



Partnership Program Application

A) Applicant Information

Organization Name	
Organization Type	Local Government TMA/TMO
Subregional Service Council	Boulder County Northeast Northwest Southeast Southwest
Contact Person	
Email	
Phone Number	

B) Project Information

Project Title
Briefly describe the project location. <i>Please include a map and GIS layer (as a .zip file) as an attachment with your submission. If you need assistance creating a GIS shapefile for your service area, please reach out to Charlie Stanfield (charlie.stanfield@rtd-denver.com) no later than June 14.</i>
Project Type (select one)
<p>Fixed-route transit service – service operating on a specific route</p> <p>On-demand transit service – demand-responsive service operating in a specific area</p> <p>Other mobility service – service that does not fall into the above two categories</p> <p>Other – project that does not provide service, but enhances mobility through other means</p>



Project Description (a few paragraphs describing your project in more detail)

For funding requests for mobility services, please answer the following four questions:
1. What are the proposed days and hours of operation?
2. Have you had any conversations with service providers? <i>Note that the service provider will need to be selected competitively.</i>
3. Will you charge the customer for the service?
4. What is the area of the proposed service area (in square miles)?



Please provide a project implementation timeline, either below or attached to your application, including launch date and important milestones. *Assume a minimum of four months to complete agreements and procure a service provider (if applicable). RTD will announce awardees by September.*

RTD hopes to fund projects that are “shovel-ready.” Please describe other funding sources, amounts, your experience in managing these types of projects, and note potential risks to project implementation. If your project includes funding from outside sources, include a letter of support or documentation of the funding source.

Does your organization have a procurement policy and/or standards? If yes, please provide additional information, such as a link to the procurement policy, attach the policy to your submission, or describe your organization’s procurement policy. RTD will provide procurement support for organizations that do not have a procurement policy and/or standards in place.



C) Project Data

Using DRCOG's Data Tool , please provide the following information about populations served. For fixed-route proposals, include populations within a ¼ mile buffer. For on-demand proposals, include populations within the service area boundaries.	
Total population	
Total households	
Individuals of color	
Low-income households	
Individuals with limited English proficiency	
Adults age 65 and over	
Children age 5-17	
Individuals with a disability	
Households without a motor vehicle	
Households that are cost-burdened	

D) Project Budget

Year	RTD Funding	Local Funding	Total
2024			
2025			
2026			
Total Project Cost			

Describe sources of funding, including any contingencies (necessary budget approvals, etc). *Local match must be a cash match; in-kind is not eligible as match. If approved, projects will be reimbursed up to 80% of project costs by RTD.*



Operating cost assumptions (e.g. cost per hour)
Is your project/funding request scalable? <i>If so, please indicate the least amount of funding you could accept, and how the project scope would be reduced.</i>
Are you proposing to purchase vehicles?
Proposed vehicle cost assumptions, if applicable:
Where will vehicles be serviced and maintained? <i>Note that RTD is unable to service and maintain other organization's vehicles.</i>
Please attach a line-item project budget. <i>Note that funding for the construction of infrastructure is ineligible.</i>



E) Demonstration of Benefits and Needs

Why is this project needed?
Who benefits from the project?
Does the project serve equity populations? Please describe.



<p>Does the project fill a gap in existing transit service? Please describe.</p>
<p>How does the project align with RTD's Strategic Plan? Specifically, how will it impact two if RTD's strategic priorities - Community Value and Customer Excellence?</p>
<p>How has the project (or similar project) performed in the past? Has it been successful and/or met performance metrics? If new, n/a.</p>

Please use the space below to provide any additional information about your project.

A large, empty rectangular box with a thin black border, intended for providing additional information about the project.



Application Submission Checklist

Please submit all application material to RTD via the [application portal](#) by July 7, 2023, at 5pm MT. When submitting, please begin all file names with your organization name (e.g. RTD_application.pdf).

Application form (required)

Line-item project budget (required)

Map of project location (required)

GIS layer of project location (required, submit in a .zip file)

Project schedule (required, either in the application on page 3 or as an attachment)

Procurement policy (required, either in the application on page 3 or as an attachment)