

CMAQ: Transportation Demand Management

Project ID

Project Name**: _____ MPMS# (if known): _____

This is an interactive application form. Please fill it out completely and review your entries carefully. After completing the form, save it to your computer, and include it with your application package submission as described in the Application Instructions.

The fields marked with a double asterisk (**) are required.

1. Type of Program**: Select all types of programs that apply. To select contiguous types of programs, click and drag your selection or depress the 'Shift' key while making your selections. To select non-contiguous types of programs, depress the 'Ctrl' key while making your selections. Selections should be made using mouse click(s). If this project includes multiple types of programs, please be sure to provide project type details for each of your selections.

If other, describe: _____

A. Areawide Rideshare Program:

2. Describe the Target Area: _____

Population: _____ Employment: _____

3. What is the percent of the annual budget that will be used for overhead costs? _____%

B. Employer-Based Rideshare Program:

4. How many employees will be covered by the program? _____ employees

5. What is the percent of the annual budget that will be used for overhead costs? _____%

C. New Vanpool Program:

6. Who is the program sponsor (select one)?

7. What is the percent of the annual budget that will be used for overhead costs? _____%

8. Is transit available to work or pickup location? _____ Yes _____ No

D. Expansion to Existing Vanpool Program:

9. What is the vanpool provider's name? _____

10. What is the total daily vanpool mileage? _____ miles

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E. Guaranteed Ride Home:11. What is the program type (select one)?

12. How many employees will be covered by the program? _____ employees

13. What is the employee awareness level (select one)?

Explain: _____

F. Carpool/Vanpool Parking Incentives:

14. How many employees will be covered by the program? _____ employees

15. Incentives Used:

a. Preferential Parking: _____ Yes _____ No

Time Savings: _____ minutes

Add Extra Penalty for SOV: _____ Yes _____ No

Expected Participation Level (select one):

Explain: _____

b. Discount Parking: _____ Yes _____ No

Subsidy per Capita: \$ _____

G. Off-Street Parking Management in Commercial/CBD Areas:16. What is the program type (select one)? 17. How many parking spaces are available without restrictions? _____ spaces18. How many parking spaces are available with restrictions? _____ spacesH. Compressed Work Week (CWW) / Telework Promotion (TWK):19. What is the schedule type for CWW (select one)? 20. What is the program type for TWK (select one)?

21. Employer Participation Required:

a. Voluntary: _____ Yes _____ No

Promoting Agency Level of Effort (select one):

Explain: _____

b. Only New Employers Required to Offer CWW/TWK: _____ Yes _____ No

Percent of All Employers Who Are New to the Program: _____%

c. All Employers Required to Offer CWW/TWK: _____ Yes _____ No

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I. Public Education, Outreach, Marketing, Promotions:

22. What is the project funding (select one)?

What additional funds will be spent per year due to the program? \$ _____

23. Please provide the percent of the budget for each of the following:

Print Media: _____ %

Signs: _____ %

Radio: _____ %

Television: _____ %

Promotional Brochures: _____ %

Personal Appearances: _____ %

J. Other:

24. Describe transportation demand management programs that do not fit above categories A-I.

25. Additional Information:

If you need additional space, use and attach as many 'Additional Information' forms as needed.