**Strategic Transportation Demand Management (TDM) Seed Funding Grants**

Round 2: FY22/23 Projects

**Application Form**

**OVERVIEW**

The **Strategic** **TDM Seed Funding Grant was released on April 18, 2022. Applications are due May 18, 2022.** Please submit your application to dot\_innovativemobility@state.co.us.

* The application must be affirmed by either the applicant’s City or County Manager or Chief Elected Official (Mayor or County Commission Chair) for local governments, or agency director or equivalent for other applicants.
* Further details on project eligibility, evaluation criteria, and selection process are defined on the [program website](https://www.codot.gov/programs/innovativemobility/mobility-services/transportation-demand-management-grants-2021).
* Each jurisdiction is able to submit one project for consideration. The committee values collaboration and will consider the proximity of overlapping jurisdictions.
* For technical questions please contact the Office of Innovative Mobility inbox ([dot\_innovativemobility@state.co.us](mailto:dot_innovativemobility@state.co.us)).

**APPLICATION OUTLINE**

| **Part 1** | **Project Information** |
| --- |

Applicants will enter basic information for their program, including a project description, service area information, the programs’ goals and tasks, and the grant request details.

| **Part 2** | **Evaluation Questions** |
| --- |

Applicants will provide information reconciling their project with the grant evaluation criteria and a breakdown of the program budget. To learn more about scoring for the TDM Seed Funding applications, please see the Rules and Selection Criteria document.

| **Part 3** | **Performance Measurement** |
| --- |

Applicants will provide performance measures tailored to their proposals.

| Part 1 | Program Information | | | |
| --- | --- | --- | --- | --- |
| 1. **General Information** | | | | |
| 1. Program Title | | |  | |
| 1. Applicant Organization Name, Type | | |  | |
| 1. Applicant Address | | |  | |
| 1. Application Contact Person, Title, Phone Number, and Email | | |  | |
| 1. **Program Overview** (provide a **brief** overview of your program and what it intends to achieve.) | | | | |
| 1. **Service Area**   **(a)** Define and describe the proposed service area for the program. Insert or attach a map illustrating the proposed service area boundaries. | | | | |
| **(b)** Explain how the service area boundaries were defined and the extent to which the service area proposed represents a distinct and recognized area. | | | | |
| 1. **Program Goals and Services** | | | | |
| 1. **Program Goals & Objectives** 2. **Identify and explain the goals for the proposed program.** These are the broad and long-term achievable outcomes. | | | | |
| 1. **Identify the objectives for the grant period** - i.e. the specific, measurable actions associated with achieving the program goals over the first two years of operation. | | | | |
| 1. **Program Tasks, Schedule, and Scope** List and briefly describe the specific key tasks you will complete in order to successfully launch and operate your program during the grant period, including any decision points for assessing if modifications are needed. You may insert additional rows as needed. | | | | |
| **Task #** | **Task** | **Expected Timeline** | **Description** | |
| Task 1: |  |  |  | |
| Task 2: |  |  |  | |
| Task 3: |  |  |  | |
| Task 4: |  |  |  | |
| Task 5: |  |  |  | |
| Task 6: |  |  |  | |
| Task 7: |  |  |  | |
| Task 8: |  |  |  | |
| 1. **Project Readiness** If awarded funding, when will you be ready to start the program? Describe any unique logistical aspects of getting the program started and implemented. | | | | |

| 1. **Project Financial Information and Funding Request** |
| --- |

| 1. **Total Annual Program Cost** |  | | **$** | |
| --- | --- | --- | --- | --- |
| **Total amount of** **grant funding request (State Funds)**  Minimum request: $20,000  Maximum request: $100,000 | **$** | | | **% of total**  **program cost** |
| 1. **Applicant Funding & Outside Funding Partners**   List each funding partner/source and contribution amount. If in-kind funding, please provide the equivalent cash value. 20% match of total grant funding request required. | **$**  **Contribution Amount** | | **% of Contribution**  **to Overall Total Project Cost** | |
|  | $ | |  | |
|  | $ | |  | |
|  | $ | |  | |
|  | $ | |  | |
|  | $ | |  | |
|  | $ | |  | |
| **Total amount** **of funding provided by other funding partners** | **$0** |  | | |

| **By checking this box**, the applicant’s President, Chief Executive Officer, Chief Elected Official (Mayor or County Commission Chair) or City/County Manager for local governments or Agency Director or equivalent for others, has certified it allows this project request to be submitted for funding and will follow all CDOT policies and state and federal regulations when completing this project, if funded. |  |
| --- | --- |

| Part 2 | Evaluation & Program Budget | | |
| --- | --- | --- | --- |
| 1. **Evaluation Questions** | | | |
| **i. Need & Existing Transportation Challenges (35%)**  *What we’re assessing:* To what extent does the proposed service area have a demonstrated need and audience for a dedicated TDM program? (e.g. congestion, mobility issues, planning precedent). | | | |
| 1. **Succinctly describe the need for TDM programming in the proposed service area (limited to 500 characters)**. | | | |
| 1. **Describe the congestion issues facing the proposed service area and the extent to which congestion is growing or projected to grow**. Refer to any relevant studies, datasets, trends, etc. | | | |
| 1. **Describe the access and mobility issues within the proposed service area and among its populations.** Refer to any relevant studies, datasets, outreach results, etc. | | | |
| 1. **Is the proposed service area located within the Colorado 8-hour Ozone (O3) Nonattainment Area** [**[map]**](https://www.colorado.gov/airquality/ss_map_wm.aspx)**?** | | | |
| 1. **Describe the impacts, if any, of transportation issues upon economic activity/development or access to public services/education within the proposed service area**. Reference any outreach conducted to businesses, studies performed, etc. or provide letters of support from affected organizations. | | | |
| 1. **Describe any existing efforts or organizations performing TDM programming within the proposed service area**. In light of any existing initiatives, how will the proposed program represent a distinct, needful effort? How will the applicant make use of partnerships to leverage existing programs and prevent replicated efforts? | | | |
| 1. **Describe the potential of the program and its proposed services to reduce motor vehicle and/or single occupancy vehicle trips and miles.** | | | |
| **ii. Applicant Readiness (30%)**  *What we’re assessing:* What is the program’s likelihood of success given the applicant’s readiness, plan and timeline(Part 1.B.), budget (Part 2.B.), and partnerships? | | | |
| 1. **Non-governmental entities are required to submit a letter of support from the applicable local government(s) where the program is located.** Have you met/corresponded with the local jurisdiction(s) where your program is located and attached letter(s) of support? | | | |
| 1. **Describe how you intend to deliver this project on time and within budget.** Describe any specific elements of the project design or management approach that will help to ensure the successful implementation of the project. | | | |
| 1. **Does your project leverage or expand an existing partnership or form a new partnership**? If yes, please provide letters of support from these entities. | | | |
| 1. **Briefly describe any previous collaboration between the partners on transportation issues.** What strategies will be employed to facilitate effective coordination? | | | |
| **iii. Equity (15%)**  *What we’re assessing:* How does the program consider and address underserved populations in the area, especially those underserved by traditional TDM practice? | | | |
| 1. **Identify and explain the current equity issues and gaps within the proposed service area.** What are the barriers, transportation challenges, and mobility gaps facing underserved or vulnerable populations within the proposed service area? | | | |
| 1. **How does the program and its proposed services address the challenges identified in Question 12?** Describe how your program will address the community need and promote expanded and accessible transportation options/benefits to the underserved or vulnerable populations identified. Reference any applicable community outreach, research and/or engagement that helped (or will help) inform the development of your program. Also consider describing benefits in the near, mid, and/or long term. | | | |
| 1. **Describe the strategies your program will employ to ensure its services’ accessibility to disadvantaged populations.** | | | |
| 1. **Describe any innovative aspects of the proposed program and its services, especially in addressing gaps in current practice or identified transportation barriers and challenges**. Does the program deploy any technologies or approaches that are new or new to the region/proposed target populations? | | | |
| **iii. Long-Term Sustainability (20%)**  *What we’re assessing:* To what extent does the applicant demonstrate a plan and capacity for financial self-sustainability beyond the initial grant period? | | | |
| 1. **Define your long-term approach to creating an operationally and financially sustainable program beyond the grant period.** Refer to the partnerships, strategies, funding sources, support, and program design elements that will help to ensure the long-term health and success of the program. | | | |
| 1. **Budget Details** | | | |
| Provide a general description and an amount of the expenses you expect to reimburse through this grant request. Additional rows may be inserted as needed.   | 1. **Salaries**   List each position, hourly rate, and total anticipated hours. | | | | | --- | --- | --- | --- | | **Position** | **Hourly Rate** | **# of Hrs.** | **Total Amt.** | | *Sample: Administrator* | *$50* | *100* | *$5,000.00* | |  |  |  |  | |  |  |  |  | |  |  |  |  | | 1. **Tasks**   Provide an expected breakdown of the grant funds allotted to each of the identified tasks from Section C. | | | | | Task 1 *(Sample: Promotion and Marketing)* | | | *$50,000.00* | | Task 2 | | |  | | Task 3 | | |  | |  | | |  | | 1. **Equipment, Capital Costs, and Resources** | | | | |  | | |  | |  | | |  | | **TOTAL**  **(Calculate and enter amount manually - should equal total grant funding request identified in Section 1.C.)** | | |  | | | | |

| **Part 3** | Performance Measurement | | | |
| --- | --- | --- | --- | --- |
| Using the table below, identify the performance measures that you will use for the program and how they will help to demonstrate the project’s successful implementation or efficacy. Each performance measure should help to demonstrate the project’s fulfillment of a program goal or objective.  Applicants will be required to provide quarterly and end-of-project reports to CDOT providing updates on project implementation and data collected for the performance measures identified below. | | | | |
| **Performance measure** | **What program goal or project objective (Part 1.B.1) does the identified measure assess?** | **Target** | **Data needs** | **Reporting frequency (quarterly or end-of-project)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **With reference to the performance measures identified above, describe your approach to monitoring, evaluating, and - if necessary - adjusting the deployed strategies throughout the project’s lifecycle.** | | | | |