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|  | **2020 Intercity Bus Application** |
|  | **Wyoming Department of Transportation****Office of Local Government Coordination****5300 Bishop Blvd.****Cheyenne, WY 82009*****Attn: Talbot Hauffe :*** ***talbot.hauffe@wyo.gov******,*** ***David Koskelowski*** : ***david.koskelowski1@wyo.gov*** ***(307) 777-4384 (307) 777-3938****or****Leanna Humble:*** *leanna.humble@wyo.gov****(307) 777-4181*** |
|  | Newest Transit Logo |

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| **Intercity bus application** |
| This application is for eligible Operational and Administrative costs related to the operations of an Intercity Bus Route within the State of Wyoming. The Wyoming Department of Transportation (WYDOT) administers Federal Transit Administration (FTA) Section 5311(f) funding to encourage vital bus service between Wyoming communities and the regional and national bus service network. Annually WYDOT reserves 15% of its federal Rural Public Transit Program funding for the Wyoming Intercity Bus Program. Beginning on October 11th, 2019, WYDOT is soliciting requests for Sec. 5311(f) funding from public and private bus enterprises engaged or interested in Wyoming Intercity Bus service. WYDOT has identified 4 routes for which it is soliciting project requests during this application period. **Applicants are also encouraged to suggest and apply for other routes within Wyoming not currently served by Intercity Bus.** Deadline for applications is: November 8th, 2019. For more specific federal requirements of the FTA Sec. 5311(f) program, please refer to: www.fta.dot.gov, or Section VIII of FTA Circular 9040.1G. |

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| **APPLICATION SUBMITTAL CHECKLIST AND INSTRUCTIONS** |

Please complete the forms below for each route that you are proposing to operate. It is acceptable to refer back to one application or support document for multiple routes. For example, your cost per mile may be identical for multiple routes and one financial statement can be used for calculation purposes.

All areas that appear in GRAY are form fields or check boxes that are available for you to input information. The rest of the form is locked to prevent accidental editing issues. If you need additional space or feel that you need to attach additional documents, please include that in your submission. If you have any problems or have questions, please contact Talbot Hauffe (307) 777-4384 or David Koskelowski (307) 777-3938. Completed application can be submitted via email to talbot.hauffe@wyo.gov and david.koskelowski1@wyo.gov or by mail to:

**Wyoming Department of Transportation**

Local Government Coordination Office

5300 Bishop Boulevard

Cheyenne, WY 82009

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| **DOCUMENT CHECKLIST** |
| [ ]  | Completed application for each proposed route |
| [ ]  | Financial Statement to support costs |
| [ ]  | Certification of Compliance for Drug and Alcohol and ADA Compliance. (included as the last page of this document.) |
| [ ]  | Any additional information that you feel would assist WYDOT in making their funding decision |

Name of Company Applying:

Date:

Application Completed By:

Position Within the Company:

Contact Information

 Telephone Number:

 E-mail Address:

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| **Route Map** |

**wyoming**



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| **Route Descriptions** |

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| **Route #** | **Route Location and Stops** |
| **Route A** | I-90 Corridor: So. Dakota State Line to Montana State Line (Sundance, Moorcroft, Gillette, Buffalo and Sheridan) |
| **Route B** | I-25 Corridor: Colorado/Wyoming Border to Buffalo (Cheyenne, Wheatland, Douglas, Casper, Buffalo) |
| **Route C** | US191/89/30/189/I-80: (Jackson, Alpine, Star Valley, Cokeville, Kemmerer & Evanston) |
| **Route D** | US 20/26/16/14/Alt14/WYO789: Casper, Shoshoni, Thermopolis, Worland, Basin, Greybull, Cody, Powell, Byron, Cowley, Wyoming / Montana State Line |
| **Route X** | Applicants are encouraged to suggest and apply for additional routes within Wyomingthat will provide travelers with access to regional and national bus service or othermodes of transportation (airlines, passenger rail). |

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| **Applying for Routes** |

**The above routes are currently in operation or have been discussed in the past as critical connections within Wyoming and beyond. Consistent to the State Management Plan for the Transit Program, the first priority is to preserve and maintain established transportation operations, facilities and equipment. Additional routes could be considered on a funding available basis. If you would like to propose a route not included above, please complete this application along with a short narrative explaining your route. The explanation should detail the stops along the route, reason for the proposed route and projected ridership along the route. Please contact our office if you have additional questions.**

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| **Availability of Funds – FTA Sec. 5311(f)** |

As of October 1, 2019 WYDOT has the following ***estimated*** funding available for Intercity Bus projects with this application offering:

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| Apportionment Year | Apportionment amount/Comments |
| FY 2019 (ending 9/30/2019) | (Carry-over from 2019) $ 0 (est.)  |
| FY 2020 ( beginning 10/1/2019) | $ 1,089,444 (est.)  |
| **Total for Current Solicitation:** | **$1,089,444 (est.)**  |

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| **APPLICATION FOR FTA Sec. 5311(f) FUNDING – INTERCITY BUS** |
| Proposed Intercity Bus Service |
| *For what type of service are you requesting funding? Check each appropriate box below.* |
| [ ]  | Existing Service | Existing service funded by WYDOT. What is the Route Number from the Wyoming Map above?       |
| [ ]  | Expansion or modification of an existing service route. | If proposing to expand or modify an existing service route funded by WYDOT, also include a proposed schedule of service. |
| [ ]  | New Service | If proposing a new service route, not currently funded by WYDOT. |

Route Number(s) You Are Appling For       (See Map on Page Previous)

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| **Location of Proposed Intercity Bus Service**(Refer to the Wyoming Map above) |
| Bus Route Option (A thru X), estimated beginning and ending schedule: |       |
| Proposed community stops along the Route: |       |
| What is is the Wyoming highway map route no’s.: |       |
| Estimated frequency of trips (daily, weekly, monthly): |       |

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| **Operating characteristics of the Proposed Intercity Bus Service** |
| Total one-way route miles: |       |
| Total Wyoming route miles: |       |
| Annual no. of days of service: |       |
| Annual Wyoming –segment roundtrip route miles: |       |

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| **Projected or Actual Boardings** |
| **BOARDINGS** | ANNUAL ACTUAL OR ESTIMATED BOARDINGS |
| 2018 | 2019 | 2020 (est.) |
| Total annual boardings on Full Route: |       |       |       |
| Total annual boardings on Wyoming-segment: |       |       |       |
| Total annual boardings at Rural Wyoming stops – excluding Cheyenne & Casper: |       |       |       |

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| **Proposed connections to major cities outside of Wyoming** |
| Although WYDOT is primarily concerned with intercity bus service within its borders, it is useful to know what connections are proposed to major cities outside Wyoming (such as: Denver, Salt Lake City, Rapid City and Billings) |
| If the proposed route extends beyond Wyoming, what major cities would you connect to: |       |

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| **Coordination** |
| If the proposed route connects with another carrier or his fed by a shuttle service, please identify the name of the other carrier or shuttle service and briefly describe the service route of that carrier/shuttle: |
| *Description of coordinated services:* |

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| **Costs and Revenue per Mile estimates** |
| Provide the following information regarding the total route costs and revenues per route-mile for the service for which you are proposing: |
| Identify the route segment (Wyoming segment only) for which costs and revenue calculations apply: |       |
| In calculating route costs, what is your per gallon fuel cost used in the calculation? ***This would be the figure used as the base fuel price during the operations – a higher reported per gallon fuel cost would be adjusted as a surcharge.*** |       |
| Describe those factors considered in determining your cost per mile of fully allocated cost (if different from those listed in the table below): |       |
|  | **INCLUDE YOUR AGENCY’S FINANCIAL STATEMENT WITH YOUR APPLICATION SUBMITTAL**, supporting the identified costs and revenues per route mile, to this application. **\*!\*!\*!\*!\*!\*!\*!\*!\*!\*!\*!\*!\*!\*!\*!\*!** |

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| **Costs per Mile** |
| Based on your firm’s financial statement, identifying total operating, capital, administrative and maintenance costs per mile, please provide the following actual or estimated costs: |
| **Cost per Route Mile** | **Actual and/or Estimated Costs Per Mile** |
| ***2018 Actual*** | ***2019 Actual*** | ***2020 Estimated*** |
| Operating Cost per Mile | $       | $       | $       |
| Capital Cost (vehicle depreciation) per Mile | $       | $       | $       |
| Administrative Cost per Mile | $       | $       | $       |
| Preventive Maintenance per Mile | $       | $       | $       |
| Other allowable Costs per Mile | $       | $       | $       |
| **Total Fully-Allocated Cost per Mile** | $       | $       | $       |
| **Revenue per Mile** |
| Based on the firm’s financial statement, identify the Revenues per Mile and the Route’s estimated costs per mile for calendar year 2018 & 2019 (actual, if available) and 2019 (estimated). |
| ***Revenue per Route Mile*** | **Actual and Estimated Revenues per Mile** |
| *2018 (Actual)* | *2019 (Actual)* | *2020 (Estimated)* |
| Passenger Revenue per Route Mile | $       | $       | $       |
| Freight/Package Express Rev. per Route Mile | $       | $       | $       |
| Administrative Revenue per Route Mile | $       | $       | $       |
| Other Identified Revenue per Route Mile | $       | $       | $       |
| **Total Annual Regular Route Revenue per Mile** | **$**  | **$**  | **$**  |

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| **Sources of Match** |
| WYDOT awards FTA Section 5311(f) – Intercity Bus funding on the match ratios indicated below. For each category, indicate the Source from which the local match will come, and the total Amount of that proposed local match. (Source) (Amount of Match)  |
| **Operating Funds***(50% Local Match)* |       | $       |
| **Administrative Funds***(20% local match)* |       | $       |

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| **Intercity Bus Funding Request** |
| In the table below, identify the federal funds requested, the required local match (and any over-match) that you will be providing, and the total project cost for the route proposed for which funding is sought. |
| **FEDERAL FUNDS REQUESTED** | **2020** |
| FEDERAL FUND REQUEST | LOCAL MATCH (REVENUE) | TOTAL PROJECT COST |
| Total Operating Cost | **$**  | **$**  | **$**  |
| Total Administrative Cost | **$**  | **$**  | **$**  |
| **Total Funding Request** | **$**  | **$**  | **$**  |

**Please Note:**

Due to the fact that Wyoming’s yearly 5311 Funding apportionment is based, in part, upon the State’s population, the 15% of the total State 5311 Apportionment set aside to fund 5311(f) projects is consistently less than the funding requested each year. As a consequence of this reality, WYDOT has typically been unable to fund capital components of Intercity Bus projects in favor of Operating and Administration requests. As an alternative, Intercity Bus Applicants are asked to pay particular attention to the *Capital Cost (vehicle depreciation) per Mile* line item in the **Costs Per Mile** Section of this application. Applicants are also advised to be cognizant of the **Eligible Activities** as described in **Section VIII of FTA Circular 9040.1G** as they relate to the *Other allowable Costs per Mile* line item in the same section above.

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| **Route Justification for Service, Funding & Program Requirements** |
| Why is your proposed Intercity Bus Route needed in Wyoming? |       |
| How was this Intercity Bus Route identified? |       |
| Describe how this proposed project connects with regional and national bus services. |       |
| Describe any local community support – expressed through surveys, organizations, and other local level support. |       |
| Has this proposed route been in service or is it a logical addition to Wyoming Intercity Bus service. |       |
| Does the need for this route respond to economic conditions which have generated a need for improved or expanded bus service? |       |
| Why is a subsidy required to make this proposed route viable? |       |
| Please describe how you will comply with FTA Drug and Alcohol Testing Requirements. **Prior to funding, successful bidders will be required to furnish WYDOT with a copy of their D&A Policy.** |       |
| Please describe how your Organization plans to comply with the Americans with Disabilities Act (ADA). Specifically Equivalent Service as defined by 49 CFR Part 37.105 and Subpart G 49 CFR Part 38 – Over-the-Road Buses and Systems.  |       |

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| **Certification of Compliance****for****FTA Drug and Alcohol Program****and****Americans with Disabilities Act****for****Intercity Bus Providers** |
| I, |       | , a duly Authorized Representative of |
|  | Printed Name |  |
|  |       |  |
|  | Company Name |  |
| do hereby certify that our company continues to meet the requirements of the FTA Drug and Alcohol program as specified in 49 CFR Parts 40 and 655. I agree to notify WYDOT of any proposed alteration to our Drug and Alcohol policy prior to implementation by our governing body. |
|  |  |  |  |  |  |  |  |  |  |
| Signature and Title of Duly Authorized Representative: |  |
| Date:  |       |
|  |  |
| I, |       | , a duly Authorized Representative of |
|  | Printed Name |  |  |  |  |
|  |  |  |  |  |  |
|  |       |  |
|  | Company Name |  |
| do hereby certify that we continue to offer Equivalent Service as defined by 49 CFR Part 37.105 and that our Accessibility Features continue to meet the guidelines as proposed in Subpart G – Over-the-Road Buses and Systems of 49 CFR Part 38. |
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| Signature and Title of Duly Authorized Representative: |  |
| Date: |       |