Greenhouse Gas (GHG) Shared Mobility Inputs Documentation

This document will be used by California Air Resources Board (CARB) staff to confirm the user-inputs in the Shared Mobility Inputs tab of the Affordable Housing and Sustainable Communities (AHSC) Benefits Calculator Tool. Mobility Service providers must provide all information requested below that is relevant for each proposed shared mobility project, attach additional evidence where specifically requested, and sign the document to affirm inputs are correct and the proposed project(s) will be built as stated. If the inputs in the AHSC Benefits Calculator Tool differ from the inputs in this document, CARB staff will defer to this signed document to verify and score GHG benefits. If adequate information that allow CARB staff to verify outputs is not submitted, CARB staff will not score the GHG benefits of the proposed project(s).

Refer to the AHSC Quantification Methodology and User Guide for input definitions and guidance on filling out the Transit Inputs Tab of the AHSC Benefits Calculator Tool, found in the [California Climate Investments Reporting Tools webpage](https://www.caclimateinvestments.ca.gov/reporting-tools).

[Mobility Service Provider] has verified the following AHSC Benefits Calculator Tool inputs and attachments for [Project name (as listed in the AHSC Benefits Calculator Tool)]:

**AHSC Project Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| Shared Mobility Project Name |  |
| --- | --- |
| Project Type |  |
| Year 1 (Yr1) |  |
| Final Year (YrF) |  |

**Table 1: Project Information**

| Vehicle Type |  |
| --- | --- |
| Project Vehicle Model Year |  |
| Project Vehicle Fuel Type |  |
| Number of Vehicles in Yr1 |  |
| Number of Vehicles in YrF |  |

**Table 2: Vehicle Information**

**Table 3: VMT (Vehicle Miles Traveled) Information**

| Average Expected VMT per Vehicle in Yr1 (optional) |  |
| --- | --- |
| Average Expected VMT per Vehicle in  YrF (optional) |  |
| Are Input Values for One-way Trips or Roundtrips? |  |
| Average Expected Number of Vehicle Trips per Vehicle in Yr1 |  |
| Average Expected Number of Vehicle Trips per Vehicle in YrF |  |
| Length of Average Vehicle Trip (miles) |  |

| Adjustment Factor (Between 0 and 1) for Displaced Auto Trips |  |
| --- | --- |
| Average Occupancy per Vehicle in Yr1 |  |
| Average Occupancy per Vehicle in YrF |  |
| Percent Deadhead Miles |  |

**Table 4: Passenger Information**

**Table 5: Travel Cost Information**

| Annual Number of Fares Associated with Project (quantity per year) |  |
| --- | --- |
| Average Fare Associated with Project ($) |  |
| Annual Number of Subsidies  Provided by Project (quantity per year) |  |
| Average Value of Each Subsidy Provided by Project ($) |  |

**Table 6: Active Transportation Infrastructure Information**

| Active Transportation Facility One-Way Length (miles) |  |
| --- | --- |
| Annual Days of Use of Facility |  |
| Average Two-Way Daily Traffic on Road Parallel to Facility (vehicle trips per day) |  |
| University Town with Population  < 250,000? |  |
| Number of Key Destinations within ¼ mile |  |
| Number of Key Destinations within ½ mile |  |
| Existing Bikeway Class |  |
| New Bikeway Class |  |

**Ridership Justification (new or expanded service and subsidies only)**

1. Describe the proposed shared mobility project. Include an explanation of the demand for the number of vehicles requested in Yr1 and YrF.
2. If providing the average expected VMT per vehicle, describe how the expected VMT was determined and provide documentation from mobility service provider to support claims.
3. Provide evidence from mobility service provider, including calculations, to justify the expected average number of trips the AHSC funded vehicles will make in Yr1 and YrF.

1. How was the length of average vehicle trip determined?
2. Provide evidence from mobility service provider, including calculations, to justify the expected average occupancy per vehicle in Yr1 and YrF.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Shared Mobility Provider Agency Signature]

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Shared Mobility Provider]

Attachments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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