FY 2026 Bus Safety, Accessibility, and Innovation Research Program

Applicant and Proposal Profile

Is this a resubmission due to an invalid/error message from FTA? ○ Yes ◉ No

Section I. Applicant Information

Organization Legal Name:

FTA Recipient ID Number (if applicable):

Organization Chief Executive Officer:
(Name and Direct Phone Number)

Applicant Eligibility (select one):

- ○ Transit Vehicle Manufacturer
- ○ Transit Vehicle Component Manufacturer
- ○ Provider of Public Transportation
- ○ For-Profit or Non-Profit Organization, or Consultant
- ○ State, City, or Local Government Entity
- ○ Research Consortium
- ○ Institution of Higher Education
- ○ Other

Project Location (select all that apply):

- ☐ Small Urban (50,000 to 199,999)
- ☐ Large Urban (200,000 or greater)
- ☐ Rural (less than 50,000)

Description of Organization:

Congressional Districts (Project Location)

Congressional District

Section II. Project Information (NOFO Section 4)

About the Project

Project Title:
(Descriptive title of this project)

Project Executive Summary:

Which research areas will the project include? (select all that apply):

- ☐ Operator compartment design for safety and security
- ☐ Operator visibility, mirrors, camera/monitor systems, and vulnerable road user (VRU) detection and avoidance
- ☐ Operator health and comfort
- ☐ Fare collection
- ☐ Passenger safety, accessibility, experience, and universal design
- ☐ Signage, announcements, and displays
- ☐ System-level design
- ☐ Standards and Policy
- ☐ Prototype for retrofit application
- ☐ Prototype for new bus application

Section III. Evaluation Criteria (see NOFO Section 6)

***** Address each of the evaluation criteria as described in the Notice of Funding Opportunity.*****

Demonstration of Transit Vehicle Design Experience

Demonstration of Understanding in Emerging Transit Needs and Solutions

Key Personnel Experience and Organizational Capacity

Program Implementation Strategy

Proposed Milestones (timeline)

Timeline Item Description	Timeline Item Date

Technical, Legal, and Financial Capacity

Planning and Partnerships

Financial Commitment

Matching Funds Amount:

Provide information on the source, type, availability, and supporting documentation.

Project Budget

Description	QTY	Federal Amount Requested	Local Match Amount	Other Federal Funds	Other	Total Cost
Total:						

Project Scalability

Is Project Scope scalable? ◯ Yes ◯ No

If Yes, specify minimum Federal Funds necessary:

Provide explanation of scalability with specific references to the budget line items above:

Section IV. Additional Considerations (NOFO Section 6)

Benefits for Families and Communities

Will this project benefit families with young children? ◯ Yes ◯ No

If yes, describe how the project will improve access to jobs, healthcare facilities, recreational activities, and commercial activities or how the project will improve the quality of life, raise the standard of living, or enable fuller participation in the economy by families:

Safety and Accessibility

Will this project reduce fare evasion? ◯ Yes ◯ No

Will this project reduce crime? ◯ Yes ◯ No

Will this project improve accessibility? ◯ Yes ◯ No

If yes, describe the project elements.

Buy America

Will any new waiver of Buy America requirements be needed? ◯ Yes ◯ No

If yes, please provide details.