



Fiscal Year 2024

CAP Project Assistance Supplemental Application Employer Trip Reduction

Service Area

What geographic area(s) does the project cover?

(List county(s), city(s), town(s), and corridors. If the service area covers only part of the county or city, provide specific details on the service area boundaries. Provide a map, if needed.)

Public Access to Project

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

Goals and Objectives

How many Meetings (in person and virtual) with employers:

How many employers will conduct employee commute surveys prior to implementation of a new employee commute assistance project?

How many employers will conduct employee commute surveys after implementation of a new employee commute assistance project?

The number of new Level 3 employers established

The number of new Level 4 employers established

Describe other goals and objectives of this project

How will the FY24 goals and results be measured and verified to prove they were achieved

PROJECT OPERATIONS

This section has several parts that are intended to expand on the Project Description in OLGA and describe in more detail the operations of the commuter assistance project and to better describe what will be done and how the funding will be spent.

Operations

What does the project and staff do to sell transit benefits to employers? (Keep the response focused on what will be done with the grant funds. In other words, how will the grant funds be used?)

Direct Outreach to Private Sector Employers Contact and Approach

Describe the direct interaction with private sector employers that will occur through this project. In particular, describe the approach to engaging businesses and convincing them to start commuter benefits or expand on existing benefits.

Customer Relation/Contact Management

Describe all the customer relations/contact management systems and/or other programs used to document and record interactions, activities, and results, and how the system is used and what information can be reported directly from the system.

Financial Assistance

If using incentives or providing financial assistance to businesses, describe the incentives or financial assistance and how they will be used in the text box below. Attach copies of rules, forms, etc. to the application.

What is the purpose and goal of each incentive or reward (what will it achieve and how will it achieve it)?

Describe the eligibility requirements and rules and how this information is published to the public.

How will each incentive or reward be measured for success?

PROJECT STAFF AND CONTRACTORS

This section has two parts to show the staff and work staff performs and contractor work that will be charged to the grant.

Staff

Include a detailed summary of each position's work on this project.

Position Titles	Work Performed that will be charged to Grant	% of Total Annual Salary, Total Hours and Total Amount

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.

VDOT Employer Outreach Budget Detail

(For agencies receiving VDOT funding for employer outreach, provide budget expense items and details of all expenses for your program's VDOT Employer Outreach Grant.)

Expense Item	List of Expenses

For agencies that receive VDOT funding for Employer Outreach, explain the differences between activities funded by VDOT and activities in this project application, and how the two are coordinated.

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.

Organization Name:

Contact Name (for questions about this application):

Contact Email:

Contact Phone:

Name of Person Submitting this Application: