

REQUEST #

Operating Project
FY27
Wake Transit Work Plan
Request Form

FY START DATE
Jul 2026
Total Project Cost
\$ -

Project Name	Requesting Agency	Project Contact	Wake Transit Estimated Operating Cost	
			Base Year	\$ -
			FY 2027	\$ -
			Cumulative	\$ -
Wake Transit Project ID	Estimated Start Date	Estimated Completion (if applicable)	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. Is this for partial or full year funding? Partial ☐ Full year ☐

4. 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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5a. Is this project identified or detailed in any of the following Wake Transit documents?
MYOP ☐ Wake Transit Plan ☐ Bus Plan ☐ Other ☐ If other, what? _____ None ☐

5b. If any but "none" were selected, 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.

5c. If "none" was selected, is this project in addition to projects and/or 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? If so, provide detail for how this relates to and adds to the value of

6a. Will external funds (e.g. state, federal, local, etc) be utilized for this project? Yes ☐ No ☐

6b. 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 for this project:

7a. 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](#)

7b. Does this project fall under the existing Wake Transit Work Plan project reporting deliverables? Yes ☐ No ☐

8a. For bus operating projects, please provide:

a) Target Start Date (MM/YYYY)				
b) Assets Used (Vehicles, etc.)				
c) Geographic Termini				
d) Major Destinations Served				
e) Estimated Annualized Revenue Hours				
f) Estimated Annualized Revenue Miles				
g) Span of Service		Weekday	Saturday	Sunday
h) Frequency	TIME PERIOD	Weekday	Saturday	Sunday
	AM Peak			
	Midday			
	PM Peak			
	Evening			

8b. If this is an existing route, please provide the current service levels if different in 7a:

a) Date of Last Service Change (MM/YYYY)				
b) Assets Used (Vehicles, etc.)				
c) Geographic Termini				
d) Major Destinations Served				
e) Annualized Revenue Hours				
f) Annualized Revenue Miles				
g) Span of Service		Weekday	Saturday	Sunday
h) Frequency	TIME PERIOD	Weekday	Saturday	Sunday
	AM Peak			
	Midday			
	PM Peak			
	Evening			

9. If this is a bus operating project, which organization will operate the service?

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10. List any other project information not addressed:

11. 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 (Operating)	-	-	-	-	-	-
Farebox	-	-	-	-	-	-
Operating Revenue Subtotal	-	-	-	-	-	-
Other Revenue						
Federal	-	-	-	-	-	-
State	-	-	-	-	-	-
Other	-	-	-	-	-	-
Subtotal Other	-	-	-	-	-	-
TOTAL REVENUE	-	-	-	-	-	-

12. 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).

13. Please enter estimated appropriations to support expenses. Enter FY 2026 and the estimated annualized cost in FY 2027 using the 2.5% growth factor, if applicable. The spreadsheet will calculate 2028 and beyond by 2.5%. If your project is not expected to have recurring costs in FY 2027 and/or beyond, delete the calculation(s) in columns E-H.

Cost Break Down of Project Request						
OPERATING COSTS	FY26	FY27	FY28	FY29	FY30	FY31
Growth Factors		2.50%	2.50%	2.50%	2.50%	2.50%
Transit Plan Administration	-	-	-	-	-	-
Salary & Fringes	-	-	-	-	-	-
Contracts	-	-	-	-	-	-
Bus Operations:						
Estimated Hours	-	-	-	-	-	-
Cost per Hour	-	-	-	-	-	-
Estimated Operating Cost	-	-	-	-	-	-
Bus Leases	-	-	-	-	-	-
Park & Ride Lease	-	-	-	-	-	-
Maintenance	-	-	-	-	-	-
Other	-	-	-	-	-	-
Subtotal: Bus Operations	-	-	-	-	-	-
Bus Rapid Transit (BRT) Operations	-	-	-	-	-	-
Other (Describe)	-	-	-	-	-	-
Other (Describe)	-	-	-	-	-	-
TOTAL OPERATING COSTS	-	-	-	-	-	-

14. Please enter Operating category that best represents the project above (This will be reviewed during Work Plan development)

Tax District Administration☐

Transit Plan Administration☐

Bus Operations☐

BRT Operations☐

15. Will this project include any community engagement or communication activities? Yes ☐ No ☐

, what year and month do you anticipate these activities beginning: Fiscal Year: Month:

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