

REQUEST #

Capital Project
FY27
Wake Transit Work Plan
Funding Request Form

FY START DATE
Jul 2026
Total Project Cost
#REF!

Project Name	Requesting Agency	Project Contact	Wake Transit Estimated Capital Cost
			Base Year \$ -
			Cumulative \$ -
Wake Transit Project ID	Estimated Start Date	Estimated Completion	Notes
Project Description/Scope	Enter below a summary of the project that may later be used to inform the project description in the FY 2027 Work Plan.		
Project Justification / Business Case	Provide responses to <u>EACH</u> of the questions below. Answer the questions as thoroughly as possible. Enter Not Applicable (N/A) as appropriate.		

Please detail project justification based on supporting information. What is the impact/alternative if the request is not funded?

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1. Is this a New Project, Scope Change or Financial Change? New ☐ Scope ☐ Financial ☐

See Instructions for definitions

2. Is this a one-time request? Yes ☐ No ☐

3. Where is this project located, who will this project serve and how will it improve service or overall implementation of the Wake Transit Plan?

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4a. Is this project identified or detailed in any of the following Wake Transit documents? *Select all that apply.*

CIP <input type="checkbox"/>	Wake Transit Plan <input type="checkbox"/>	Bus Plan <input type="checkbox"/>	Other <input type="checkbox"/>	If other, what? <input type="text"/>	None <input type="checkbox"/>
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4b. If any but "none", how does this request relate to what was envisioned in the selected document(s)? Specify which component(s) of the CIP or Wake Transit Plan the request supports. Also specify goals and outcomes desired by final project completion. If this request involves a capital or bus operating project, please include a map showing the location of the project as an attachment to this form.

4c. If "none" was selected, is this project in addition to projects and services included in the adopted Multi-Year Operating Program, CIP, or Wake Transit Plan or in lieu of projects and services included in those programs/plans?

5a. Will external funds (e.g. state, federal, local, etc) be utilized for this project?

Yes ☐ No ☐

5b. If no, has your organization confirmed that internal or external, non-Wake Transit funds are not available? Please share any supporting details regarding research, discussions, and decisions on pursuing non-Wake Transit funding.

6. The TPAC endorsed a set of reporting deliverables for various categories of Wake Transit Work Plan projects. A listing of these reporting deliverables by category is available [here](#) and on Sharepoint:

[Wake Transit Work Plan Project Reporting Deliverables](#)

If reporting deliverables are not already established for the category of the requested project, or if there is a need to deviate from the TPAC-endorsed reporting deliverables, please list the reporting deliverables that should be considered for this project below:

a)

b)

c)

7. Does the project funding request involve new acquisition of real property or a change to the scope or funding amount for a prior approved funding allocation for real property acquisition? If so, please refer to the adopted Policy Framework for Use of Wake Transit Funds to Acquire Real Property (available below) and submit the requested information outlined in Part III of the policy in a separate document if the subject real property acquisition meets the applicability thresholds outlined in Part II of the policy.

Yes ☐ No ☐

[Policy Framework for Use of Wake Transit Funds to Acquire Real Property](#)

8a. Are you requesting to use Wake Transit tax revenues for art on the project?

Yes ☐ No ☐

8b. Are you requesting funds to cover an artist retention fee for the design phase of the subject project?

Yes ☐ No ☐

- 8c. If you are requesting funds to cover an artist retention fee for the design phase of the subject project, how much are you requesting (up to \$30,000)?
- | | | |
|--|----|---|
| | \$ | - |
|--|----|---|
- 8d. Are you requesting art construction funds for the project at this time?
- | | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|
- 8e. If you are requesting art construction funds, what is the total construction cost estimate for 1
- | | |
|----|---|
| \$ | - |
|----|---|
- 8f. If you are requesting art construction funds, what are the anticipated funding sources and respective shares of those anticipated funding sources for supporting the construction phase of the project?

Funding Source	Share

9. List any other project information not addressed:

10. Please enter estimated revenues below. If there are other revenues besides Wake County Tax Revenue to support this request, please enter the anticipated revenue amounts next to the appropriate funding source for each fiscal year shown below.

Revenue						
Tax Revenue	FY27	FY28	FY29	FY30	FY31	FY32
Wake County Tax Revenue (Capital)	-	-	-	-	-	-
Other Revenue						
Federal	-	-	-	-	-	-
State	-	-	-	-	-	-
Other	-	-	-	-	-	-
Subtotal Other	-	-	-	-	-	-
TOTAL REVENUE	-	-	-	-	-	-

11. For Non-Wake County Tax Revenue (federal, state, other), who is the proposed recipient(s) and who will be in charge of applying for those funds? Please provide status of other revenues (Application submitted, Committed, Awarded, Other).

12. Please enter estimated appropriations to support contractual commitments and other expenses related to proposed capital projects.

CAPITAL COSTS	FY26	FY27	FY28	FY29	FY30	FY31
Planning	-	-	-	-	-	-
Design	-	-	-	-	-	-
Construction	-	-	-	-	-	-
Equipment	-	-	-	-	-	-
Right of Way / Land Acquisition	-	-	-	-	-	-
Other	-	-	-	-	-	-
TOTAL CAPITAL COSTS	-	-	-	-	-	-

13. For multi-phase capital projects, please indicate the respective fiscal quarter and fiscal year each phase will begin and end using the timeline structure provided below.

	Fiscal Quarter and Fiscal Year Begin	Fiscal Quarter and Fiscal Year End
Planning		
Design		
Construction		
Equipment		
Land - Right of Way		
Other		

14. Please enter Capital category that best represents the project above (This will be reviewed during workplan development)

Bus Infrastructure☐

Bus Acquisition☐

BRT☐

CRT☐

Other☐

15a. Will this project include any community engagement or communication activities?

Yes☐

No☐

15b. If Yes, what year and month do you anticipate these activities beginning:

Fiscal Year:

Month:

16. Please state any assumption(s) used to calculate the capital dollars and revenues shown above. (include details)