

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 SPC's CMAQ Program Guidance and Procedures document. **The fields marked with a double asterisk (**) are required.**

1. SPC's Regional Transportation Demand Management (TDM) Strategic Action Plan defines an outcome- driven, performance-based regional approach for TDM strategies and for integrating those strategies into SPC's existing short and long-range planning efforts and programs. The Regional TDM Strategic Action Plan set forth a vision, desired outcomes, and goals (See [SPC's Regional TDM Strategic Action Plan](#) – pages 9-10).

A. Is the project consistent with the vision, desired outcomes, and goals of the Regional TDM Strategic Action Plan**?

Yes _____ No _____


B. Explain how the project will help to advance the Regional TDM Strategic Action Plan's vision, desired outcomes, and goals**:

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2. 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: _____

a. Population: _____ b. Employment: _____

3. Service Life: _____ years

4. Annual Budget: _____

5. Annual Capital Cost: _____

6. Annual Operating Cost: _____

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

B. Employer-Based Rideshare Program:

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

9. Service Life: _____ years

10. Annual Budget: _____

11. Annual Capital Cost: _____

12. Annual Operating Cost: _____

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

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C. New Vanpool Program:14. Who is the program sponsor (select one)?

15. Is transit available to work or pickup location?

_____ Yes _____ No

16. Service Life: _____ years

17. Annual Budget: _____

18. Annual Capital Cost: _____

19. Annual Operating Cost: _____

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

D. Expansion to Existing Vanpool Program:

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

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

23. Service Life: _____ years

24. Annual Budget: _____

25. Annual Capital Cost: _____

26. Annual Operating Cost: _____

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

E. Guaranteed Ride Home:28. What is the program type (select one)?

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

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

Explain: _____

F. Carpool/Vanpool Parking Incentives:

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

32. Incentives Used:

a. Preferential Parking:

_____ Yes _____ No

Time Savings: _____ minutes

Add Extra Penalty for SOV:

_____ Yes _____ No

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Expected Participation Level (select one):

Explain: _____

b. Discount Parking: _____ Yes _____ No

Subsidy per Capita: \$ _____

G. Off-Street Parking Management in Commercial/CBD Areas:33. What is the program type (select one)? 34. How many parking spaces are available without restrictions? _____ spaces35. How many parking spaces are available with restrictions? _____ spacesH. Compressed Work Week (CWW) / Telework Promotion (TWK):36. What is the schedule type for CWW (select one)? 37. What is the program type for TWK (select one)?

38. 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 _____ NoI. Public Education, Outreach, Marketing, Promotions:39. Describe the target market: 40. Describe the target geographic area: 41. What activities will the project fund (select one)?

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

b. How much of the overall budget is for public education, outreach, marketing, and/or promotions? \$ _____

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

Print Media: _____ %

Signs: _____ %

Radio: _____ %

Television: _____ %

Promotional Brochures: _____ %

Personal Appearances: _____ %

J. Park-and-Ride Facility Improvements:

43. Facility Type**:

a. _____ Garage/Structure _____ Parking Lot

b. _____ New _____ Expansion

44. Service Type**:

a. Without Transit Service, Carpool/Vanpool Only: _____ Yes _____ No

b. With Transit Service: _____ Yes _____ No

c. With Fixed Guideway Service: _____ Yes _____ No

45. Facility Size**: _____ Existing Spaces (formal or informal) _____ New Spaces

46. Distance from Home to Park-and-Ride Facility: _____ miles

47. Mode Share (if known):

Before ProjectAfter Project

a. Drive Alone: _____ % _____ %

b. Carpool/Vanpool: _____ % _____ %

c. Transit: _____ % _____ %

d. Dropped off (Kiss-and-Ride): _____ % _____ %

e. Walk/Bike/Use Transit to Facility: _____ % _____ %

48. Market Share for Work Trips (if known):

Major DestinationDistancePercent of Facility Users to Destination

a. _____ miles _____ %

b. _____ miles _____ %

c. _____ miles _____ %

_____ %

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K. Other:

49. Describe transportation demand management programs that do not fit above categories A-J.

3. Additional Information:

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