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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, bicycle parking, etc.) | | | | | | | | | | | | | | | |
| Applicant is a local government or government agency (i.e. CDOT, RTD, etc.) and committed to have a maintenance plan in place for the proposed infrastructure. | | | | | | | | | | | | | | | |
| 1. **Project Overview** *(concise abstract limited to 500 characters)* | | | | | | | | | | | | | | | |
| 1. **Project Description** *(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, project reaches new market, etc.* | | | | | | | | | | | | | | | |
| 1. **Project Tasks**   List and briefly describe (below) the specific key tasks you will undertake to successfully implement and complete your project. *(Tasks will be referenced in Section G 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 #19)* | | | | | | | | | | | | |
| Task 2. |  | |  | | | | | | | | | | | | |
| Task 3: |  | |  | | | | | | | | | | | | |
| Task 4: |  | |  | | | | | | | | | | | | |
| Task 5: |  | |  | | | | | | | | | | | | |
| Task 6: |  | |  | | | | | | | | | | | | |
| Task 7: |  | |  | | | | | | | | | | | | |
| Task 8: |  | |  | | | | | | | | | | | | |
| Task 9: |  | |  | | | | | | | | | | | | |
| Task 10: |  | |  | | | | | | | | | | | | |
| B. PROJECT SPECIFICS | | | | | | | | | | | | | | | |
| 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, please note specific sites where applicable.* | | | | | | | | | | | | | | | |
| 1. Does your project involve transportation technology elements that automatically collect and/or aggregate dynamic information that is shared with people (general public, transportation operators/providers)? This may include, but is not limited to: trip planning or traveler information websites/apps, real-time signage, carshare/bikeshare deployment.   Yes  No  If you answered yes, the project may be subject to federal regulations which require “Systems Engineering Analysis” as part of the project application and implementation. *If this applies to your project, or if you think it might apply, please contact* [elindsey@drcog.org](mailto:elindsey@drcog.org) *so DRCOG can assist.* | | | | | | | | | | | | | | | |
| 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. **Project Readiness**   When will you be ready to start the project? Describe any unique logistical aspects of getting the project started and implemented. | | | | | | | | | | | | | | | |
| 1. **Timing/Synergy of Project**   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 Relationship**   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 use of new or existing transit facilities? | | | | | | | | | | | 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. **Financial Partner(s)**   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. Information on how to work with Way to Go is included on the resource website.)* | | | | | | | | | | | | | | | |
| 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 Set-Aside 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 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 calculation methodologies to predict benefits are available*** [here](https://drcog.org/sites/drcog/files/resources/Calculation%20Packet.pdf)***.*** | | | | | | | | | | | | | | | |
| 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. Please calculate an **estimate of number trips and 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 Set-Aside cycles? | | | | | | | | | | | | | | | |
| **FY 2014–2015 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*](https://drcog.org/sites/drcog/files/resources/TDM%2018-19%20%20Results%20Tracking%20Table.pdf) the best available? | | | | | | | | | | | | Yes | | | No |
| *If no,* please provide updated information: | | | | | | | | | | | | | | | |
| **FY 2016–2017 Cycle Project?** | | Yes | | | No | **Project name:** | | | | | | | | | |
| Do you believe your project will meet the level of VMT reduction predicted in the original application? If not, please provide an updated annual VMT reduction figure. | | | | | | | | | | | | | | | |
| 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.)* | | | | | | | | | | | | | | | |
| D. RISK ASSESSMENT | | | | | | | | | | | | | | | |
| 1. Please confirm you have completed and attached the CDOT Risk Assessment form.   Yes, I have completed and attached the CDOT Risk Assessment form. | | | | | | | | | | | | | | | |

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| E. PROJECT FUNDING REQUEST AND BUDGET |

**Total federal request must be at least $80,000 and a maximum of $300,000 over the two-year period**.

Note: this table auto-generates all figures with exception of the federal funds requested (row A), so all fields will be completed regardless of your primary project type specified in question #2

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Budget Overview** | **2018** | **2019** | | **Total** | |
| 1. **Enter the federal funds requested** for each year   (these are the only two fields you need to enter, use tab to enter values) | $ | $ | | $0 | |
| 1. Federally required 17.21% Local Match | $0 | $0 | | $0 | |
| **Total Project Cost** **(Infrastructure projects)**  (federal + local match) | **$****0** | **$****0** | | **$****0** | |
| 1. **For non-infrastructure projects only,** a 1.5% project oversight and implementation fee[[1]](#footnote-1) will apply. | $0 | $0 | | $0 | |
| **Total Project Cost (Non-Infrastructure projects)**  (federal + local match + project oversight and implementation fee) | **$****0** | **$****0** | | **$0** | |
| 1. How **will you make your required local match?** Cash, in-kind, both? | | | | |
| 1. What **percentage of your local match is in-kind?** (e.g., 100%, 75%, 25%, 0%)   In-kind instructions will be provided at the applicant training. *Selected projects will be required to provide details and receive approval on in-kind match as part of project scoping and prior to contracting.* | | | % | |
| 1. Is there any **additional funding** (local overmatch, outside grant(s), other funding source(s)) dedicated to this project? | | |  | |
|  | | | | |

# F. BUDGET DETAILS

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

**NOTE:** 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 and FHWA will review items for eligibility and compliance with federal CMAQ guidance.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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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|  | | |  |  |
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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. | | |  |  |
|  | | |  |  |
|  | | |  |  |
|  | | |  |  |
| **TOTAL**  **(Calculate and enter amount manually - should equal Total in**  **Budget Overview in Section E)** | | |  |  |

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| G. 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)* | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Two-Year Project Cycle (begins once contracts are signed)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **April** | **May** | **Jun** | **Jul** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | **Mar** | **April** | **May** | **Jun** |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Task 7 | Task 7  Task 7 | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Task 8 | Task 8  Task 8 | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. This fee helps offset the costs incurred by DRCOG for project oversight and implementation. Such costs include, but are not limited to: contract and scope development, sponsor training, contract monitoring, and progress reporting. This fee is calculated based on the federal funds requested in row A. [↑](#footnote-ref-1)