**San Mateo County Shuttle Program FY 2026 & 2027 Application**

**(Filing Deadline February 28, 2025)**

**SECTION 1: BASELINE INFORMATION**

**Sponsoring agency:** Click or tap here to enter text.

**Contact person:** Click or tap here to enter text.

**Phone:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| Shuttle Name  | Click or tap here to enter text. | Shuttle Type | Choose an item. |

Minimum Requirements (please refer to the Guidelines for complete descriptions)

Yes No

[ ]  [ ]  Project is located within San Mateo County

[ ]  [ ]  Applicant is an eligible agency

[ ]  [ ]  Applicant provides a governing board resolution with non-supplantation of funds statement (see attachments section)

[ ]  [ ]  Applicant has executed a Primary Grant Agreement (PGA) with the San Mateo County Transportation Authority

[ ]  [ ]  Shuttle provides coordinated first/last-mile connection to a major transit station or regional bus route or otherwise meets local mobility needs (community shuttles)

[ ]  [ ]  Shuttle is free and open to the public and serves a range of users

[ ]  [ ]  Shuttles will be compliant with the Americans with Disabilities Act (ADA) and can accommodate bicycles

[ ]  [ ]  Applicant has provided an operating plan and service map (see Operating and Service Plan section and attachments required)

[ ]  [ ]  Applicant agrees to participate in the SamTrans shuttle network concurrency review and agree to incorporate recommended route or stop modifications, where feasible. *Note this will occur after the application is submitted, and is not required for existing routes.*

[ ]  [ ]  Applicant agrees to provide AVL & APC to SamTrans and agrees to provide quarterly financial/progress reports

[ ]  [ ]  Funding Plan with a minimum match of at least 25% is provided (see Funding Plan section)

[ ]  [ ]  Applicant has provided a marketing plan (see attachments sections)

[ ]  [ ]  Applicant will provide signage at all shuttle stops

If you have answered “no” to any of the above minimum requirements, please review the project guidelines and contact Sue-Ellen Atkinson at (650) 508-6211 or atkinsons@samtrans.com with any questions or to determine if exceptions may be granted.

**Attachments**

List all attachments here:

[ ]  Governing Board Resolution with non-supplantation of funds statement (see template)

[ ]  Operating Plan Service Maps (GIS or GTFS layer is required for SamTrans network concurrency review, please also include PDF map)

[ ]  Marketing Plan (Descriptions of marketing goals, intended audiences, methods, costs, etc.)

[ ]  Other (photos, support letters, equity criteria confirmation, etc.)

**Funding Plan**

**Part A. Proposed Cost Breakdown**

|  |  |  |  |
| --- | --- | --- | --- |
| Budget Line Item  | FY 2026Budget(A) | FY 2026 Budget(B) | Total Budget FY 26/27 (A+B) |
| 1. Operating/Contractor cost – incl. fuel surcharge, if applicable. *See provided Shuttle Operating Cost Calculator tool.*
 |  |  |  |
| 1. Insurance
 |  |  |  |
| 1. Administrative costs (e.g. staff oversight)
 |  |  |  |
| 1. Other direct costs (e.g. marketing)
 |  |  |  |
| 1. **Total Shuttle Cost**
 |  |  |  |

**Part B. Fund Amounts & Sources**

|  |  |  |  |
| --- | --- | --- | --- |
| Source of Funding | Amount ($) | Percentage of Total Cost % | Private Sector Contribution (Yes/No) |
| Matching Funds (*list source*) | $ | % |  |
|  | $ | % |  |
|  | $ | % |  |
| *Subtotal Matching Funds* | *$* | *%* |  |
|  |  |  |  |
| TA or C/CAG Funding request for FY 2026/2027  |  | % |  |
|  | $ |  |  |
| **Total Funding** | **$** | **100%** |  |

**Part C. Private Sector Contribution (Bonus Point)**

|  |  |
| --- | --- |
| Based on the Part B, what percentage of the total cost is provided by private sector contributions? | **%** |

**Operating/Service Plan**

1. **Past Performance:** For existing routes, describe how the service was delivered for the prior 12 months and any proposed changes for the new two year funding period, including:

Click or tap here to enter text.

1. **Service Description:** (brief route description and overview of key destinations served)

Click or tap here to enter text.

1. **Regional Transit Access:** List specific rail stations, major SamTrans route or ferries served by the shuttle

Click or tap here to enter text.

1. **Plan Consistency:** Is the proposed shuttle route identified or recommended in any local, county, or regional plans? If not, is the shuttle consistent with other local policies?

Click or tap here to enter text.

1. **Schedule:** Describe the days, times, frequency, and coordination with scheduled transit service.

Click or tap here to enter text.

1. **Vehicle Type:** Describe the size and number of vehicles to be used for the service.

Click or tap here to enter text.

1. **Service Provider:** Click or tap here to enter text.
2. **Oversight and Roles:** Please describe the administration and oversight roles of the shuttle service including any potential co-sponsors or stakeholders.

Click or tap here to enter text.

1. **Monitoring Plan:** Please describe how service quality performance data, complaints/complements, surveys, etc. will be managed.

Click or tap here to enter text.

1. **Changes to Existing Routes:** Please describe any differences/changes to existing service for the proposed service, compared to the prior 12 months.

Click or tap here to enter text.

**SECTION 2: METRICS & RESPONSES**

**Note on Quantitative TA Calculated Metrics/Data**

For existing shuttles: Please note that a significant portion of the evaluation will use shuttle performance data from FY 2024 (July 2023 to June 2024) provided from Quarterly Reports to the TA or C/CAG. These questions will be noted throughout the application.

For new or previously suspended shuttles: Please contact Sue-Ellen Atkinson at (650) 508-6211 oratkinsons@samtrans.com to set up a meeting to discuss using proxy or similar shuttles to provide shuttle data for the evaluation.

**Goal 1: Equity**

1. **Serves residents in an Equity Zone:**

Does your project provide access with at least one shuttle stop within one or more of the following equity focus areas in San Mateo County? *Please indicate YES or NO below and provide one screenshot as an “other” attachment as proof where the stop is located.*

* 1. State - [CalEnviroScreen Disadvantaged Community](https://oehha.ca.gov/calenviroscreen/report/calenviroscreen-40) (Top 25% Percentile):

Choose an item.

* 1. Regional - [MTC Equity Priority Communities](https://opendata.mtc.ca.gov/datasets/equity-priority-communities-plan-bay-area-2050/explore?filters=eyJlcGNfY2xhc3MiOlsiSGlnaCIsIkhpZ2hlciIsIkhpZ2hlc3QiXX0%3D&location=37.852706%2C-122.370850%2C9.00&style=epc_class) (make sure “epc\_class” filter is on):

Choose an item.

* 1. Countywide - [ReImagine SamTrans Equity Priority Areas](https://www.arcgis.com/home/item.html?id=b0c9f71bfcb64893aa93308d38f48cd1):

Choose an item.

* 1. Countywide - [C/CAG Equity Focus Areas](https://tooledesign.github.io/F0066-San-Mateo-CCAG/) (Select layer in legend, scores 8-10 only):

Choose an item.

1. **Serves lower income riders:**

This metric will be auto-populated by TA staff. This metric captures the percent of riders potentially qualifying for very low income housing assistance. Data is derived from the FY 2024 SamTrans On-board Shuttle Survey.

1. **Assessment of equity needs:**

Please describe below how the proposed shuttle would serve low income communities, communities of color, seniors, students, affordable housing, or other vulnerable populations. Also indicate how/if marketing materials will be designed to promote the service to these populations.

Click or tap here to enter text.

**Goal 2: First/Last Mile Need**

1. **Overlap with existing bus and shuttle services**

As part of the SamTrans Network Concurrency review, staff will assess if the proposed shuttle route and service area overlaps significantly with existing ReImagine SamTrans routes or if it providing a different type of service than current bus routes (different frequency, geographies, etc.). No action other than providing the GIS and/or GTFS data for evaluation. Existing routes will not have a concurrence review requirement.

1. **Leverages matching funds**

This metric will be derived from the Funding Plan section.

1. **Assessment of first/last-mile need**

Please describe below how the proposed route would address first/last mile gaps between regional transit and employment centers, residential areas, and/or activity centers.

 Click or tap here to enter text.

**Goal 3: Ridership**

1. **Ridership**

This metric will be auto-populated by TA staff. Ridership data from the previous six months of existing shuttle operations will be used if available in quarterly reporting from FY 2024 (July 2023 to June 2024). *For any new routes, please contact staff to discuss.*

1. **Productivity (Shuttle program performance benchmark metric)[[1]](#footnote-1)**

This metric will be auto-populated by TA staff. Passengers per service hour data from the previous six months of existing shuttle operations will be used if available in quarterly reporting FY 2024 (July 2023 to June 2024). *For any new routes, please contact staff to discuss.*

1. **Cost Efficiency** **(Shuttle program performance benchmark metric)1**

This metric will be auto-populated by TA staff. Operating cost per passenger data from the previous six months of existing shuttle operations will be used if available in quarterly reporting from FY 2024 (July 2023 to June 2024). *For any new routes, please contact staff to discuss.*

1. **Vehicle Miles Traveled**

This metric will be auto-populated by TA staff. Vehicle miles traveled (VMT) prevented will be calculated for all existing routes. This metric will assess the percentage of people who would have driven alone as their alternative if a shuttle was not available and the average VMT prevented by the shuttle being available. Data from the FY 2024 SamTrans On-board Shuttle Survey and FY 2024 (July 2023 – June 2024) will be used.

1. **Assessment of ridership growth**

**Part 1:** Please describe the local context for the proposed shuttle route including the types of businesses/destinations to be served, future development growth, complimentary TDM efforts to promote services like transit pass subsidies from employers for regional transit, etc.

Click or tap here to enter text.

**Part 2:** Please also describe how the route was designed to maximize ridership by discussing how the proposed shuttle’s frequency, service hours, route, and more work to serve bidirectional markets of residents and employers. If needed, describe how return to work conditions have affected the proposed coverage area and if the conditions may change to support higher ridership in the future.

Click or tap here to enter text.

**Bonus Points**

1. **Clean-fuel vehicles**

**Part 1:** Please select “Yes” below if the proposed shuttle vehicles will NOT rely solely on diesel, gasoline, or natural gas or use hybrid vehicles. Please select “No” if the proposed shuttle vehicles will be operated using standard combustion engines that run on diesel, gasoline, or natural gas.

Choose an item.

**Part 2:** Please describe the types of clean-fuel vehicles or other greenhouse gas reducing features of the vehicles or operations.

Click or tap here to enter text.

1. **Off-peak service**

Please describe below if the shuttle will provide any type of off-peak service such as midday service, greater than 8 hours of service per day, or other non-standard peak service (outside of 6:00 – 10:00 AM and 3:00 – 7:00 PM).

Click or tap here to enter text.

1. **Sidewalk connectivity**

Please provide a separate PDF with a map of all proposed shuttle stops and at least one picture of each stop (Google street view screenshots are acceptable) and fill in the information below.

* (A) Total number of shuttle stops:

Click or tap here to enter text.

* (B) Total number of on-street stops with direct sidewalk access:

Click or tap here to enter text.

* (C) Total number of on-street stops with no sidewalk access:

Click or tap here to enter text.

* (D) Total number of off-street stops (such as on a business park campus):

Click or tap here to enter text.

 **Sidewalk connectivity %:** (B) / (A) = Click or tap here to enter text.

1. **Private Sector Match**

Please ensure this portion of the Funding Plan section is filled in.

1. . FY 2026 & 2027 performance metrics benchmarks and next cycle 50% match requirement calculation:

Please note that while the performance benchmarks will not be used for to calculate matching fund requirements for this cycle, the metrics below will be used to monitor service operations and performance during the FY 2026 & 2027 and to determine potential future match requirements. The metrics are subject to change based on a future assessment of FY2025 shuttle program performance metrics.

|  |  |  |  |
| --- | --- | --- | --- |
| Shuttle Type | Op. Cost/Passenger | Benchmark missed by 50% or more | Passenger/Service Hours |
| Commuter | $9/passenger | ≥$13.50/passenger | 15 |
| Community | $11/passenger | ≥$16.50/passenger | 10 |
| Door to Door | $22/passenger | ≥$33/passenger | 2 |

 [↑](#footnote-ref-1)