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| A. GENERAL INFORMATION | | | | | | | | | | | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Agency Legal Name | |  | | | | Address | |  | | | | City/State/Zip Code | |  | | | | Website | |  | | | | Identify and provide contact information for: | | | | | | | **Person authorized to enter into contracts** | | | **Project manager for proposed activity(ies)**  *Only if different from authorized person (e.g., consultant)* | | | | Name |  | | Name |  | | | Title |  | | Title |  | | | Address |  | | Address |  | | | City, State, ZIP |  | | City, State, ZIP |  | | | Phone |  | | Phone |  | | | Email |  | | Email |  | | | | | | | | | | | | | | | | | |
| 1. **Project Title** | | | | | | | | | | | | | | | |
| 1. **Primary Project Type** *(select one)*   Indicate which project type is your primary focus and majority of budget (>50%): | | | | | | | | | | | | | | | |
| **Non-infrastructure** (marketing, outreach, transit passes, etc.) | | | | | | | | | | | | | | | |
| **Infrastructure** (permanently installed, vehicles, bicycle parking, etc.) | | | | | | | | | | | | | | | |
| Applicant is committed to have a maintenance plan in place for the proposed infrastructure. | | | | | | | | | | | | | | | |
| 1. **Project Description**  *(concise abstract limited to 500 characters)* | | | | | | | | | | | | | | | |
| 1. **Project Overview** *(limited to 1,500 characters)*   Describe your project and what it is going to do. Do not include background information or justification language. | | | | | | | | | | | | | | | |
| 1. **Project Innovation**   Briefly describe any innovative features of the proposed project. *Example: Project elements haven’t been implemented in the region.* | | | | | | | | | | | | | | | |
| 1. **Project Tasks**   List and briefly describe (below) the specific key tasks you will complete in order to successfully implement and finish your project.  *(Tasks will be referenced in Section F Timeline)* | | | | | | | | | | | | | | | |
| **Task #** | **Task** | | **Description** | | | | | | | | | | | | |
| Task 1:  *(required)* | **Calculation and Compilation of Project Results.** | | Establish procedures for obtaining “before and after” travel habit information from participants. Conduct pre- and/or post-surveys or implement routine tracking procedures. *(Details of methodology to be provided in Question #18)* | | | | | | | | | | | | |
| Task 2. |  | |  | | | | | | | | | | | | |
| Task 3: |  | |  | | | | | | | | | | | | |
| Task 4: |  | |  | | | | | | | | | | | | |
| Task 5: |  | |  | | | | | | | | | | | | |
| Task 6: |  | |  | | | | | | | | | | | | |
| Task 7: |  | |  | | | | | | | | | | | | |
| Task 8: |  | |  | | | | | | | | | | | | |
| Task 9: |  | |  | | | | | | | | | | | | |
| Task 10: |  | |  | | | | | | | | | | | | |
| B. PROJECT TRAITS | | | | | | | | | | | | | | | |
| 1. What is the geographic target area (overall and/or specific sites) for the project? Is there anything unique about this geographic area? *Provide a map of the service area noting specific sites if applicable.* | | | | | | | | | | | | | | | |
| 1. Non-local government applicants are required to submit a letter of support from the applicable local government (s) where the project is located. Please confirm you have met/corresponded with the local jurisdiction(s) where your project is located and attach the letter of support. | | | | | | | | Yes, I confirm and have provided letter(s) of support. | | | | | | | |
| N/A Applicant is a local government. | | | | | | | |
| 1. Who is your target audience? Are there any unique demographic or socioeconomic traits of your target population? | | | | | | | | | | | | | | | |
| 1. Will you be specifically reaching out to any minority or low-income population groups or areas? | | | | | | | | | | Yes | | | No | | |
| *If yes*, please describe. | | | | | | | | | | | | | | | |
| 1. When will you be ready to start the project? Describe any unique logistical aspects of getting the project started and implemented. | | | | | | | | | | | | | | | |
| 1. Will your project be timed or linked with a major roadway construction project? | | | | | | | | | | Yes | | | No | | |
| *If yes,* which project, and describe the linkage? (e.g., promoting non-SOV travel modes during construction period) | | | | | | | | | | | | | | | |
| 1. **Transit service relation**   Will your project be timed or linked to a **new** major transit project? | | | | | | | | | | Yes | | | No | | |
| *If yes,* what transit project, and describe the linkage? | | | | | | | | | | | | | | | |
| *For* ***non-infrastructure*** *projects:* Will your project promote or incentivize new or existing transit? | | | | | | | | | | | Yes | | | No | |
| *If yes,* please explain. | | | | | | | | | | | | | | | |
| *For* ***infrastructure*** *projects types:* Will your project support transit by providing a direct link to transit or by providing multimodal connectivity or support to transit? | | | | | | | | | | | Yes | | | No | |
| *If yes,* please explain. | | | | | | | | | | | | | | | |
| 1. List any organization that is a **financial** (cash or in-kind) partner with you in this project. Is the partnership currently in place? Please explain. *A letter of commitment must be provided by each financial partner.* | | | | | | | | | | | | | | | |
| 1. Describe how you will collaborate with (or your project will link to) ***Way to Go***’s TDM efforts. *(All applicants are required to meet with* ***Way to Go*** *staff to determine potential opportunities to collaborate on projects in some capacity prior to* *submitting your application.)* | | | | | | | | | | | | | | | |
| C. PROJECT BENEFITS – SOV TRIP and VMT REDUCTION POTENTIAL | | | | | | | | | | | | | | | |
| The CMAQ program supports two important goals of the U.S. Department of Transportation:  *improving air quality and relieving congestion.* The TDM Pool is focused on the reduction of SOV trips and associated VMT reduction.  The project review panel will consider the reliability of assumptions listed in Question 16 and the clarity of the justifications. Upon project completion, all project awardees must calculate benefits (trips reduced and VMT reduced) as part of their project evaluations in order to receive final reimbursements for their projects.  *Example procedures for tracking project benefits include:*   * *Before and after (pre- and post-) surveys of project participants’ travel habits* * *On-going tracking (e.g., web-based) of participant travel habits from the time they join (e.g.,* ***My Way to Go*** *tool)* * *Post- project reporting of RTD transit ridership changes on specific routes.*   If you need assistance, contact DRCOG staff. ***Example methodologies to predict benefits will be available on the DRCOG website.*** | | | | | | | | | | | | | | | |
| 1. **Trip and VMT reduction potential** | | | | | | | | | | | | | | | |
| 1. The following project attributes will lead to **a reduction of single occupant vehicle (SOV) trips** and **vehicle miles of travel (VMT).** *Provide a number and justification for each* ***applicable*** *project attribute listed below (Provide attachments where necessary)*. | | | | | | | | | | | | | | | |
| **Project Area Attributes** | | | | **Amount** | | | **Justification** | | **Source of data** | | | | | | |
| 1. Residents and employees you **expect to reach or contact** | | | |  | | |  | |  | | | | | | |
| 1. Residents and employees you **expect to participate** (e.g., sign up, register, receive passes, become members, etc.) | | | |  | | |  | |  | | | | | | |
| 1. Current percent of **residents** driving alone to work | | | | % | | |  | |  | | | | | | |
| 1. Current percent of **workplace employees** driving alone to work | | | | % | | |  | |  | | | | | | |
| 1. Average trip distance of target population currently driving alone *(in miles)* | | | |  | | |  | |  | | | | | | |
| 1. A. Program will be active: | | | | days per year | | | for       years | | | | | | | | |
| **or** B. Facility will be available: | | | | days per year | | | for       years | | | | | | | | |
| 1. Other: | | | |  | | |  | |  | | | | | | |
| 1. Other pertinent information that supports the attributes provided above *(past results, unique project team skills, case studies/research based on similar project types, etc.).* | | | | | | | | | | | | | | | |
| 1. (Optional) If desired, you may calculate an **estimate of number trips reduced, and/or the VMT reduced** as a result of this project. The estimates can be for an average day, or for a year. *Provide an explanation of how you calculated the estimates, including formulas and all specific assumptions below, or in an attachment.*   **Trip Reduction Estimate:** | | | | | | | | | | | | | | | |
| **VMT Reduction Estimate:** | | | | | | | | | | | | | | | |
| 1. Has your organization been awarded funds in recent DRCOG TDM Pool cycles? | | | | | | | | | | | | | | | |
| **FY 2012/2013 Cycle Project?** | | Yes | | | No | **Project name:** | | | | | | | | | |
| *If yes,* was the project completed? | | | | | | | | | | | | Yes | | | No |
| Are the annualized VMT reduction results reported for this project from the *Result Tracking Table* the best available? | | | | | | | | | | | | Yes | | | No |
| *If no,* please provide updated information: | | | | | | | | | | | | | | | |
| **FY 2014/2015 Cycle Project?** | | Yes | | | No | **Project name:** | | | | | | | | | |
| Do you believe your project will meet the level of VMT reduction predicted in the original application? | | | | | | | | | | | | | | | |
| Briefly describe progress made on specific implementation tasks: | | | | | | | | | | | | | | | |
| 1. Related to Task 1 in Question #6, describe the procedures for how you plan to calculate and compile actual post-project results. *(At a minimum, project awardees must conduct a survey, capturing pre- and post-travel habits of project participants to determine results.)* | | | | | | | | | | | | | | | |

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| D. PROJECT FUNDING REQUEST AND BUDGET |

**Total federal request must be at least $80,000 and a maximum of $300,000. (**Note: No more than $100,000 can be requested for bicycle/pedestrian travelway portion of project.)

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| **1. Budget Overview** | **2016** | **2017** | | **Total** | |
| 1. **Enter the CMAQ Federal Funds requested,** for each year (tab through columns to generate automated calculations) | $ | $ | | $0 | |
| 1. Required 17.21% Local Match\* | $0 | $0 | | $0 | |
| 1. Total Project Cost (federal plus required local match) | $0 | $0 | | $0 | |
| \* **How will you make your required local match?** Cash, in-kind, both? | | | | |
| **What percentage of your local match is in-kind?** (e.g., 100%, 75%, 25%, 0%)  If you plan to use any in-kind, you must complete an in-kind request form as part of this application.  In-kind forms and instructions will be provided at the applicant training. | | | % | |
|  | | | | |

# E. BUDGET DETAILS

Provide a general description and an amount of the expenses you expect to charge to this CMAQ project.

**NOTES:**

* The table below is a regular Word table (not a locked form). Additional rows may be inserted, if needed.
* **You will need to input and calculate all amounts—this table does not automatically calculate.**
* Reminder: Federal procurement rules must be followed.

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| --- | --- | --- | --- | --- |
| 1. **Salaries**   List each position, hourly rate, and total anticipated hours (*over a 2-year period*). | | | | |
| **Position** | **Hrly. Rate** | **# of Hrs.** | **Total Amt.** | **(For future use - Do not input in this column)** |
| *Sample: Administrator* | *$50* | *100* | *$5,000* |  |
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| 1. **Media**   Do not list specific media outlets, but provide general descriptions, such as “Fall newspaper campaign”. | | |  |  |
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| 1. **Incentives** | | |  |  |
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| 1. **Equipment**   Specific to implement the project. | | |  |  |
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| 1. **Production**   Printing, web development, mailings, etc. | | |  |  |
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| 1. **Consultants**   List any subcontractors by function rather than name. | | |  |  |
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| 1. **Costs associated with physical infrastructure or vehicles** | | |  |  |
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| 1. **Other** Please define. | | |  |  |
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|  | | |  |  |
| **TOTAL**  **(Calculate and enter amount manually - should equal Row C Total in Budget Overview in Section D)** | | |  |  |

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| F. TIMELINE |
| Complete the timeline below, indicating the months applicable to each task. Your project will begin upon receipt of your contract.   1. The tasks in the timeline should correspond to those identified in **Question 6** *(Project Overview Details)*. 2. Copy each task (from **Question 6)** into the blank text box below the task # (see example). 3. Place an “X” in the applicable month(s) to each task. |

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|  | *(place an ‘ X’ in the applicable month)* | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Year 1** | | | | | | | | | | | | **Year 2** | | | | | | | | | | | | | | |
| ***(FY2015)*** | | | **FY2016** | | | | | | | | | **FY2017** | | | | | | | | | | | | ***(FY2018)*** | | |
| **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** |
| Task 1 | Task 1 | | | | | | | | | | | | Task 1 | | | | | | | | | | | | | | |
| **Calculation and Compilation**  **of Project Results** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Task 2 | Task 2 | | | | | | | | | | | | Task 2 | | | | | | | | | | | | | | |
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| Task 3 | Task 3 | | | | | | | | | | | | Task 3 | | | | | | | | | | | | | | |
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| Task 4 | Task 4 | | | | | | | | | | | | Task 4 | | | | | | | | | | | | | | |
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| Task 5 | Task 5 | | | | | | | | | | | | Task 5 | | | | | | | | | | | | | | |
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| Task 6 | Task 6 | | | | | | | | | | | | Task 6 | | | | | | | | | | | | | | |
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| Task 7 | Task 7 | | | | | | | | | | | | Task 7 | | | | | | | | | | | | | | |
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| Task 8 | Task 8 | | | | | | | | | | | | Task 8 | | | | | | | | | | | | | | |
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