Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FINAL REPORT FORM 1**

**(Formerly titled “Project Monitoring Form 1 - Ridesharing”)**

**For Ridesharing; Shuttle/Vanpool; Carpool/Transit Information; Rail-Bus Integration; and Smart Growth Projects**

**TFCA Project #** Initial TFCA $ Awarded: $

 Total TFCA $ Awarded: $

 Total TFCA Funds Expended by County Program Manager: $

 Total Project Cost: $

Project Sponsor:

Project Title:

Contact:

Phone: e-mail:

Initial Project Start Date: Project Completion Date:

Final Cost-Effectiveness Value *(ACTC to complete):* $ / ton (weighted)

**1. Project Description:** Provide a brief description of the project implemented. Include all applicable informationif the scope of the project changed in any way since it was originally approved.

**2. Monitoring Methodology:** Describe the methodology or sources used to obtain the project data entered in Section 3 and explain any assumptions made to generate data. Information provided in the final report should be based on project outcomes as documented through collected data (surveys, counts, etc). If a survey was performed, provide the date of the survey, a copy of the survey form, and summary data.

**A. Required data for shuttle projects:**

 1) Attach a route map, including service stops and schedule information.

2) A user/ridership survey for the routes and or services listed in Appendix A of the TFCA funding agreement is required. The survey is to gather the following information:

a) Total commute distance for participants from home/start to destination (including the shuttle trip);

b) Distance traveled by participants to access the shuttle service;

c) By what mode the shuttle service is accessed (driving alone, carpooling, biking, or walking);

d) Whether the participant, prior to using the shuttle service, made the same trip by driving a single occupancy vehicle.

**3. Project Data:** Complete the section below that is most appropriate for your specific project type. Note: Round trips should be counted as two one-way trips for all project types. Add rows to tables as needed.

**A. Carpool Formation/Transit Information Projects:**

|  |  |  |  |
| --- | --- | --- | --- |
| Project Component | # Trips Reduced Per Day (1-Way) | # Days Per Year | Avg. 1- Way Trip Distance |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**B. Transit or Rideshare Incentive Projects:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Project Component | Total # Recipients | Total $ Value of Incentives Provided | # Trips Reduced Per Day (1- way) | # Days Per Year | Avg.(1- way) Trip Distance | New Trips (1- way) to Access Transit | Trip Length (1- way) to Access Transit |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**C. Shuttle / Vanpool Projects:** (Report different vehicle types and data for peak hours on separate lines)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Vehicle Make/Model/ Year/ Gross Vehicle Weight  | Fuel Type | Total # Shuttle/Vanpool Trips per Day (1- way) | # of Days/ Year | Avg. Shuttle/ Vanpool Trip Distance (1- way) | # Riders per Day (1- way) | Avg. Home to Work Trip Distance (1- way) | % Riders that Formerly Drove Alone | Trip Length (1- way) to Access Transit |
| *Data for all hours, weekdays:* |
|  |  |  |  |  |  |  |  |  |
| *If applicable, data for peak periods only (weekdays, 5 a.m. - 10a.m. and 3 p.m. - 7 p.m.):* |
|  |  |  |  |  |  |  |  |  |

**D. Smart Growth/Pedestrian Improvement Projects:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Project Component | Data Collection | # of Days/ Year | Avg. Trip Distance(1- way) | # Pedestrian trips per Day | # Bicycle trips per Day | # Transit Passenger trips per Day |
| 1. |  | Pre-project Count |  |  |  |  |  |
| Post-project Count |  |  |  |  |  |
| 2. |  | Pre-project Count |  |  |  |  |  |
| Post-project Count |  |  |  |  |  |

1. **Other Requirements:** Sponsor shall attach documentation for all assumptions and calculations used for all reported data, including applicable ridership, counts, and surveys or as required in the TFCA funding agreement, including documentation that the BAAQMD and Alameda CTC were credited as a funding source. List all report attachments below (add lines as needed):

1)

 2)

 3)

 4)

**5. Certifications:**

**A.** **Project Sponsor:**

I, (print name), certify that the information provided is complete and correct.

 , .

 Project Sponsor Signature Title

**B.** **Program Manager (Alameda CTC):**

I, (print name), to the best of my knowledge, certify that the information provided is complete and correct.

 .

 County Program Manager Liaison Signature

 \_\_\_\_ Yes, the Final Cost-effectiveness Worksheet is attached.