



Effective(02/12)

Public Transportation Modernization, Improvement & Service Enhancement Program (PTMISEA)**Final Project Report**

Per G.C. 8879.50 (f)(2) "Within six months of the project becoming operable the recipient agency shall provide a report to the administrative agency . . ." Please provide the following information:

Fiscal Year : FY07-08

PTMISEA Cycle : 1

Project Sponsor : San Francisco Municipal Transportation Agency

Contributing PTMISEA Sponsor : N/A

Project Name : SFMTA Operator Restrooms

Project Scope**Funding**

99313 :

99314 :

PTMISEA Interest :

Other Funds

Federal/State :

Local :

Total Project Cost :**Schedule Date**

Begin Environmental :

End Environmental :

Begin Design :

End Design :

Begin Right of Way :

End Right of Way :

Begin Construction :

End Construction :

Begin Vehicle/Equipment Order :

End Vehicle/Equipment Order :

Begin Closeout Phase :

End Closeout Phase :

**Performance Outcomes
Description/Improvement
Percentages**
Original Application

Design and construct approximately six restrooms for transit operators.

Original Approved Project Cost

\$2,350,920

\$0

\$0

\$2,350,920

Original Project Schedule

9/1/08

6/1/09

7/1/09

3/1/10

4/1/10

2/1/11

3/1/11

6/1/11

Anticipated Performance Outcome

Maintain health of bus drivers and improve operational efficiency.

Final Project

Seven Restrooms have been installed at 6 sites. 32nd ave and Geary has two restroom units. There is one restroom unit at each of the other 5 sites.

Final Project Cost

\$2,350,920

\$63,118

\$4,279,712

\$6,693,750

Final Project Schedule

9/1/08

2/1/11

2/1/12

8/30/12

4/1/16

3/31/17

4/30/17

7/31/17

Actual Performance Outcome

Operators on lines with restrooms at their terminals can complete their runs without needing to take convenience breaks. As a result, this has improved system reliability and on-time performance.

Increased Ridership by _____%

Reduced Oper/Maint Cost by _____%

Reduced Emissions by _____%

Increased System Reliability by <1 %

Signature:

Name and Title

Date

Please include verification of the project completed as scoped by providing evidence of completion such as a photo and/or invoice of acquisition.

Note: The same authority that signed the Allocation Request or is designated on the Authorized Agent form must sign here.