



Fiscal Year 2024

CAP Project Assistance Supplemental Application

(Do not use this application for Employer Trip Reduction or Vanpool projects.)

Service Area

What geographic area(s) does the project cover?

(List county(s), city(s), town(s), corridors, bus routes, etc. Provide a map, if needed.)

Public Access to Project

List the website, phone number and email that the public uses for the project.

Background

Is this project new or a continuation of a prior or existing grant? Explain.

Goals and Objectives

What are the goals and objectives for this project? In other words, what will this project achieve?

Performance Measurement

How will the goals and objectives be measured? *Include data collection and other factors that will be used for measurement.*

Project Details

Describe in more detail than in the OLGA Project Description, what the funds for this project will be spent on and how the project will be implemented. If the project includes marketing and promotion, use the Marketing section of this application to describe those efforts.

Marketing and Promotion

If this project will implement marketing and promotions with the grant funds, describe these efforts, the messaging that will be used, and partnerships with DRPT and other agencies.

Include the following in the response:

A detailed description, purpose, target audience, call to action, marketing materials and advertising media that will be used, and start and end dates of each campaign.

(Skip this section if marketing and promotion are not part of this project.)

Staff

In the table below, enter the position titles of your organization's staff whose time will be charged to this project. Include the percentage of the total annual salary or wages, total number of hours, and the total amount of charges for each position. Include a detailed summary of each position's work on this program. Attach additional pages to the application, if needed.

Contractor Work

Using the text box below describe work that will be performed by each contractor. Include the name(s) of each contractor, if know at this time. (Contractor time charges must be entered in the Professional Services category in the budget section in OLGA.)

Application Certification

I certify that I have the permission of my organization's Executive Director, Chief Executive Office, Board Chair, or other accountable, authorized individual to submit this application for federal and/or state funding from the Virginia Department of Rail and Public Transportation.

Further, I certify that our organization is committing the required local match toward this project, and has those funds available now or will have the funds by July 1, 2023.

This application is complete as of this submission.

Organization Name:

Contact Name (for questions about this application):

Contact Email:

Contact Phone:

Name of Person Submitting this Application: