FY 2025 Wake Transit Work Plan Request Form Operating and/or Capital

	FY START DATE
Jul	2025
	Total Project Cost
\$	-

Project Name	Requesting Agency		Project Contact		Wake Transit E	stimated Operating Cost
			•		Base Year	\$ -
					FY 2026	\$ -
					Cumulative	\$ -
Estimated Start Date	Estimated Completion		Notes			Estimated Capital Cost
					Base Year	\$ -
					Cumulative	\$ -
Project Description/Scope	Enter below a summary of the p	project that may late	er be used to infor	m the project o	lescription in th	e FY 2025 Work Plan.
Project Justification / Business Case		nses to <u>EACH</u> of the (N/A) as appropriat		Answer the qu	estions as thorc	oughly as possible. Enter
Please detail project justification:						
Is this a New Project, Scope Change or F See Instructions for definitions	Financial Change?	-	New	Scope	Financial	
See Instructions for definitions 1a. If Scope Change or Financial Change - In	ndicate previous project ID					
2. Is this project Operating, Capital or Both	h?	Operating	Capital 🗌	Both		
3. Is this a one-time request?		Yes 🗌		No 🗌		
4. What is the timeframe for the request?	' Are you requesting a full year of	funds in FY25 or a	partial year to be a	annualized in fu	uture fiscal year	s?

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

6. Is this project programmed in the adopted FYs 2025-2030 Multi-Year Operating Program or CIP?	Yes □	No □
6a. If yes, how does this request relate to what was envisioned in the adopted Multi-Year Operating Program of the Multi-Year Operating Program, CIP, or Wake Transit Plan the request supports.	_	_
6b. If no, is this project in addition to projects and services included in the adopted Multi-Year Operating Proservices included in those programs/plans?	gram, CIP, or Wake Tra	nsit Plan or in lieu of projects and
7. Is the request identified in the Wake Bus Plan, Fixed Guideway Corridors MIS, any other Wake Transit governing board-adopted plans, or any other TPAC-endorsed plans or studies?	Yes 🗌	No 🗆
7a. If yes, how does this request relate to what was envisioned in these adopted or TPAC-endorsed plans or st studies the request supports. Specify goals and outcomes desired by final project completion. If this request in map showing the location of the project as an attachment to this form.		

8. What is the impact/alternative if the request is not funded?

9. The TPAC endorsed available here and on				f Wake Transit Work Plan projects.	-	se reporting delive	erables by category is
. •	•	ablished for the	category of the re	Plan Project Reporting Deliverabe equested project, or if there is a new for this project below:		om the TPAC-end	orsed reporting
a)							
b)							
c)							
property acquisition?	If so, please refer to t	he adopted Polic	y Framework for	or a change to the scope or fundi Use of Wake Transit Funds to Acq nt if the subject real property acqu	uire Real Prope	rty (available belo	w) and submit the
		Policy Framev	vork for Use of V	Wake Transit Funds to Acquire R	Real Property		
•	ng funds to cover an a	rtist retention fe	e for the design p	ct? phase of the subject project? n phase of the subject project, how	Yes Yes w much are you	requesting (up to	No
11c. Are you requesti	ng art construction fu	nds for the projec	ct at this time?		Yes 🗌	\$	No
•	ting art construction f			on cost estimate for the project? nding sources and respective share	es of those antio	\$ cipated funding so	urces for supporting the
	Funding S	ource	Share]			
12. For bus operating	g projects, please prov	vide:		•			
	a) Target Start Date						
	b) Assets Used (Veh	icles, etc.)					
	c) Geographic Termi	ni					
	d) Major Destination	ns Served					
	e) Annualized Rever	nue Hours					
	f) Span of Service			Weekday	Sati	urday	Sunday
			<u>PERIOD</u>	Weekday	Sati	urday	Sunday
		AM	Peak				

Midday

g) Frequency

		Eveni	ing					
13. If this is a bus ope	erating project, which	organization will c	operate the serv	vice?				
14. If applicable, desc devoted to each functi		ısibilities and dutie	es for new staffi	ing requests. Prov	ide each major i	ntended function	and task. , and t	he percentage of time
15. List any other proj	ect information not a	ddressed						
16. Please enter estim	nated revenues below	. If there are othe	r revenues besi	ides Wake County	Tax Revenue to	support this requ	est, please ente	the anticipated
revenue amounts next	t to the appropriate fu	ınding source for e	each fiscal year	shown below.				
Revenue Tax Revenue		FV2F	FV2C	FV27	EV20	EV20	EV20	
Wake County Tax Rev	enue (Operating)	FY25	FY26 -	FY27 -	FY28 -	FY29 -	FY30	
-	Farebox	-	-	-	-	-		
Operating Reve		-	-	-	-	-		
Wake County Tax Rev	enue (Capital)	-	-	-	-	-		
Other Revenue						· ·		
Federal		-	-	-	-	-		
State		-		-		-		
Other		-	-	-	-	-		
Subtotal Other TOTAL REVENUE		-	<u>-</u>	-	-	-		
17. For Non-Wake Coustatus of other revenu					and who will b	e in charge of app	lying for those fu	ınds? Please provide
Status of Other revellu	es (Application submit	tica, committed, i	Ottle	· <i>I</i> ·				

PM Peak

Cost Break Down of Project Request

columns E-H.

18. Please enter estimated appropriations to support expenses. Enter FY 2025 and the estimated annualized cost in FY 2026 using the 2.5% growth factor, if applicable. The spreadsheet will calculate 2027 and beyond by 2.5%. If your project is not expected to have recurring costs in FY 2026 and/or beyond, delete the calculation(s) in

OPERATING COSTS	FY25	FY26	FY27	FY28	FY29	FY30
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	-	-	-	<u> </u>	-	-
Maintenance	_	-	-	_	-	_
Other	_	_	_	_	-	_
Subtotal: Bus Operations	-	-	-	-	-	-
Bus Rapid Transit (BRT) Operations	_	-	-	-	_	_
Other (Describe)	_	-	-	-	-	
Other (Describe)		-			-	-
TOTAL OPERATING COSTS	-	_	-	-	_	-
TOTAL OF LIKATING COSTS	-	-	-	-	-	-
19. Please enter Operating category that b	act raprocents the	o project above (This will be review	wad during Wark	. Dlan davalanma	nt)
	est represents th sit Plan Administr		Bus Operations		BRT Operations	
Tax District Administration Train	sit Pidii Auliliilisti		bus Operations		bki Operations	
20. Please enter estimated appropriations	to support contra	ctual commitme	nts and other exp	oenses related to	proposed capita	l projects.
CAPITAL COSTS	FY25	FY26	FY27	FY28	FY29	FY30
Planning	-	-	-	-	-	-
Design	-	-	-	-	-	-
Construction	-	-	-	-	-	-
Equipment	-	-	-	-	-	-
Birling (MA) - / Land Ann Saling						
Right of Way / Land Acquistion	-	-	-	-	-	-
Other	-	-	-	-	-	-
Other	-	-	- - -	-	-	- - -
Other TOTAL CAPITAL COSTS 21. For multi-phase capital projects, please	indicate the resp	-	-	and Fiscal Year	-	-
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