

Federal Transit Administration
Successes in Enhancing Transit Ridership Awards
2008 Application Form

Name of FTA Grantee Transit Agency: _____

Address: _____

Submitting Official Contact Information (General Manager or CEO):

Name: _____

Title: _____

Phone Number: _____

E-mail Address: _____

Please indicate the area population category in which your agency falls:

Over 1 million in population

Between 200,000 and 1 million

Between 50,000 and 200,000

Under 50,000

Please indicate the category or categories in which the initiatives falls (**only one initiative per category** will be considered and should be the one with the greatest transferability to other transit systems):

Marketing, advertising, communications

Partnerships with employers, educational institutions, and transit oriented development

Fare structure or fare media

Operating and service adjustments (routes, schedules, amenities, service quality)

Dates initiatives first implemented at agency¹:

_____ Marketing, advertisements, communications

_____ Partnerships

_____ Fares

_____ Operating and service adjustments

¹ Must have been implemented between CY 2005 and CY 2006 to be eligible for consideration. The opening of a New Start or New Start extension will not be considered for this award program.

Please describe, as specifically as possible, how implementation of the initiatives resulted in increased system-wide transit ridership by at least 5%. (Limited to a maximum of 350 words and a **total of 4 initiatives, no more than one initiative per category**)

Please describe how each initiative can be implemented at other transit agencies and how it is not unique in its application solely to your agency. (Limited to a maximum of 350 words)

Number of system-wide annual unlinked passenger trips, as reported to the NTD:

CY 2005 _____

CY 2006 _____

Annual percentage change in system-wide unlinked passenger trips due to implementation of this measure or measures

From CY 2005 to CY 2006: _____

By signing below, the general manager or chief executive officer hereby certifies that the ridership data provided above, upon which the ridership improvement is based, is accurate and consistent with the same data that have been reported to the National Transit Database for the years claimed. In the case of rural operators (areas under 50,000 in population) where no NTD data were reported for the years 2005 to 2006, the ***general manager or chief executive officer hereby certifies the accuracy of the data submitted in this application.***

Signature _____ Date _____

Name and Title _____

Awards will be based on the best combination of the number of categories in which the initiatives fall, the transferability (broad applicability) of the initiatives to other transit agencies, and the magnitude of the ridership gain. Greater weight in the evaluation will be given to the number of categories in which the initiatives fall and their transferability, than system-wide ridership gains in order to control for the economic impacts on ridership.

Applications must be received by FTA ***no later than November 5, 2007***

In order to apply, please send an e-mail to William.Menczer@dot.gov and attach a PDF file of the completed application. If you prefer, you can alternatively mail or overnight express the application to the following address:

William B. Menczer
FTA Ridership Awards Program, TBP-11
Federal Transit Administration
1200 New Jersey Avenue, SE, Room E52-314
Washington, DC 20590