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 information if 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					

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)

   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.

Date _____

FINAL REPORT FORM 2 – CLEAN AIR VEHICLES AND INFRASTRUCTURE

(Formerly titled "Project Monitoring Form - 2 Clean Air Vehicles")

For Clean Air Vehicle and Infrastructure 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 section(s) that applies to the type of project implemented. Use additional sheets as needed.

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

2. Alt-Fuel and Hybrid Vehicles Acquired:

Provide documentation of purchase and the following information for each clean air vehicle acquired:

Manufacturer / Model/ Year	GVW	Fuel Type	Vehicle ID Number (VIN)	Month/Year Placed in Service	Engine Serial Number (Optional for Light-duty)

Old Vehicles Scrapped: For projects requiring vehicle scrapping, provide the following information regarding disposition of vehicles that were replaced.

Manufacturer	Model	Year	Engine Type/Fuel	Vehicle ID Number (VIN)	Engine Serial Number (Optional for Light-duty)

If vehicles were scrapped, provide documentation (e.g., DMV Notice to Dismantler form and photograph) that the engine block was destroyed. Program Manager must retain this documentation.

3. Alternative Fuel Infrastructure: For refueling/recharging infrastructure projects, provide the following information.

Company/Station Name	Location of refueling/charging stations/spots (street address, city, zip)	Type of Alternative Fuel	# of Dispensers/ Charging Spots	Public Access? (Y/N)	# of, and weight class of, vehicles using facility

Provide volume of fuel or amount of electrical energy dispensed by the facility(ies). Attach additional sheets as needed.

4. Other Requirements: Attach a copy of the Final Cost-Effective (C-E) Worksheet, including all assumptions used and calculations of input values, and attach any other information required in the Project Information form, Guidance, or 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.

Date _____

FINAL REPORT FORM 3 – BICYCLE PROJECTS

(Formerly titled "Project Monitoring Form 3 - Bicycle Projects")

For Bicycle 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: _____ Email:_____

Initial Project Start Date:_____ Project Completion Date:_____

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

Complete the section(s) that applies to the type of project implemented. Use additional sheets as needed.

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

2. **Monitoring Methodology:** Describe the methodology used to obtain the data listed below and explain any assumptions made to generate data. If a survey was performed, provide a copy of survey form and summary data.

3. Bicycle Paths, Lanes and Routes: Provide the following information for each project segment.

Segment Name (and limits)	Segment ADT (For Class 1, use nearest parallel st.)	Class (1, 2, or 3)	Segment Length (to nearest 0.1 mile)	If Gap Closure, Total Length of resulting facility	# Trips per Day (1-way)*

Note: Class 1 = off-street bicycle path, Class 2 = on-street bike lane, Class 3 = on-street bike route (no bike lane). For a project installing bike lanes on only one side of the road, the # Trips per Day should be halved.

3A. Provide the calculation used for the reported number of 1-way bike trips per day in the above table:

3B. If counts were conducted, report pre- and/or post-project bicycle count data in the below table:

Segment Name	**Pre-Project Counts**				**Post-Project Counts**			
	Date	# of Bikes	Time Period (from-to)	Trips per day (1-way)*	Date	# of Bikes	Time Period (from-to)	Trips per day (1-way)*

***** *For this table, the reported bike trips per day are to be based on count numbers and a reasonable estimate for the hours per day a facility is used.*

4. Bicycle Lockers and Racks:

	Location (street address, city, zip)	# Units Installed	Capacity per Unit	Cost per Unit	Avg. # Users/ Day	# of Trips(1-way) Eliminated/Day*
Mechanical Lockers						
Electronic Lockers						
Regular Racks						
Racks on Buses						

** For eliminated car trips per day, lockers are assumed to eliminate a maximum of 100% of capacity. Racks are assumed to eliminate a maximum of 50% of capacity.*

5. Bicycle Purchase Projects: Provide information on bicycle usage.

Miles Traveled	Type of Bike	# of Hours of Usage	# Bikes Purchased	Cost per Bike

6. **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)

7. **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-effective Worksheet is attached.

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 information if 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.

_____.

County Program Manager Liaison Signature

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