark the application.

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Jurisdiction Name

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City Manager (or Equivalent) Signature

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Date