**Roadside and On-Board Unit In-Kind Grant**

Round 1: FY22/23 Projects

**Application Form**

**OVERVIEW**

The **Roadside and On-Board Unit In-Kind Grant was released on October 28, 2022. Applications are due December 9, 2022.** Please submit your application to [dot\_innovativemobility@state.co.us](mailto: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/grants/overview).
* 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** |
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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** |
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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 Rodside and On-Board Unit Local Jursidiction Deployment applications, please see the Rules and Selection Criteria document.

| **Part 3** | **Performance Measurement** |
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Applicants will provide performance measures tailored to their proposals.

| Part 1 | Project Information | | | |
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| 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. **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** |
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| 1. **Total Project Cost** |  | | **$** | |
| --- | --- | --- | --- | --- |
| **Total amount of** **equipment requested**  Minimum request: 1 RSU and 1 OBU  Maximum request: 10 RSUs and 10 OBUs | **$** | | | **% of total**  **project cost** |
| 1. **Applicant Funding & Outside Funding Partners**   List each funding partner/source and contribution amount or in-kind equipment. | **$**  **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. |  |
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| Part 2 | Evaluation & Program Budget | | |
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| 1. **Evaluation Questions** | | | |
| **i. Project Benefit, Need & Existing Transportation Challenges (25%)**  *What we’re assessing:* To what extent does the proposed service area have a demonstrated need and audience for a dedicated Connected Vehicle (CV) program? (e.g. congestion, mobility issues, planning precedent). | | | |
| 1. **Succinctly describe the need for CV infrastructure in the proposed study area (limited to 500 characters)**. Why did you choose this road/area, how long/large is the study area/corridor, and what challenges does this area face? | | | |
| 1. **Describe the intended use(s) for CV infrastructure and how these uses will benefit your local jurisdiction and Colorado. (EX: workzone management, snowplow coordination etc.)** How will these uses improve the safety, sustainability, and road efficiency in the proposed study area? | | | |
| 1. **Describe the anticipated impacts this project will have on your operations in the short-term? (1-2 years)** What are the expected improvements, challenges, and/or barriers? | | | |
| 1. **Describe the anticipated impacts this project will have on your operations in the mid-term? (3-5 years)** What are the expected improvements, challenges, and/or barriers? | | | |
| **ii. Applicant Readiness (35%)**  *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 previous experience? | | | |
| 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. **Describe your local jurisdiction’s existing or past efforts with connected vehicles or connected vehicle infrastructure, if any.** | | | |
| 1. **What is your staff’s experience with connected vehicles and connected vehicle technology?** Who will manage this project? Does your jurisdiction have a CV implementation plan? If no,are you willing to learn about CV’s and develop a CV implementation plan? | | | |
| **iii. Reporting, Data Usage and Sharing (15%)**  *What we’re assessing: The willingness of the applicant to share data with CDOT and ability to interpret data* | | | |
| 1. **Will your jurisdiction agree to share collected data with CDOT and connect its network with the greater CDOT RSU Network?** CDOT wants to connect RSUs awarded in this grant to the greater Colorado network and have access to that data to help improve CV operations statewide. | | | |
| 1. **What are your intended uses for the collected data?** | | | |
| **iii. Long-Term Sustainability (15%)**  *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.** What are future plans for CV infrastructure and intended uses? What partnerships, strategies, funding sources, support, and program design elements that will help to ensure the long-term health and success of the program. Please detail your staffing plan to manage and maintain the units. | | | |
| 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 | | | |
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| 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)** |
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| **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.** | | | | |