



SYSTEM ACCESS FUND SCREENING FORM

The purpose of the System Access Fund Screening Form is to provide a high-level description of the proposed project to demonstrate that it meets basic eligibility criteria. Screening Forms are required and are due on March 11. Sound Transit staff will review your response and provide feedback on the contents of the Screening Form by March 18.

Project Information

Project Title: _____

Sponsoring Agency (include cosponsors, if applicable): _____

Is the project identified in a locally adopted plan or TIP? If so, please indicate the plan/document: _____

Project type (e.g. capital, operating, technology, TDM, other): _____

Brief project description (1-2 sentences): _____

Contact Information

Name: _____

Phone: _____ Email: _____

Project Location

Which facility(ies) served by Sound Transit will the project benefit?: _____

What specific access problem(s) or need(s) will the proposed project address? _____

Project Funding

Total Project Cost: \$ _____ Funding requested from Sound Transit: \$ _____

Acknowledge responsibility for ongoing operations and maintenance costs: Yes: No:

Project Schedule

Please identify the following:

The project's current phase: _____

The phase that System Access Funds will be used for: _____

The year System Access Funds are being requested: _____

The year the project will be complete: _____