GHG Shared Mobility Inputs TEMPLATE

*This document will be used by CARB staff to confirm the user-inputs in the Shared Mobility Inputs tab of the AHSC Benefits Calculator Tool. Mobility Service providers should provide all information requested in the template below 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 the information in this document is not submitted, CARB staff will not score the GHG benefits of the proposed project(s).*

*Please refer to the* [*AHSC Quantification Methodology*](https://ww2.arb.ca.gov/sites/default/files/auction-proceeds/sgc_ahsc_finalqm_121423.pdf) *and* [*User Guide*](https://ww2.arb.ca.gov/sites/default/files/auction-proceeds/sgc_ahsc_userguide_121423.pdf) *for input definitions and guidance on filling out the Shared Mobility Tab of the AHSC Benefits Calculator Tool.*

[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: [Enter Project Name]**

|  |
| --- |
| **Applicant Documentation of Shared Mobility Inputs** |
| **Shared mobility project component type** | [Enter shared mobility project component type] |
| **Year 1** | [Enter Year 1] |
| **Final Year** | [Enter Final Year] |
| **Vehicle Type** | [Enter Vehicle Type] |
| **Project Vehicle Model Year** | [Enter Project Vehicle Model Year] |
| **Project Vehicle Fuel Type** | [Enter Project Vehicle Fuel Type] |
| **Number of Vehicles in Year 1** | [Enter Number of Vehicles in Year 1] |
| **Number of Vehicles in Final Year** | [Enter Number of Vehicles in Final Year] |
| **Average Expected VMT per Vehicle in Year 1 (optional):**  | Please attach documentation from mobility service provider to support VMT of new vehicles, including an explanation of how the impacts of COVID-19 were considered. |
| **Average Expected VMT per Vehicle in Final Year (optional)** | Please attach documentation from mobility service provider to support VMT of new vehicles, including an explanation of how the impacts of COVID-19 were considered. |
| **Are Input Values for One-way Trips or Roundtrips?** | [Enter response] |
| **Average Expected Number of Vehicle Trips per Vehicle in Year 1** | Please attach documentation from mobility service provider to support average number of trips, including an explanation of how the impacts of COVID-19 were considered.  |
| **Average Expected Number of Vehicle Trips per Vehicle in Final Year** | Please attach documentation from mobility service provider to support average number of trips, including an explanation of how the impacts of COVID-19 were considered.  |
| **Length of Average Vehicle Trip (miles)** | [Enter length of average vehicle trip] |
| **Adjustment Factor (Between 0 and 1) for Displaced Auto Trips** | [Enter adjustment factor for displaced auto trips] |
| **Average Occupancy per Vehicle in Year 1** | Please attach documentation from mobility service provider to support average occupancy per vehicle, including an explanation of how the impacts of COVID-19 were considered.  |
| **Average Occupancy per Vehicle in Final Year** | Please attach documentation from mobility service provider to support average occupancy per vehicle, including an explanation of how the impacts of COVID-19 were considered.  |
| **Percent Deadhead Miles** | [Enter Percent Deadhead Miles] |
| **Annual Number of Fares Associated with Project (quantity per year)** | Please attach documentation of fares for new service from mobility service provider. |
| **Average Fare Associated with Project ($)** | [Enter Average Fare Associated with Project] |

[Shared Mobility Provider Agency Signature]

[Shared Mobility Provider]

[List of Attachments]