**Appendix B: COA Template**

**CTE SB230 Formula Grant Program FY26 NOFA**

**Comprehensive Operational Analysis (COA) Template**

The statute (Section 43-4-1204, C.R.S.) that enables the Clean Transit Enterprise’s (CTE) Local Transit Operations Program (a.k.a., SB230 Formula Program) requires that eligible transit entities submit an acceptable Comprehensive Operational Analysis (COA) to meet program eligibility requirements. The purpose of the COA is for eligible entities to describe how they will use the program’s funding to expand transit service, increase transit frequency, improve system-wide transit connectivity, and make other investments to grow transit ridership, foster mode shift and support reduction of air pollution and GHG emissions. The CTE recognizes that eligible transit agencies throughout the state have a range of existing plan types with different names, horizons, etc. that can provide inputs for the COA. The CTE is striving to balance minimizing the burden on eligible transit entities while obtaining the information needed to make grant awards, facilitate accountability, and monitor program impacts. To this end, we have created this COA template and ask eligible transit entities to complete and submit it either with their NOFA response (Full COA Approach) or at a later date (Deferred COA Approach). The CTE has contracted with a transit planning consultant that is available upon request (at CTE‘s cost) to support COA development.

This COA template includes the following three elements:

1. **Entity Information** – Name of the entity and contact information for the NOFA response.
2. **5-Year Vision Plan –** A description of what an eligible entity plans to accomplish with funding from the SB230 Formula Program over the next five years. This should include overall program goals, specific types of programs, a high-level budget, and implementation phasing/timing.
3. **2-Year Implementation Plan** – A project implementation plan describing the project start and end dates and major milestones, broken out by capital, operating, and administration costs, for the expenditures your agency plans to use SB230 Formula Program funding for in each of FY26 and FY27. (Note: if an entity can only provide information for FY26, that is fine, but this may require additional contracting effort to get approval for using FY27 SB230 Formula Program funding).

In addition to the information requested in the above three elements, the eligible entity’s COA can include any additional information to describe how the money would be used to expand transit service, increase transit frequency, improve system-wide transit connectivity, and meet the other purposes described in Section 43-2-1204(b), C.R.S.

**Entity Information**

**Entity Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Entity Contact Person: Backup Contact Person:**  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5-Year Vision**

Complete the following sections regarding your entity’s 5-year plan for using SB230 Formula Program funding to expand transit services, increase ridership, and reduce GHG emissions.

**Section 1**: Briefly describe what your entity plans to accomplish with funding from theSB230 Formula Grant Program over the next five years. This should include span of service improvements (e.g., increase in services hours from X am - XX pm to X am - XX pm, frequency improvements (e.g. reductions in headways from XX minutes to XX minutes), and new geographic coverage (X new routes and/or X new miles served).

|  |
| --- |
| **(Max 300 words)** |

**Section 2:** Briefly describe the planning efforts your entity took to develop the 5-year vision, to include assessment of existing conditions/services and need/demand for service, the use of service optimization plans and corridor plans, consideration of projects identified through participation in the CDOT Regional Transit Planning process, and analysis of year-over-year service data, ridership and other relevant data.

|  |
| --- |
| **(Max 300 words)** |

**Section 3:** Provide estimated benefits from SB230 Formula Program spending for Vehicle Revenue Miles (VRM), Unlinked Passenger Trips (UPT), and Vehicle Revenue Miles(VRM).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Calendar Year** | **Increased** | **Increased** | **Increased** |  |
| **VRM** | **UPT** | **VRH** | **Other Benefits** |
| 2026 |  |  |  |  |
|  |  |  |  |
| 2027 |  |  |  |  |
|  |  |  |  |
| 2028 |  |  |  |  |
|  |  |  |  |
| 2029 |  |  |  |  |
|  |  |  |  |
| 2030 |  |  |  |  |
|  |  |  |  |

**Section 4**: Provide a projected 5-year budget for achieving your entity’s vision for SB230 Formula Program funding use and describe what funds will be spent on in the following table. Provide costs related to the calendar year in which the SB230 funds will be spent.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Fiscal Year** | **Type of** |  | **Local** | **Total** |  |
| **Cost** | **CTE ($**) | Match | **Costs** | **Use of funds** |
| 2026 | Cap |  |  |  |  |
| Ops |  |  |  |  |
| 2027 | Cap |  |  |  |  |
| Ops |  |  |  |  |
| 2028 | Cap |  |  |  |  |
| Ops |  |  |  |  |
| 2029 | Cap |  |  |  |  |
| Ops |  |  |  |  |
| 2030 | Cap |  |  |  |  |
| Ops |  |  |  |  |

**2-Year Investment Plan**

For each of FY26 and FY27, provide an implementation plan description of the project to be funded, to include vehicle purchases and operating expenditures.

**Type of Project(s) (Check all that apply):**  
☐ Span of Service Improvements (e.g., longer service hours)  
☐ Frequency Improvements (e.g., shorter headways)  
☐ New Geographic Coverage (e.g., new routes or service zones)

☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**New Vehicle Expenditures**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Vehicle Type/Length** | **# of Vehicles** | **Estimated Cost** | **Total** | **Description** (ambulatory seating capacity, wheelchair spaces, and fuel type) |
| 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| **Total** |  |  |  |  |

**Operating Expenditures**

Identify anticipated operations costs that will be funded through SB230 Formula Grant proceeds (these costs must be directly tied to provision of net new transit services and/or ridership).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Cost Item** | **FY 2026** | | | **FY 2027** | | |
| **CTE $s** | **Local Match** | **Total Costs** | **CTE $s** | **Local Match** | **Total Costs** |
| Operating |  |  |  |  |  |  |