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: ____________________________________________