

This page serves as the official announcement for the 2023 Call for Projects under the 5311(f) ICB program. Please find important information regarding the program below.

The attached application and important information regarding the program below.

Applicant Workshop

Wednesday, April 12th – a TEAMS meeting invite will be sent out separately. You will receive an email from Matthew Long, WSP, matthew.long@wsp.com.

Available Funds

ODOT has \$3,219,781 (15% of Fiscal Year 2023 Section 5311 federal apportionment) available for the 2023 5311(f) solicitation.

Eligible Applicants

The following types of organizations are eligible to apply:

- Intercity bus operators
- Public agencies and operators of public transportation services
- Private-not-for-profit providers of transit service
- Federal recognized tribal transit operators

Program Schedule

- Application Opens: April 3, 2023
- Application Due Date/Time: April 28, 2023, 11:59PM CDT
- ODOT Application Review Period: Summer 2023
- ODOT Announces Awards: Summer 2023
- ODOT Initiates Awarded Projects: Summer-Fall 2023

5311(f) Intercity Bus Program: 2023 Call for Projects



What is the 5311(f) Intercity Bus Program?

The 5311(f) Intercity Bus Program is a federally mandated program tasked with investing in vital intercity bus service between isolated rural areas and a greater network of intercity bus service. The 5311(f) Program helps meet the mobility needs of rural residents by investing in intercity bus service, planning and marketing assistance, capital investment in facilities, and other priorities ODOT has identified in its [Oklahoma Intercity Bus Needs Assessment](#).

Who is eligible to apply?

Intercity Bus Carriers, Current 5311 Sub-recipients, Private or Public Non-Profit Organizations

What types of projects are eligible?

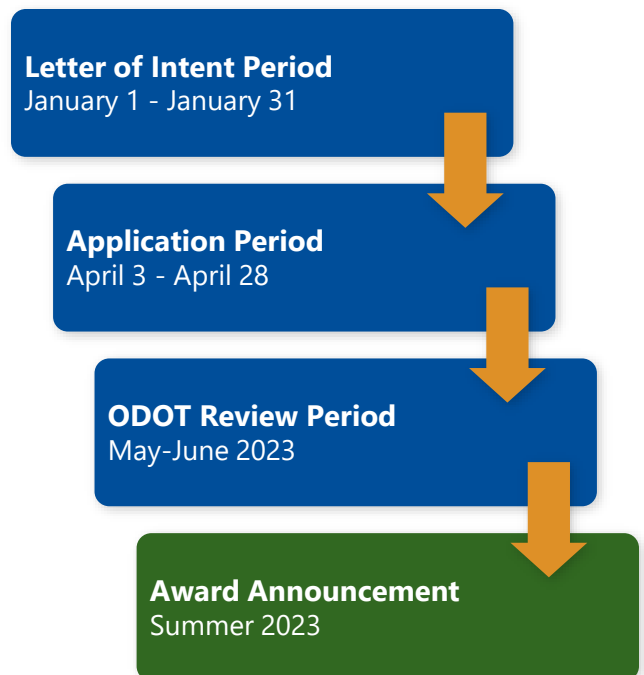
- Shelters, Depots, Joint-use Stops
- Improvements to Existing Terminal Facilities
- User-side Subsidies and Demonstration Projects
- Purchase-of-service Agreements
- Operating Assistance for Routes

Don't see your project? **It might still be eligible.**

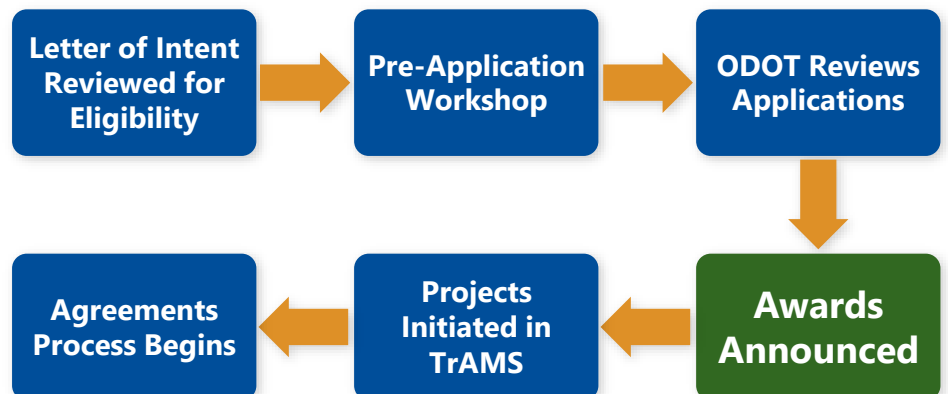
Learn more about the 5311(f) Intercity Bus Program, including if your project is eligible, at [ODOT's Office of Mobility & Public Transit website](#).

For questions, contact **Ed Machuca** at (405) 443-9998 or via email at emachuca@odot.org or **Matthew Long** at Matthew.Long@wsp.com.

Program Timeline:



Selection Process:



Save the Date

ODOT and WSP will hold a pre-application workshop on April 12th at 1:00pm CDT where instructions and details about the upcoming call for projects will be shared. Prospective applicants are highly encouraged to attend.



FTA SECTION 5311(F)
INTERCITY BUS PROGRAM
PROGRAM YEAR 2023 APPLICATION

Program Overview

The Oklahoma Department of Transportation (ODOT) is the Governor's designee for the administration of the Federal Transit Administration's (FTA) Section 5311(f) Program to encourage intercity bus (ICB) service between Oklahoma communities and the regional and national intercity bus service network, also referred to as the Intercity Bus Program. ODOT is required to set aside 15% of its Section 5311 funding to carry out a program to develop and support intercity bus transportation and to meet the priorities of ODOT's intercity bus program priorities, unless the Governor (or its designee) certifies that the intercity bus service needs of the state are being met adequately. For more specific federal requirements of the FTA Section 5311(f) Program, please refer to <https://www.transit.dot.gov/>, or Chapter VIII of [FTA Circular 9040.1G](#).

Intercity bus service has the following characteristics:

- Regularly scheduled service for the general public that operates with limited stops over a fixed route connecting two or more urban areas not in close proximity
- Has the capacity for transporting baggage carried by passengers

ODOT is soliciting requests for Section 5311(f) operating, capital, and administrative funding from public and private transportation providers.

Oklahoma 2022 Intercity Bus Assessment

ODOT completed an assessment of intercity bus needs in 2022 which resulted in multiple recommendations on how intercity bus needs can be better met in Oklahoma. Applicants are encouraged to review the full report, which can be found [on the ODOT website](#). The specific recommendations can be found in Section 6.2 of the ICB Assessment.

Available Funds

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Eligible Applicants

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- Federal recognized tribal transit operators

Eligible Activities and Definitions

ODOT is making funding available for the following project types:

- **Operation of existing ICB routes (Operating Assistance, Existing ICB Route):** Funding to offset the gap between operating revenues and operating costs for existing ICB routes.
- **Construction of new capital ICB facilities (Capital, Facility):** Construction, expansion, replacement, or rehabilitation of an existing ICB facility, e.g., constructing a shelter at an ICB stop that previously did not have one.
- **Purchase of vehicles for ICB service (Capital, Vehicle):** Purchase or rehabilitation of an intercity bus. Applications must be for a revenue vehicle(s). Applications for maintenance vehicles or other non-revenue vehicles are ineligible.
- **Planning and marketing for ICB operations (Planning):** Plans, studies, marketing, and other planning activities that identify a concrete need for ICB service and lay the groundwork for implementation.
- **Other Projects:** Other ICB-related projects that do not fall into the previously listed project types.

Other types of projects may be eligible. In determining if your agency wishes to apply, please consult Chapter VIII of [FTA Circular 9040.1G](#) or the FTA's website, <https://www.transit.dot.gov/>.

Note that while new ICB routes and feeder service are eligible activities per FTA guidance, ODOT will not be awarding funding for these types of projects and activities in this current application cycle. Agencies and operators interested in establishing new ICB routes or feeder service are encouraged to apply for Planning project funding to use for studies identifying a need for these type of services, as new ICB routes and feeder service activities may be eligible in future application cycles.

Completing the Application

The applicant must complete a separate application for each project category. Do **NOT** combine project categories into one application. For purchase of multiple vehicles, one application is allowed.

The application is a Microsoft Word document consisting of tables with fields that applicants should complete. Areas where applicants must enter information are marked **in red**. Do not fill in this application or alter the application in any way aside from the portions marked **in red**.

Other questions require you to click a box to indicate your answer, such as the following:
Simply click within the box to fill it in and therefore answer the question.

Applicants must complete all sections that apply to the project they are seeking funding assistance with. Certain sections may only apply depending on answers to previous questions or

depending on project type. Instructions throughout the application assist in navigating which sections to complete and which ones not to complete.

All applicable questions must be completed **directly in this Word document, unless otherwise noted**. Attachments are allowed to provide additional background, but attachments cannot replace answers provided directly in this Word document.

All included attachments must include a specific reference to the question that it is intended to support. For example, maps included as attachments for the “SERVICE AREA” section must be marked or titled “SERVICE AREA” in the attachments.

Submission of unnecessarily large amounts of attachments with no clear connection to specific application questions may result in reduced evaluation scores and/or disqualified applications.

Submitting Completed Application to ODOT

The completed application and any attachments must be submitted to ODOT via e-mail at transit@odot.org with the subject line: “*Applicant* – FFY2023 5311(f) Application.” Submissions must be received no later than **11:59PM CDT on April 28, 2023**. Separate attachments must be included in a zip file with the full application.

Program Schedule

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Section A: Applicant Information

In this section, applicants will provide the following:

- General information about your agency
- Contact information
- Basic service characteristics and statistics for service **in Oklahoma**
- Vehicle roster information (**ICB providers only, does not apply to current 5311 subrecipients**)
- Miscellaneous supporting documentation

General Information

All applicants must complete this sub-section.

APPLICANT TYPE		
Which of the following categories best describes your organization?		
<input type="checkbox"/> Private-For-Profit Corporation or Organization	<input type="checkbox"/> Private-Non-Profit Corporation or Organization	<input type="checkbox"/> Public-Non-Profit Organization
<input type="checkbox"/> Public Transit Agency	<input type="checkbox"/> Private Provider Reporting on Behalf of a Public Entity	<input type="checkbox"/> Other, Please Describe: Enter Description (if applicable)

CONTACT PERSON	
Identify a primary contact person, including their title, phone number, and e-mail address.	
Name	Name
Title	Title
Phone Number	Phone Number
E-Mail Address	E-Mail Address

APPLICANT INFORMATION	
Provide the following information about your organization.	
Applicant Name	Applicant Name
Mailing Address	Mailing Address
City, State, 9-Digit Zip Code	City, State, and 9-Digit Zip Code
Phone Number	Phone Number
Fax Number	Fax Number
Website	Website

Service Description

All applicants must complete this sub-section.

SERVICE AREA
<p>Provide a written description of and attach a map(s) identifying your service area.</p> <ul style="list-style-type: none"> If you offer fixed-route service: Include any fixed routes that you operate at least partially within Oklahoma. For each route, list all stops along that route and any connections with ICB carriers that are made. If you offer non-fixed-route service (e.g., demand response): Show the extent of our service area and identify the specific locations in your service area served by ICB carriers and identify the ICB carrier serving those locations. If you offer both fixed and non-fixed-route service: Provide the required information for both fixed and non-fixed-route service providers. <p>Attach the following: Map(s) showing your service area.</p>
Describe your service area
OTHER SERVICES
<p>Do you provide any services other than transportation in Oklahoma? If so, please describe the services provided, including a description of the geographic area(s) in which the services are provided.</p>
Describe other services provided

SERVICE HOURS		
On which days of the week and between what times do you operate service in Oklahoma?		
Day of Week	Operates in Oklahoma?	Times Operated Between
Monday	Yes <input type="checkbox"/> No <input type="checkbox"/>	XX:XX XM - XX:XX XM
Tuesday	Yes <input type="checkbox"/> No <input type="checkbox"/>	XX:XX XM - XX:XX XM
Wednesday	Yes <input type="checkbox"/> No <input type="checkbox"/>	XX:XX XM - XX:XX XM
Thursday	Yes <input type="checkbox"/> No <input type="checkbox"/>	XX:XX XM - XX:XX XM
Friday	Yes <input type="checkbox"/> No <input type="checkbox"/>	XX:XX XM - XX:XX XM
Saturday	Yes <input type="checkbox"/> No <input type="checkbox"/>	XX:XX XM - XX:XX XM
Sunday	Yes <input type="checkbox"/> No <input type="checkbox"/>	XX:XX XM - XX:XX XM

SERVICE STATISTICS		
Please provide the following statistics for your service, inclusive of all routes operating at least partially within Oklahoma.		
Statistic	Oklahoma Portion	Non-Oklahoma Portion
ICB and Fixed-route Operators Only: One-way Route Mileage	Mileage	Mileage
Annual Vehicle Revenue Miles	Mileage	Mileage
Annual Ridership	Ridership	Ridership
Annual Vehicle Revenue Operating Hours	Operating Hours	Operating Hours
Annual One-Way Trips	Trips	Trips

SERVICE DISTRIBUTION BY STOP		
ICB Operators Only: What percent of your trips within Oklahoma stop at each city? For example, if 20% of trips stop in City A, regardless of route, indicate 20%.		
Stop Location/City	County	% of Total Trips
Location/City	County	% of Trips
Location/City	County	% of Trips
Location/City	County	% of Trips
Location/City	County	% of Trips
Location/City	County	% of Trips
Location/City	County	% of Trips
Location/City	County	% of Trips
Location/City	County	% of Trips
Location/City	County	% of Trips
Location/City	County	% of Trips

FARE STRUCTURE
Describe how you determine fares, including how you determine the cost of transfers between ICB operators and public transit agencies.
Description of how your agency determine fares

PUBLIC INFORMATION
Describe how you make the public aware of the availability of your service, including how changes in service are communicated.

Description of your agency's public information procedures

CARES ACT FUNDING HISTORY INFORMATION (ICB Operators Only)	
Did you receive any CARES Act funding from ODOT to support ICB service?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
If so, how much did you receive?	
Funding Amount (\$)	
Are you currently paying back any of the amount indicated above? If so, provide the total amount you are expected to pay back and describe your plan to pay back these funds.	
Funding Amount (\$) and Payment Plan Description	
If you are currently paying back any CARES Act funding, how much have you paid already? Provide both a percent of funds paid back and a raw dollar amount.	
Funding Amount (\$)	Funding Amount (% of Total)
Of CARES Act funding you are eligible to spend, how much have you not yet spent? Provide both a percent of funds received that have not been spent and a raw dollar amount.	
Funding Amount (\$)	Funding Amount (% of Total)

VEHICLE INSURANCE COVERAGE

Attach the following: A certificate demonstrating that your agency has sufficient insurance coverage. The following must be documented:

- Liability
 - Bodily Injury (\$ Per Person)
 - Property Damage (\$ Per Occurrence)
 - All Claims and Coverage (\$ Per Occurrence)
- Comprehensive Deductible Amount (\$)
- Collision Deductible Amount (\$)

VEHICLE DOCUMENTATION

Attach the following: Copies of the following vehicle-related documents:

- Vehicle Maintenance Plan
- Vehicle Break Down Plan

Miscellaneous Documentation

All applicants must complete this sub-section.

ADDITIONAL DOCUMENTS
<p>Attach the following: Copies of the following documents:</p> <ul style="list-style-type: none">• Employee Training & Safety Program Documentation• Radio & Dispatch Procedures

Section B: Project Category

In this section, identify the type of project you are submitting an application for and the priority you would like given to this application if you are submitting multiple applications. NOTE: Each project category must be applied for separately. Do NOT combine project categories into one application. If applying for multiple vehicles, then one application for all vehicles is allowed.

All applicants must complete this section.

PROJECT CATEGORY
<p>What type of project are you submitting an application for? (select one)</p> <ul style="list-style-type: none"> Capital, Facility: Construction, expansion, replacement, or rehabilitation of an existing ICB facility, e.g., constructing a shelter at an ICB stop that previously did not have one. Capital, Vehicle: Purchase or rehabilitation of an intercity bus. Applications must be for a revenue vehicle(s). Applications for maintenance vehicles are ineligible. Operating Assistance, Existing ICB Route: Funding to offset the gap between operating revenues and operating costs for existing ICB routes. Planning: Plans, studies, marketing, and other planning activities that identify a concrete need for ICB service and lay the groundwork for implementation. Other Projects: Other ICB-related projects that do not fall into the other categories.
<p> <input type="checkbox"/> Capital, Facility <input type="checkbox"/> Capital, Vehicle <input type="checkbox"/> Operating Assistance, Existing ICB Route <input type="checkbox"/> Planning <input type="checkbox"/> Other Projects </p>

APPLICATION PRIORITY
<p>If you are submitting multiple applications, please assign a numeric rank to this application. Lower numbers correspond to higher priorities i.e., 1 = highest priority application, 2 = second highest priority application, and so forth. If your applications indicate the same level of priority, then all your applications may result in reduced evaluation scores and/or disqualified applications.</p>
<p style="color: red;">Application Priority</p>

Section C: Project Description and Justification

In this section, your project must be described in detail and justified.

All applicants must complete this section.

PROJECT DESCRIPTION
<p>Provide a detailed description of your proposed project. The description must include the following:</p> <ul style="list-style-type: none"> Overall project objectives Stakeholders involved, including any consultants that will be procured Activities and tasks that will be carried out to meet project objectives Expected challenges/barriers and any steps that will be taken to mitigate or overcome them Draft and final deliverables, if applicable Board reviews and approvals needed, if any
Project Description

AFFECTED ICB ROUTE(S)
<p>Describe the ICB route(s) and stop(s) that your project will benefit:</p> <ul style="list-style-type: none"> For Capital, Facility projects, include all ICB routes in Oklahoma your proposal will <u>directly serve</u>, including other ICB carriers. For Capital, Vehicle projects, include all ICB routes in Oklahoma a newly obtained/rehabbed vehicle will operate on. If a vehicle may operate on any route within Oklahoma, please say so. For Operating Assistance, Existing ICB Route projects, include only the specific ICB route in Oklahoma that operating assistance will be used for. <u>Separate routes must be applied for separately. Routes with the same origin/destination and different intermediate stops must be applied for separately.</u> For Planning and Other Projects, please include any ICB route in Oklahoma that your proposal may benefit. <p>A table has been provided below to input this information. Please provide <u>one table per route</u>, duplicating the tables as needed.</p> <p>Certain follow-up question will ask you to provide additional information “for all affected routes,” as defined by the routes that you provide in this question. Failure to provide information for all affected routes may result in loss of points.</p>

Name of ICB Route/Route Number	
Route Beginning	Route Beginning

Route Ending	Route Ending
Oklahoma Stops Directly Served by Project	Stop Names
Attach the following: A map clearly showing the Route Beginning, Route Ending, and Oklahoma stops provided above. Each route must have a <u>separate, clearly marked map.</u>	

BENEFIT TO OKLAHOMA
<p>How much of the benefit of this project will specifically accrue to Oklahoma?</p> <ul style="list-style-type: none"> • For Capital, Facility projects, provide the street address of this project or a description of where this facility will be located. • For Capital, Vehicle projects, provide the percentage of revenue miles within Oklahoma this vehicle is expected to accrue. • For Operating Assistance, Existing ICB Route projects, provide the percentage of one-way route miles which will be within Oklahoma. • For Planning and Other Projects, provide the percentage of one-way route miles of all ICB routes which are within Oklahoma this proposal will serve.
Enter benefit to Oklahoma

BOARDINGS				
<p>Provide the following boarding information:</p> <ul style="list-style-type: none"> • For Capital, Facility, provide the boardings at the stop this facility will <u>directly serve</u>. Please insert "N/A" under the "Route Segment" and "Non-Oklahoma Portion" columns. • For Operating Assistance, Existing ICB Service, provide boardings for the route segment being applied for and the Oklahoma/non-Oklahoma portions of the entire route. • For Planning and Other Projects, provide boardings for all affected routes and insert "N/A" under the "Route Segment" column. 				
Calendar Year	Route Segment	Oklahoma Portion	Non-Oklahoma Portion	Total
2021 (Actual)	# of Boardings	# of Boardings	# of Boardings	# of Boardings
2022 (Actual)	# of Boardings	# of Boardings	# of Boardings	# of Boardings
2023 YTD (Actual)	# of Boardings	# of Boardings	# of Boardings	# of Boardings
2023 Total (Estimated)	# of Boardings	# of Boardings	# of Boardings	# of Boardings
2024 (Estimated)	# of Boardings	# of Boardings	# of Boardings	# of Boardings
2025 (Estimated)	# of Boardings	# of Boardings	# of Boardings	# of Boardings

How did you estimate 2023, 2024, and 2025 boardings?

Describe how boardings are estimated

PROJECT LIFECYCLE

What is the anticipated total lifecycle for this project?

- For **Capital** projects, describe how long this capital asset is planned to be operated before replacement.
- For **Operating Assistance, Existing ICB Service, Planning, and Other Projects**, describe how long this service or activity is anticipated to be operated or carried out.

Describe project lifecycle

Describe steps you will take in the event that costs are higher than anticipated and/or revenues are lower than anticipated. What is your plan for ensuring the financial sustainability of this project?

Describe steps/plan to ensure financial sustainability

PROJECT NEED

Describe why this project is needed. Is there an issue that this project addresses? Are there needs of current and potential riders that are not currently being met?

Describe why project is needed

Describe how this need was identified. For example, what data was used to measure this need? Did you conduct any public engagement?

Describe how this need was identified

How does this project address the needs identified above? What benefits will this project bring?

Describe how this project addresses the identified need

Are there any ramifications of not funding this project? If so, list and describe them.

Describe the ramifications of not funding this project

CONNECTIVITY

Describe how this project would connect to a national system of ICB routes, including if it will connect to other ICB carriers.

Describe connections national ICB system

What types of destinations within Oklahoma and its surrounding states do your riders use ICB to connect to? Please also provide names of specific destinations (hospitals, airports, etc.).

Please only answer for all affected routes .
Describe destinations accessed with ICB
Describe any <u>direct connections or coordination</u> with public transit agencies.
Describe any connections or coordination with public transit agencies

COORDINATION AND MARKETING
Describe any coordination with stakeholders outside your organization and other transportation providers that will be involved in the planning or implementation of this project.
Describe coordination with stakeholders and other transportation providers
Describe any marketing efforts you will undertake in the implementation of this project.
Describe marketing efforts

Section D: Project Readiness

In this section, you will provide a high-level implementation schedule and details on the readiness of your project.

All applicants must complete this section.

PROJECT IMPLEMENTATION	
<p>Provide a schedule of key milestones and months/years that these milestones will be achieved.</p> <p>An implementation date must be provided.</p> <p>Additional table rows may be added as needed to accommodate additional milestones.</p> <p>A project is considered implemented when the service or capital asset is fully accessible and available for use by the public. For Planning projects, a project is considered implemented when it has been formally adopted.</p>	
Milestone	Month, Date
Milestone	Month, Date
Milestone	Month, Date
Milestone	Month, Date
Milestone	Month, Date
Milestone	Month, Date

PROJECT READINESS
<p>Has any environmental or preliminary engineering work been completed? If so, describe the work that has been completed. If this does not apply to your project, enter "N/A".</p> <p style="color: red;">Describe any preliminary engineering work that has been completed</p>
<p>Will this project include any right-of-way (ROW) acquisition? If so, describe the amount of ROW needed. If this does not apply to your project, enter "N/A".</p> <p style="color: red;">Describe if any ROW acquisition is required</p>
<p>Will there be any environmental impacts associated with this project? If so, describe them and the approach you plan to mitigate them.</p> <p style="color: red;">Describe any environmental impacts</p>
<p>If potential challenges to project readiness have been identified, describe any proposed mitigation strategies.</p> <p style="color: red;">Describe any mitigation strategies</p>

Section E: Financial Basis

In this section, you will provide key budgetary information for your project, including revenues and costs by line-item.

The Project Budget section you complete depends on the type of project you are applying for:

- **Operating Assistance, Existing ICB Service:** Complete “Project Budget – Operating Assistance, Existing ICB Service”
- **Capital, Facility:** Complete “Project Budget – Capital, Facility”
- **Capital, Vehicle:** Complete “Project Budget – Capital, Vehicle”
- **Planning and Other Projects:** Complete “Project Budget – Planning and Other Projects”

After you have completed your corresponding Project Budget section, you must complete the following sections:

- Revenue and Cost Expectations
- Funding Request and Match
- Funding Awarded in Other States

Project Budget – Operating Assistance, Existing ICB Service

Only complete this section if you are applying for an **Operating Assistance, Existing ICB Service** project.

If you are not applying for an **Operating Assistance, Existing ICB Service**, refer to the Section E introduction to determine the correct Project Budget sub-section to complete.

COST CLASSIFICATION	
Select the applicable classification of cost used by your agency.	
Cost Type	Description
<input type="checkbox"/> Direct	Direct costs are those cost that can be identified specifically with a particular final cost objective per 2 CFR 200.413.
<input type="checkbox"/> Indirect	Indirect costs are those that are not directly accountable to a cost objective such as general administration or facilities as per 2 CFR 200.414.
<input type="checkbox"/> Both	The agency uses both direct and indirect cost assignments.

OPERATING ASSISTANCE, EXISTING ICB ROUTE LINE-ITEM BUDGET
Provide the following actual or estimated revenue and cost information for the service you are seeking assistance for. The amounts entered below must: <ul style="list-style-type: none"> • Correspond to the proposed contract period applied for in this application, and • Correspond to the revenue miles on the route segment you are applying for operating assistance for. <p>Only complete this section if you are applying for an Operating Assistance, Existing ICB Route project.</p>

All applicable cells below must be filled. A separate budget attachment is allowed but is not a substitute for completing this section.

Note: Only revenue miles within Oklahoma are eligible for funding. The Revenue Miles on Route Segment MUST match the Revenue Miles on Route Segment you report in other sections of this application.

Line-Item	# of Revenue Miles on Route Segment	
Revenue Miles	# of Revenue Miles	
Operating Revenues		
Line-Item	Revenue per Revenue Mile	Total Revenue (\$; Line-Item x # of Revenue Miles on Segment)
Passenger Revenue	Revenue per Revenue Mile (\$)	Total Revenue (\$)
Freight/Package Revenue	Revenue per Revenue Mile (\$)	Total Revenue (\$)
Administrative Revenue	Revenue per Revenue Mile (\$)	Total Revenue (\$)
Other Revenue	Revenue per Revenue Mile (\$)	Total Revenue (\$)
Total Operating Revenues	Total Revenue per Revenue Mile (\$)	Total Revenue (\$)
Operating Costs		
Line-Item	Cost per Revenue Mile	Total Costs (\$; Line-Item x # of Revenue Miles on Segment)
Maintenance	Cost per Revenue Mile (\$)	Total Costs (\$)
Transportation	Cost per Revenue Mile (\$)	Total Costs (\$)
Station	Cost per Revenue Mile (\$)	Total Costs (\$)
Traffic and Advertising	Cost per Revenue Mile (\$)	Total Costs (\$)
Insurance & Safety	Cost per Revenue Mile (\$)	Total Costs (\$)
Administrative	Cost per Revenue Mile (\$)	Total Costs (\$)
Bus Depreciation	Cost per Revenue Mile (\$)	Total Costs (\$)
Non-bus Depreciation	Cost per Revenue Mile (\$)	Total Costs (\$)
Operating Taxes & Licenses	Cost per Revenue Mile (\$)	Total Costs (\$)
Operating Rents	Cost per Revenue Mile (\$)	Total Costs (\$)
Other Operating Costs	Cost per Revenue Mile (\$)	Total Costs (\$)
Total Operating Costs (Fully-allocated Cost)	Total Costs per Revenue Mile (\$)	Total Costs (\$)
Eligible Project Costs Calculation		
Income & Costs	Per Revenue Mile	Total
Net Operating Income (Total Operating Revenues – Total Operating Costs)	Net Operating Income per Revenue Mile (\$)	Total Net Operating Income (\$)
Maximum Eligible Project Costs (50% of Net Operating Income)	Maximum Eligible Project Costs per Revenue Mile (\$)	Maximum Eligible Project Costs (\$)

Provide a description of how the above Operating Costs line items are determined and incorporated into your agency's Fully-allocated Cost amount.

Describe how Operating Cost line items are determined

Project Budget – Capital, Facility

Only complete this section if you are applying for a **Capital, Facility** project.

If you are not applying for a **Capital, Facility** project, refer to the Section E introduction to determine the correct Project Budget sub-section to complete.

CAPITAL, FACILITY LINE-ITEM BUDGET	
Provide the following budget items necessary to complete this project. Only complete this section if you are applying for funding for a Capital, Facility project.	
All applicable cells below must be filled. A separate budget attachment is allowed but is <u>not</u> a substitute for completing this section.	
Preliminary Engineering, Design, Environmental	
Construction Line-Item	Line-Item Cost (\$)
Environmental Documentation	Line-Item Cost (\$)
Local, State, Federal Permits	Line-Item Cost (\$)
ROW/Construction Plans, Specs, & Estimates	Line-Item Cost (\$)
Other PE, Design, or Environmental Costs	Line-Item Cost (\$)
Right-of-Way & Utilities	
ROW Acquisition	Line-Item Cost (\$)
Utility Relocation	Line-Item Cost (\$)
Other ROW or Utility Costs	Line-Item Cost (\$)
Construction	
Site Preparations & Demolition	Line-Item Cost (\$)
Construction	Line-Item Cost (\$)
Landscaping	Line-Item Cost (\$)
Other Construction Costs	Line-Item Cost (\$)
Administrative Costs	
Survey & Layout	Line-Item Cost (\$)
Construction Contingency	Line-Item Cost (\$)
Construction Engineering Inspection (CEI)	Line-Item Cost (\$)
Other Administrative Costs	Line-Item Cost (\$)
Total Project Costs	Total Project Cost (\$)

Project Budget – Capital, Vehicle

Only complete this section if you are applying for a Capital, Vehicle project.

If you are not applying for a **Capital, Vehicle** project, refer to the Section E introduction to determine the correct Project Budget sub-section to complete.

CAPITAL, VEHICLES BUDGET					
<p>Individually list all vehicles you will be purchasing or rehabbing, as well as the anticipated cost of doing so. If you are purchasing a replacement vehicle, please provide the Vehicle ID of the vehicle being replaced. Only complete this section if you are seeking assistance with a Capital, Vehicle project.</p> <p>Rows may be added to the table below as needed to accommodate additional vehicles.</p> <p>All applicable cells below must be filled. A separate budget attachment is allowed but is <u>not</u> a substitute for completing this section.</p>					
Make	Model	Year	Purchase or Rehab?	Vehicle ID (rehabbing or replacing only)	Cost (\$)
Make	Model	Year	<input type="checkbox"/> Purchase <input type="checkbox"/> Rehab	Vehicle ID	Cost (\$)
Make	Model	Year	<input type="checkbox"/> Purchase <input type="checkbox"/> Rehab	Vehicle ID	Cost (\$)
Make	Model	Year	<input type="checkbox"/> Purchase <input type="checkbox"/> Rehab	Vehicle ID	Cost (\$)
Make	Model	Year	<input type="checkbox"/> Purchase <input type="checkbox"/> Rehab	Vehicle ID	Cost (\$)
Make	Model	Year	<input type="checkbox"/> Purchase <input type="checkbox"/> Rehab	Vehicle ID	Cost (\$)
				Total Cost	Total Cost (\$)

Project Budget – Planning and Other Projects

Only complete this section if you are applying for one of the following project types:

- **Planning**
- **Other Projects**

If you are not applying for a **Planning** or **Other Projects** project, refer to the Section E introduction to determine the correct Project Budget sub-section to complete.

CAPITAL, FACILITY LINE-ITEM BUDGET		
<p>For Planning and Other Projects, provide top-level line-items or tasks, associated costs, and a brief description.</p> <p>All applicable cells below must be filled. A separate budget attachment is allowed but is <u>not</u> a substitute for completing this section.</p> <p>Additional rows may be added as needed.</p> <p>Note: Line-items and tasks should clearly indicate that significant thought has gone into project development and cost estimation. While you have significant flexibility in how costs are designated in this section, if the descriptions of the costs below cannot be reasonably understood or connected to the project description you have already provided, your application may not be scored.</p>		
Line-Item/Task	Line-Item/Task Cost (\$)	Brief Description
Line-Item/Task	Line-Item/Task Cost (\$)	Line-Item/Task Description
Line-Item/Task	Line-Item/Task Cost (\$)	Line-Item/Task Description
Line-Item/Task	Line-Item/Task Cost (\$)	Line-Item/Task Description
Line-Item/Task	Line-Item/Task Cost (\$)	Line-Item/Task Description
Line-Item/Task	Line-Item/Task Cost (\$)	Line-Item/Task Description
Line-Item/Task	Line-Item/Task Cost (\$)	Line-Item/Task Description
Total Project Costs	Total Project Cost (\$)	

Revenue and Cost Expectations

All applicants must complete this sub-section.

COSTS PER REVENUE MILE						
Provide the following actual and estimated costs per revenue mile for all calendar years indicated.						
<ul style="list-style-type: none"> • For Operating Assistance, Existing ICB Route: Include costs for the ICB route you are applying for assistance for • For Capital, Facility: Include costs for all ICB routes that will be <u>directly</u> served by the project you are applying for. • For Capital, Vehicles: Include costs for any route the vehicles you are applying for assistance with will operate on. • For Planning and Other Projects: Include costs for any ICB route that might be affected by your project. 						
All applicable cells below must be filled. A separate attachment is allowed but is <u>not</u> a substitute for completing this section.						
Costs Per Revenue Mile (\$)	2021 (Actual)	2022 (Actual)	2023 YTD (Actual)	2023 Total (Estimated)	2024 (Estimated)	2025 (Estimated)
Maintenance	Cost (\$)	Cost (\$)	Cost (\$)	Cost (\$)	Cost (\$)	Cost (\$)
Transportation	Cost (\$)	Cost (\$)	Cost (\$)	Cost (\$)	Cost (\$)	Cost (\$)
Station	Cost (\$)	Cost (\$)	Cost (\$)	Cost (\$)	Cost (\$)	Cost (\$)
Traffic and Advertising	Cost (\$)	Cost (\$)	Cost (\$)	Cost (\$)	Cost (\$)	Cost (\$)
Insurance & Safety	Cost (\$)	Cost (\$)	Cost (\$)	Cost (\$)	Cost (\$)	Cost (\$)
Administrative	Cost (\$)	Cost (\$)	Cost (\$)	Cost (\$)	Cost (\$)	Cost (\$)
Bus Depreciation	Cost (\$)	Cost (\$)	Cost (\$)	Cost (\$)	Cost (\$)	Cost (\$)
Non-bus Depreciation	Cost (\$)	Cost (\$)	Cost (\$)	Cost (\$)	Cost (\$)	Cost (\$)
Operating Taxes & Licenses	Cost (\$)	Cost (\$)	Cost (\$)	Cost (\$)	Cost (\$)	Cost (\$)
Operating Rents	Cost (\$)	Cost (\$)	Cost (\$)	Cost (\$)	Cost (\$)	Cost (\$)
Other Operating Costs	Cost (\$)	Cost (\$)	Cost (\$)	Cost (\$)	Cost (\$)	Cost (\$)
Are the above costs determined nationally, regionally, or per route?						
<input type="checkbox"/> Nationally		<input type="checkbox"/> Regionally		<input type="checkbox"/> Per Route		
<input type="checkbox"/> Other Enter Description (if applicable)						

REVENUES PER REVENUE MILE

Provide the following actual and estimated revenues per revenue mile for all calendar years indicated.

- For **Operating Assistance, Existing ICB Route**: Include revenues for the ICB route you are applying for assistance for.
- For **Capital, Facility**: Include revenues for all ICB routes that will be directly served by the project you are applying for.
- For **Capital, Vehicles**: Include revenues for any route the vehicles you are applying for assistance with will operate on.
- For **Planning and Other Projects**: Include revenues for any ICB route that might be affected by your project.

All applicable cells below must be filled. A separate attachment is allowed but is not a substitute for completing this section.

Revenues Per Revenue Mile	2021 (Actual)	2022 (Actual)	2023 YTD (Actual)	2023 Total (Estimated)	2024 (Estimated)	2025 (Estimated)
Passenger Revenue	Revenue (\$)	Revenue (\$)	Revenue (\$)	Revenue (\$)	Revenue (\$)	Revenue (\$)
Freight/Package Revenue	Revenue (\$)	Revenue (\$)	Revenue (\$)	Revenue (\$)	Revenue (\$)	Revenue (\$)
Administrative Revenue	Revenue (\$)	Revenue (\$)	Revenue (\$)	Revenue (\$)	Revenue (\$)	Revenue (\$)
Other Revenue	Revenue (\$)	Revenue (\$)	Revenue (\$)	Revenue (\$)	Revenue (\$)	Revenue (\$)

TOTAL REVENUES

Provide actual and estimated annual revenues for the calendar years indicated.

- For **Operating Assistance, Existing ICB Route**: Include revenues for the ICB route you are applying for assistance for.
- For **Capital, Facility**: Include revenues for all ICB routes that will be directly served by the project you are applying for.
- For **Capital, Vehicles**: Include revenues for any route the vehicles you are applying for assistance with will operate on.
- For **Planning and Other Projects**: Include revenues for any ICB route that might be affected by your project.

All applicable cells below must be filled. A separate attachment is allowed but is not a substitute for completing this section.

Revenues	2021 (Actual)	2022 (Actual)	2023 YTD (Actual)	2023 Total (Estimated)	2024 (Estimated)	2025 (Estimated)

Annual Revenue for Route Segment (Operating Assistance, Existing ICB Route Only)	Revenue (\$)	Revenue (\$)	Revenue (\$)	Revenue (\$)	Revenue (\$)	Revenue (\$)
Annual Revenue for Oklahoma Portion	Revenue (\$)	Revenue (\$)	Revenue (\$)	Revenue (\$)	Revenue (\$)	Revenue (\$)
Annual Revenue for Entire Route	Revenue (\$)	Revenue (\$)	Revenue (\$)	Revenue (\$)	Revenue (\$)	Revenue (\$)

Funding Request and Match

All applicants must complete this sub-section.

FUNDING REQUEST (select one)			
Please identify the federal funds you are requesting, corresponding local match, and the total project cost. ODOT requires the local matches indicated below.			
Funding Category	Federal Match (\$)	Local Match (\$)	Total Project Cost (\$)
Total Operating Funding Request (50% Local Match)	Funding (\$)	Funding (\$)	Funding (\$)
Total Capital Funding Request (20% Local Match)	Funding (\$)	Funding (\$)	Funding (\$)
Total Administrative Funding Request (20% Local Match)	Funding (\$)	Funding (\$)	Funding (\$)
Total Funding Requested	Funding (\$)	Funding (\$)	Funding (\$)

LOCAL MATCH SOURCES			
Please identify the sources of local match and total match amounts for the operating, capital, and administrative categories. All match sources and match amounts must be individually identified.			
Funding Category	Match Source(s)	In-Kind?	Match Amount (\$)
Operating Funding (50% Local Match)	Match Source	<input type="checkbox"/>	Match Amount (\$)
	Match Source	<input type="checkbox"/>	Match Amount (\$)
	Match Source	<input type="checkbox"/>	Match Amount (\$)
	Match Source	<input type="checkbox"/>	Match Amount (\$)
Capital Funding (20% Local Match)	Match Source	<input type="checkbox"/>	Match Amount (\$)
	Match Source	<input type="checkbox"/>	Match Amount (\$)
	Match Source	<input type="checkbox"/>	Match Amount (\$)
	Match Source	<input type="checkbox"/>	Match Amount (\$)
Administrative Funding (20% Local Match)	Match Source	<input type="checkbox"/>	Match Amount (\$)
	Match Source	<input type="checkbox"/>	Match Amount (\$)

	Match Source	<input type="checkbox"/>	Match Amount (\$)
	Match Source	<input type="checkbox"/>	Match Amount (\$)

All in-kind match sources must be fully documented in accordance with FTA regulations, including those described in *FTA Circular 9040.1G, Chapter VIII.5*. Please attach documentation showing that any in-kind local match is sufficient in amount and eligible for the project in this application.

Attach the following: Documentation showing that any in-kind local match is sufficient in amount and eligible for the project in this application.

NEED FOR SUBSIDY
Please explain why subsidy through the 5311(f) program is needed, particularly the basis for the requested funding amount.
<i>Explain the need for 5311(f) subsidy</i>

Funding Awarded in Other States

All applicants must complete this sub-section.

FTA FUNDING AWARDED IN OTHER STATES (select one)				
Please indicate if you have been awarded FTA funding in states other than Oklahoma <u>for this project</u> :				
State	Operations (\$)	Capital (\$)	Administration (\$)	Total (\$)
State	Funding (\$)	Funding (\$)	Funding (\$)	Funding (\$)
State	Funding (\$)	Funding (\$)	Funding (\$)	Funding (\$)
State	Funding (\$)	Funding (\$)	Funding (\$)	Funding (\$)
State	Funding (\$)	Funding (\$)	Funding (\$)	Funding (\$)
State	Funding (\$)	Funding (\$)	Funding (\$)	Funding (\$)
State	Funding (\$)	Funding (\$)	Funding (\$)	Funding (\$)
Please describe any FTA funding you have been awarded or have applied for in states other than Oklahoma				
<i>Description of FTA funding</i>				

OTHER FUNDING AWARDED IN OTHER STATES (select one)				
Please indicate if you have been awarded other types of funding in states other than Oklahoma <u>for this project</u> :				
Source	Operations	Capital	Administration	Total
City - State – Agency	Funding (\$)	Funding (\$)	Funding (\$)	Funding (\$)
City – State - Agency	Funding (\$)	Funding (\$)	Funding (\$)	Funding (\$)

City - State – Agency	Funding (\$)	Funding (\$)	Funding (\$)	Funding (\$)
City – State - Agency	Funding (\$)	Funding (\$)	Funding (\$)	Funding (\$)
City – State - Agency	Funding (\$)	Funding (\$)	Funding (\$)	Funding (\$)
City – State - Agency	Funding (\$)	Funding (\$)	Funding (\$)	Funding (\$)
Please describe any other funding you have been awarded in states other than Oklahoma:				
Description of funding				

Section F: Applicant Experience & Technical Capacity

All applicants must complete this section.

APPLICANT EXPERIENCE
What is your experience with this type of project? Please provide previous examples where you have successfully implemented this type of project or similar projects.
A project is considered implemented when the service or capital asset is fully accessible and available for use by the public. For Planning projects, a project is considered implemented when it has been formally adopted.
<i>Describe of applicant experience</i>

FTA FUNDING AWARD HISTORY
Have you ever received FTA funding in the past or are you currently receiving funding? If so, provide a description of the FTA programs under which these funds were awarded and when.
<i>Describe of FTA funding award history</i>

Section G-1: Capital, Facility

Only applicants for **Capital, Facility** projects should complete this section.

NEW, EXPANSION, REPLACEMENT, OR REHAB	
<p>Is this application for a new facility, expansion of an existing facility, replacement of an existing facility, or rehab of an existing facility?</p> <ul style="list-style-type: none"> New Facility: A new facility will be constructed where no facility existed previously, e.g., a shelter being constructed at an ICB stop which previously only had a sign. Expansion of Existing: An existing facility will be expanded in size or capacity, e.g., a new shelter is added at an ICB stop which already has a shelter Replacement of Existing: An existing facility will be completely replaced, e.g., an existing shelter is removed and another shelter is installed Rehab of Existing: An existing facility will be rehabilitated, e.g., an existing shelter will be renovated without expanding its footprint 	
<input type="checkbox"/> New Facility	<input type="checkbox"/> Replacement of Existing
<input type="checkbox"/> Expansion of Existing	<input type="checkbox"/> Rehab of Existing

URBANIZED AREA	
<p>If this project is located in an Urbanized Area or a Rural Area, your agency's project may need to be located in certain state and regional planning documents.</p> <p>Please use this web map to determine which Urbanized Area your agency's project is located in, if at all. If your project is located in an Urbanized Area, provide the Urbanized Area.</p>	
<input type="checkbox"/> In an Urbanized Area Name of Urbanized Area	<input type="checkbox"/> Not in an Urbanized Area

METROPOLITAN PLANNING ORGANIZATION	
<p>Is your project located in a Metropolitan Planning Organization (MPO)? If so, indicate which MPO it is in.</p>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

INCLUSION IN STATE AND REGIONAL PLANNING DOCUMENTS	
<p>If you determined that your project is in an urbanized area:</p> <ul style="list-style-type: none"> It must be included in Oklahoma's Statewide Transportation Improvement Program (STIP), and The Metropolitan Transportation Plan (MTP) for the Metropolitan Planning Organization (MPO) that your project is located in. <p>Is your project included in both the Oklahoma STIP and the MTP for the MPO your project is located in?</p>	

Yes

No

In the attachments to your application, please provide screenshots of the Oklahoma STIP and MTP pages that your project is included on.

Attach the following: Screenshots of the Oklahoma STIP and MTP pages that your project is included on.

Section G-2: Capital, Vehicle

Only applicants for **Capital, Vehicle** projects should complete this section.

NEW, EXPANSION, REPLACEMENT, OR REHAB		
Are you applying for an expansion vehicle, a replacement vehicle, or to rehab a vehicle? <ul style="list-style-type: none"> Expansion Vehicle: A new or used vehicle will be purchased to expand your current revenue fleet Replacement Vehicle: A new or used vehicle will be purchased to replace a current revenue vehicle Rehab Vehicle: A revenue vehicle will be rehabilitated 		
<input type="checkbox"/> Expansion	<input type="checkbox"/> Replacement	<input type="checkbox"/> Rehab

EXPANSION, REPLACEMENT, OR REHAB
Vehicles that ODOT funds must be used in Oklahoma. Over what length of time will this vehicle(s) be used in Oklahoma?
Description the length of time over which this vehicle(s) will be used in Oklahoma

OPERATING STATISTICS			
Provide estimates for the operating statistics below over the course of the entire lifecycle of this vehicle.			
Operating Statistic	Oklahoma Portion	Non-Oklahoma Portion	Total
Revenue Miles	# of Revenue Miles	# of Revenue Miles	Total Revenue Miles
Revenue Hours	# of Revenue Hours	# of Revenue Hours	Total Revenue Hours

VEHICLE TYPE	
ODOT will only fund vehicles that will be used for regular revenue service. Will the vehicle your agency is applying for assistance with be used for regular revenue service?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section G-3: Operating Assistance, Existing ICB Route

Only applicants for **Operating Assistance, Existing ICB Route** projects should complete this section.

OPERATING STATISTICS			
Provide the following operating statistics for the route you are requesting funding for, including both Oklahoma and non-Oklahoma portions:			
Operating Statistic	Oklahoma Portion	Non-Oklahoma Portion	Total
One-way Route Miles	# of One-way Route Miles	# of One-way Route Miles	# of One-way Route Miles
Vehicle Revenue Miles	# of Vehicle Revenue Miles	# of Vehicle Revenue Miles	# of Vehicle Revenue Miles
Vehicle Revenue Hours	# of Vehicle Revenue Hours	# of Vehicle Revenue Hours	# of Vehicle Revenue Hours
One-way Trips	# of One-way Trips	# of One-way Trips	# of One-way Trips
Service Span	Service Plan	Service Plan	Service Plan
# of Days Per Week Operated On	# of Days Per Week Operated On	# of Days Per Week Operated On	# of Days Per Week Operated On
# of Days Per Year Operated On	# of Days Per Year Operated On	# of Days Per Year Operated On	# of Days Per Year Operated On

NET CHANGE IN SERVICE
Describe the net change in service that your agency's proposal will achieve, such as net change in days operated on or net change in trips per day or week.
Description of net change in service