**Date:**

**FINAL REPORT FORM 4**

**(Formerly titled “Project Monitoring Form 4 - Arterial Management Projects”)**

**For Arterial Management/TSP 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)

***Complete the sections that apply to the type of project implemented. Use additional pages as needed.***

**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. Arterial Signal Timing Projects:**

**A.** Provide a list of (or attach a map showing) locations of re-timed traffic signals within the segment.

**B.** Complete a separate table for each project arterial/segment. Provide information for both directions of traffic (e.g., N&S) using a separate line for each direction. Measure vehicle speed and traffic volume concurrently. Pre-project data submitted shall be gathered within three months prior to construction. The post-project data submitted shall be gathered within three months after project completion.

Arterial/Segment:

Length (to nearest 0.1 mi.):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Data Collection | Time Period | Direction of Traffic | Days/Year Effective | Traffic Volume in Period | Average Vehicle Speed for Period |
| Pre-Project |  |  |  |  |  |
| Pre-Project |  |  |  |  |  |
| Post-Project |  |  |  |  |  |
| Post-Project |  |  |  |  |  |
| \*2-yr Post-Project |  |  |  |  |  |
| \*2-yr Post-Project |  |  |  |  |  |

**\*Note: The 2-year post project data (23 to 25 months after the construction of the project) is only required for projects that received four years of effectiveness at the time of project approval.**

**3. Transit Vehicle Traffic Signal Prioritization (TSP) Projects*:*** *Complete 3A – 3C.*

**A.** Provide the following information, using a separate column for each bus route that benefited from the project.

|  |  |  |  |
| --- | --- | --- | --- |
| Route Number or Segment of Roadway (Use a separate column for each) | #1 \_\_\_\_ | #2 \_\_\_\_ | #3 \_\_\_\_ |
| Distance of bus route (one-way) |  |  |  |
| Days per year of service |  |  |  |
| # Runs per day (one-way) with and \ without project | \ | \ | \ |
| Average bus speed with and \ without project | \ | \ | \ |
| Average passengers per run with and \ without project | \ | \ | \ |
| % of passengers that previously drove alone |  |  |  |

**B.** Provide list (or attach map) showing locations of traffic signals where transit signal prioritization systems were installed. Indicate where other improvements were made to the arterial to improve transit speeds (e.g., bus bulbs, queue lanes).

**C.** The sponsor is encouraged to provide any additional information that helps document the impact of the project on bus ridership.

**4. 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)

**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.

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County Program Manager Liaison Signature

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