



ORANGE COUNTY TRANSPORTATION AUTHORITY
M2 PROJECT W - SAFE TRANSIT STOPS

NEEDS ASSESSMENT SURVEY

SECTION ONE: GENERAL PROJECT INFORMATION

Applicant Information

Proposed Project Location

Local Agency _____
Project Manager _____
Address _____
Phone _____
Email _____

Stop Location _____
Stop Ranking _____
Total Estimated Project Cost _____
Project W Funding Request _____
(If design funding is requested please specify local match rate)

Ridership Demand (Boardings)

Digital photos of location must be attached

OCTA _____ Other* _____ * Other includes ridership numbers from services other than OCTA
If "Other" is indicated, please explain _____

SECTION TWO: NEEDS ASSESSMENT

Project Description

1a. Describe the current condition of the facilities and what amenities exist.

[Empty text box for project description]

1b. Does the jurisdiction believe that the stop should remain on the List of the 100 Busiest Stops?

[Empty text box for jurisdiction belief]

SECTION TWO: NEEDS ASSESSMENT (CONTINUED)

2. What is the age of the current amenities that exist at the proposed project location? How many years of useful life remain?

3. What are the proposed improvements? What amenities will be installed?

SECTION TWO: NEEDS ASSESSMENT (CONTINUED)

4. What is the ADA status of the existing facility? Will any additional improvements be required to meet current ADA standards?

5. Will any of the equipment being replaced be salvaged and reinstalled elsewhere? If so, what location(s)?

6. Please list any other priority factors that your jurisdiction would like to have considered.