

C: GRANT MATCHING FUNDS

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
_____ Position 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 Grant Matching Funds:

PROPOSED START DATE:	PROPOSED COMPLETION DATE:

7. Project Cost:

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

a. Download the Attachment A document on the website to complete project budget and timeline estimates.

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8. Is your jurisdiction adequately staffed to carry out a planning study or capital project? 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 the 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, 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)