**RIDESHARING/COMMUTER ASSISTANCE PROGRAM**

**FY2020**

**GRANT APPLICATION**

# Application Summary

This application is used to fund the Ridesharing/Commuter Assistance programs in the Baltimore and Washington regions. It covers the general instructions and requirements needed to complete the FY2020 application. The eligible recipients are:

Baltimore Region Washington Region

Anne Arundel County Calvert County

Baltimore City Frederick County

Baltimore County Montgomery County

Carroll County Prince George’s County

Harford County Tri County Council of

Howard County Southern Maryland

# Time Frame

The funding granted, as a result of this application, will cover the period of July 1, 2019 to

June 30, 2020.

# Funding

Grant funds are for the annual budget project cost. Please request funding for the amount needed to support the program. Appendix A lists the estimated funding amounts available for FY2020. Each program will be notified of exact funding levels upon approval of the application.

##### Public Hearing

Each jurisdiction that requests operating and capital assistance must hold a public hearing or have an opportunity for a public hearing (instructions attached). Proof of notification of public hearing is required.

# Application Review

The Maryland Department of Transportation Maryland Transit Administration (MDOT MTA) will review each application for compliance according to State requirements and completeness of the Project Narrative, Work Program, and Project Budget.

# Questions or Comments

Direct any questions or comments to Ms. Nancy Huggins at (410) 767-8356 or email at [nhuggins@mta.maryland.gov](mailto:nhuggins@mta.maryland.gov).

**Application Due Date**

The MDOT MTA must receive all grant applications by **March 15, 2019**.

**Upload the original document to ProjectWise with a Transmittal Letter to:**

Ms. Nancy Huggins

Maryland Department of Transportation

Maryland Transit Administration

Office of Local Transit Support

6 Saint Paul Street – 8th Floor

Baltimore, Maryland 21202-1614

# Caution

If your application is submitted late, funding approval for your program **may not** be available on July 1, 2019.

**General Instructions**

Submit your application as outlined on the following pages.

# Information To Be Included in the Application

1. **Project Narrative**

Describe the entire program for which financial assistance is being requested. The information should be brief but with enough detail to provide a clear explanation of the program and why it is necessary to continue the program. At a minimum, include the following:

1. **Overview of Program** - Summarize the general structure and focus of the local efforts (mission) and services they provide, demographics of area, and target markets.
2. **FY2019 Program** – Briefly describe your projects’ major successes and any obstacles encountered to date in the FY2019 program. Highlight any changes that will be made in the FY2020 program to overcome these obstacles.
3. **FY2020 Goals** – Outline how your program goals and objectives for FY2020 will support the following Goals and Objectives (see page three).

|  |  |
| --- | --- |
| **Goal 1:**  Make transportation choices easy to understand and access. | Objective 1.1 Ensure that local and regional public  transportation information is accessible to all. |
|  | Objective 1.2 Increase knowledge and comfort with the use of all transportation options, telework, and alternative work schedules. |
| **Goal 2:**  Enhance the awareness, availability, and use of complementary statewide employer TDM services that support non-SOV drive alone commuting options, teleworking, and flexible work schedules by employers across Maryland, at the places Marylanders work. | Objective 2.1 Conduct outreach to businesses. |
| Objective 2.2 Help businesses establish a Commuter Benefits program within their business.  Objective 2.3 In order to build a Statewide Business Outreach database, contact a minimum of 10 business contacts per month to market the Commuter Benefits. Using the Employer Outreach form (Appendix G) report on a quarterly basis the actual business contacts; including the Business name, Contact Name, Address, Phone number, Email address, and a summary of the visit.  Objective 2.4 Promote the Maryland Commuter Tax Credit. Assist businesses with setting up any of the required Commuter Benefits outlined in the Maryland Commuter Benefits Program. Also promote the Rideshare and Guaranteed Ride Home program administered through Commuter Connections. |
|  |
| **Goal 3:**  Increase statewide ridesharing support, and services, and use statewide. | Objective 3.1 Reach out to Commuters and promote the current Rideshare program administered through Commuter Connections. Continue to build up the Rideshare database and aim to have a minimum of 10 commuter sign  ups each month.  Objective 3.2 Reach out to Commuters and promote the Guaranteed Ride Home Program through Commuter Connections and aim to have a minimum of 10 sign ups  per month. |
|  | Objective 3.3 Promote the use and availability of existing ridesharing and guaranteed ride home solutions to underserved areas. |
| **Goal 4:**  Maximize the reach and effectiveness of TDM services through collaboration and innovation. | Objective 4.1 Foster strong working partnerships with public and private stakeholders. |
| Objective 4.2 Leverage emerging and existing technology tools and service providers to expand the effectiveness of  TDM services. |

1. **FY2020 Work Program**

The work program describes how you will meet your FY2020 goals. The work program must describe, at a minimum, how the county will manage the core responsibilities. In addition, the work program can include Special Projects.

A. **Core Responsibilities** – Each program must consist of the following core responsibilities. You may add other projects or efforts under Special Projects.

1. **Yearly Work Schedule** – To accomplish the goals and objectives listed on page three, provide a detailed annual work schedule with specific milestones for achievement for the following programs:

New Applicants for

* Guaranteed Ride Home
* Ridesharing (carpool/vanpool)
* Maryland Commuter Tax Credit

Re-applicants for

* Guaranteed Ride Home
* Ridesharing (Carpool/Vanpool)
* Maryland Commuter Tax Credit

Goal Numbers of

* Transit Referrals and trip-planning
* New Vanpools
* Employer Visits (direct/indirect)
* Events, Fairs, etc.
* Follow-up assistance

1. **Marketing/Promotional Efforts** – Attach a copy of the annual marketing plan.
2. **Rideshare/Commuter Connections –** Describe your outreach efforts in order to draw commuters to the [www.commuterconnections.org](http://www.commuterconnections.org) website and its various programs, specifically Ridesharing.
3. **Commuter Choice Maryland (CCM)** - Describe your strategies for marketing this newly revamped program, which includes:

* Commuter Choice Maryland website: [commuterchoicemaryland.com](http://mdot.maryland.gov/newMDOT/Commuter/Commuting)
* Guaranteed Ride Home
* Maryland Commuter Tax Credit
* Rideshare Information (Vanpool/Carpool)
* Transit Information and Trip Planning
* Telework
* Bicycling/Walking
* Alternative Work Schedules/Compressed Work Week
* Cash-in-Lieu of Parking Program (Parking Cash Out)

1. **Employer Outreach** – Describe your employer outreach program. This should support the objectives outlined for Goal 2 (see page three). List the employers you will contact and the approach you will use to identify and schedule employers.
2. **Coordination** – Describe the coordination or working relationship of this Rideshare program with other county departments/staff and with other transportation service providers in the county or region. Describe the efforts you will undertake to continue or expand your coordination with the other programs.
3. **Program Administration and Analysis** – List administrative tasks required to continue the ridesharing program (e.g.: quarterly reports, prepare budgets, etc.).

III. **Project Budget**

Requests for operating assistance are to be presented using the appropriate Operating Budget Worksheets contained in this application package. (See Appendix C) *Please note: Appendix C-1 is to be submitted with your quarterly reports.*

There are two (2) budget worksheets in this application

1. **Operating Budget Worksheet** – if you are located in the Baltimore Region, add $3,500 to the Council of Governments line item to cover expenses for FY2020.
2. **Sub-grantees Operating Budget Worksheet** – you only need to use the sub-grantee worksheet if you support another entity with your MTA allocation.

*NOTE: If you need to make any revisions to your budget during the program year, requests* ***must be submitted in writing*** *(include revised budget page) to the MTA for approval.*

IV. **Annual Certificate of Use**

List all equipment, **past** and **present**, including computer hardware/software and furniture purchased with ridesharing funds. If no equipment or furniture was purchased with ridesharing funds, please indicate with a N/A and return with the application. (See Appendix D)

1. **Program Assurance**

A Program Assurance Agreement must be submitted with your application that has been signed by the Chief Executive, County Commissioner, or an authorized official appointed by the Chief Executive or County Commissioner. (See Appendix E)

**Program Management**

I**. Invoices and Quarterly Reports**

All Request for Payment/Invoices and Reports will be submitted quarterly. Original, signed Request for Payment/Invoices will be uploaded into ProjectWise **no later than 30** **days** following the end of the period. NOTE: you must notify the Program Manager that the request for payment and reports have been uploaded.

All reports must be **uploaded to ProjectWise** with the original, signed Request for Payment/Invoice and **must** include:

1. **Request For Payment** – Each time an original, signed Request for Payment/Invoice is submitted, the request for payment that came with the grant agreement **must be used**. (Appendix J is a **sample** of the Request for Payment.)
2. **Budget Form for the Quarter** – Each quarter the budget form **must be submitted** showing the expensed occurred for that quarter. (Appendix C-1)

1. **Narrative on the Accomplishments, Successes and Challenges related to each Goal 1-4** (see page three) – This report **must** be Page 1 of your documentation and must be uploaded to ProjectWise.(Appendix I)
2. **Ridesharing Program Yearly Work Schedule and Objectives** – This report **must** be uploaded to ProjectWise with the corresponding quarter’s Request for Payment. (Appendix F- Q1, Q2, Q3,Q4)
3. **Employer Contact Report** – Each quarter an Employer Contact Report **must** be included; if there was no employer contacts made that month, you must indicate the reason. (Appendix G)

The report will include the following:

* + Employer Name
  + Employer Address
  + Employer Phone Number
  + Employer Contact
  + Employer Contact Email Address
  + Employer website:
  + Type of Industry:
  + Total # of Employees
  + Who attended the Meeting
  + Date of meeting
  + Description of the Visit
  + Whether the Employer has any of the following in place for business and or employees:
    1. Maryland Commuter Tax Credit
    2. Company provided Emergency Ride Home Program
    3. Subsidize cost of transit on publicly or privately-owned mass transit system
    4. Provides vanpool
    5. Rideshare (Carpool/ Vanpool)
    6. Telework
    7. Bicycling/Walking infrastructure
    8. Alternative Work Schedule/Compressed Work Week
    9. Guaranteed Ride Home with Commuter Connections
  + Results of the Visit
  + Follow up Information
    1. Is follow up meeting needed?
    2. Date of follow up meeting
    3. What items are needed for follow up?

1. **Calls and Applications Received Report** – This report **must** be uploaded to ProjectWise with the appropriate quarterly request for payment. (Appendix H)

II. **Quarterly Meetings**

1. Attendance is **mandatory** at all MTA quarterly Rideshare/Commuter Assistance and Commuter Connections meetings and training sessions. If the Rideshare Coordinator is unable to attend, a designee **must** represent him/her.

Dates for the FY2020 MTA quarterly meetings are listed below. All meetings are tentatively scheduled for the 2nd Thursday of the month in that quarter. The schedule may change as necessary.

* Thursday, July 11, 2019
* Thursday, October 10, 2019
* Thursday, January 9, 2020 (snow date will be determined)
* Thursday, April 9, 2020

1. Attendance is **mandatory** for all Commuter Choice Maryland training sessions, which may be administered via webinar or in-person.
2. Attendance for Commuter Connections Ridematching Committee meetings **are also mandatory**. They occur quarterly on the 3rd Tuesday of the month.
3. **Association for Commuter Transportation (ACT membership is required)**

ACT is North America’s most respected association for professionals who specialize in commuter options and solutions, as well as organizations, businesses and individuals interested in creating a more workable transportation system.

Affiliation with a local chapter will provide access to a group of professionals like yourself with whom you can network and exchange information on regional issues and concerns.

Each program is **required** to become a member of ACT and to attend the annual conference. A **minimum of $2,000** should be allocated for this expense. The ACT International Conference allows the opportunity to network and exchange information with the nation’s leading transportation management specialist and government representatives with an interest in transportation issues, increasing mobility and improving air quality.

1. **NEW:** **Urban Transportation Commuter Choice Certificate** – this certificate program, managed by the Center for Urban Transportation Research at the University of South Florida, provides the most comprehensive training program for transportation professionals involved in managing demand for our transportation systems. The non-credit certificate is awarded to participants who complete the required and elective courses to receive total of 80 credits over a two-year period. A flat fee of **$250** is to be budgeted for you for FY2020 to complete this program and receive a certificate. <http://www.commuterservices.com/training/commuter-choice-certificate-overview/>

*(If you have already successfully completed this course, please include the certificate with your application.)*

**MARKETING OF**

**MDOT MTA TRANSIT SERVICES**

**AND THE COMMUTER BENEFITS PROGRAM**

All Baltimore metropolitan area ridesharing programs have a task in their work programs to market the MDOT MTA transit services.

All rideshare programs are to market the **Commuter Choice Maryland** commuter benefits program.

**The MDOT MTA’s transit services:** MDOT MTA transit services include more than 60 regular, express and commuter bus lines, Light RailLink, Metro SubwayLink and MARC Train. The MTA participates in dozens of major events throughout the year including, Orioles baseball, Ravens football, Preakness, the State Fair, Artscape and Discover Transit Week, just to name a few. In addition, the MDOT MTA operates, funds, or contracts transit service throughout Maryland.

**Commuter Choice Maryland Benefits Program**. Commuter Choice Maryland provides information on two commuter benefit programs – the Maryland Commuter Tax Credit and Commuter benefits regulated under Section 132 (f) of the IRS Tax Code. Recent Federal and State tax legislation has made it possible for Commuter Choice Maryland to offer employers more commuter benefit options, which encourage employees to ride MDOT MTA Buses, Light RailLink, Metro SubwayLink, MARC Trains, or qualified vanpools to work, and save money on their commute. In addition, the Washington Metropolitan Area Transit Authority (WMATA) offers a free commuter benefits program called SmartBenefits®, of which should be promoted when appropriate.

**Dissemination of information on MDOT MTA and local transit services/schedules and the Commuter Benefits Program are primary tasks** **in your annual work program**. Whenever you target employers for personal site visits or direct mail campaigns please include information on the appropriate MDOT MTA product lines. If you have questions, please contact your program manager, Nancy Huggins at 410-767-8356.

**Employer site visits and the establishment of ridesharing programs are the number one** **tasks in your annual work program**. Remember that you are a ridesharing marketing representative first and foremost. You should be using employer worksite visits, multi-media advertising, special events, and oral presentations to market commuter alternative services in your jurisdiction. If you are relying on giveaway items, school poster contests and highway signs as your primary marketing tools, you are wasting time and grant funds. Develop an effective marketing plan with reachable goals and follow it throughout the year.

**MDOT MTA transit schedules** are available on request by contacting the MDOT MTA Transit Information Center at 410-539-5000.

**Commuter Choice Maryland brochures and materials** are available for outreach and education by contacting 410-865-1100 or [commuterchoice@mdot.state.md.us](mailto:commuterchoice@mdot.state.md.us).

**Appendix A**

**MARYLAND DEPARTMENT OF TRANSPORTATION**

**MARYLAND TRANSIT ADMINISTRATION**

**MARYLAND RIDESHARING PROGRAMS**

**FUNDING LEVELS FOR FY2019**

**and**

**PROJECTED FOR FY2020**

**Baltimore Region**

Anne Arundel County $ 197,397.00

Baltimore City $ 81,538.00

Baltimore/Carroll Counties $ 170,350.00

Harford County $ 88,066.00

Howard County $ 130,507.00

**Washington Region**

Calvert County $ 8,730.00

Frederick County $ 123,650.00

Montgomery County $ 372,070.00

Prince George’s County $ 269,105.00

Tri-County Council $ 108,587.00

**Appendix B**

**ANNUAL PROGRAM GOALS AND OBJECTIVES**

PROGRAM NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FY2018 FY2019 FY2020

Actual Projected Goals

A. Carpool/vanpool applicants \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

B. Transit applicants \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

C. Transit referrals \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

D. Maryland Commuter Tax Benefit N/A N/A \_\_\_\_\_\_

E. Total applicants/referrals \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

(A+B+C+D)

F. Program cost \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

G. Cost per applicant (E/F) \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

H. Follow-up assistance \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

I. Vanpools formed \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

J. Total number of events, fairs, etc. \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

K. Employer Outreach

-Direct contacts \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

-Indirect contacts \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

**Appendix C**

**OPERATING BUDGET WORKSHEET**

Fiscal Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Core Special

Budget Program Project

**Staff Expenses** Amount Amount Amount

**Position**

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**Subtotal Salaries** $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_

**Fringes/Benefits**

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**Subtotal Fringes/Benefits** $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_

**Total Staff Expenses** $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_

**Operating Expenses**

Telephone $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_

Printing & Duplicating $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_

Advertising $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_

Computer Equipment $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_

Postage $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_

Materials/Supplies $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_

COG Expenses $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_

Travel – non-metropolitan $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_

Travel – metropolitan $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_

USF Certificate $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_

ACT $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_

Other (specify) $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_

Other (specify) $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_

**Total Operating Expenses** $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_

**TOTAL PROGRAM** $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_

**OPERATING BUDGET WORKSHEET**

**FOR SUB-GRANTEE**

Fiscal Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Core Special

Budget Program Project

**Staff Expenses** Amount Amount Amount

**Position**

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**Subtotal Salaries** $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_

**Fringes/Benefits**

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**Subtotal Fringes/Benefits** $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_

**Total Staff Expenses** $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_

**Operating Expenses**

Telephone $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_

Printing & Duplicating $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_

Advertising $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_

Computer Equipment $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_

Postage $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_

Materials/Supplies $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_

COG Expenses $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_

Travel – non-metropolitan $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_

Travel – metropolitan $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_

Other (specify) $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_

Other (specify) $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_

**Total Operating Expenses** $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_

**TOTAL PROGRAM** $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_

**Appendix C-1**

**OPERATING BUDGET WORKSHEET**

Fiscal Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total

Budget First Second Third Fourth

**Staff Expenses** Amount Quarter Quarter Quarter Quarter

**Position**

\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_

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**Subtotal Salaries** $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_

**Fringes/Benefits**

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**Subtotal Fringes/Benefits** $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_

**Total Staff Expenses** $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_

**Operating Expenses**

Telephone $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_

Printing & Duplicating $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_

Advertising $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_

Computer Equipment $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_

Postage $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_

Materials/Supplies $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_

COG Expenses $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_

Travel – non-metropolitan $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_

Travel – metropolitan $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_

USF Certificate $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_

ACT $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_

Other (specify) $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_

Other (specify) $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_

**Total Operating Expenses** $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_

**TOTAL PROGRAM** $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_\_ $\_\_\_\_\_

**Appendix D**

**ANNUAL CERTIFICATE OF USE**

I certify that the following conditions are true and correct with regard to said equipment/office furniture, specified below (new or old), that was purchased on behalf of this organization, with Federal funds for ridesharing activities only. (List **ALL** equipment past and current)

**Equipment Serial Number Equipment Location**

**(Address)**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The equipment acquired under the project continues to be used for the exclusive use of the Ridesharing program.
2. None of the equipment has been sold, damaged, or otherwise taken out of the program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Official

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Title County

**Appendix E**

**PROGRAM ASSURANCE**

**STATEWIDE RIDESHARING/COMMUTER**

**ASSISTANCE PROGRAM**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Maryland hereby makes the following assurances to the Maryland Department of Transportation Maryland Transit Administration (MDOT MTA) in conjunction with its application for state and federal financial assistance for the Ridesharing/Commuter Assistance Program.

1. The applicant has the requisite fiscal managerial and legal capability to carry out the Ridesharing/Commuter Assistance Program and to receive and disburse federal funds.
2. The applicant has and will comply with the administrative requirements which relate to the applications made to and grants received from the MDOT MTA for the Ridesharing/Commuter Assistance Program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Official

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (printed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**Appendix F – Q1**

**RIDESHARING PROGRAM YEARLY WORK SCHEDULE & OBJECTIVES**

First Quarter: July 1 – September 30

Program Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fiscal Year:\_\_\_\_\_\_\_\_\_\_

Program Cost For The Period: $\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Month | New Client Applicants | Re-Applicants | Vanpools Formed | Transit Referrals | Community/ Employer Events |
| **Quarterly Objectives** |  |  |  |  |  |
| July |  |  |  |  |  |
| August |  |  |  |  |  |
| September |  |  |  |  |  |
| **Actual Total** |  |  |  |  |  |

**Promotional Activities: (check all utilized this quarter)**

1. Newsletters \_\_\_

2. Radio \_\_\_

3. Television \_\_\_

4. Newspaper (regional) \_\_\_

5. Newspaper (local) \_\_\_

6. Yellow Pages \_\_\_

7. Press Conferences \_\_\_

8. Public Meetings \_\_\_

9. Other (explain) \_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Are you monitoring the results of your promotional activities?

## Yes\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, how?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**General Comments: (i.e., Problems, recommendations, and innovative techniques).**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

###### Program Manager’s Signature

**Appendix F – Q2**

**RIDESHARING PROGRAM YEARLY WORK SCHEDULE & OBJECTIVES**

### Second Quarter: October 1 - December 31

## Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fiscal Year: \_\_\_\_\_\_

Program Cost For The Period: $\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Month | New Client Applicants | Re-Applicants | Vanpools Formed | Transit Referrals | Community/ Employer Events |
| **Quarterly Objectives** |  |  |  |  |  |
| July |  |  |  |  |  |
| August |  |  |  |  |  |
| September |  |  |  |  |  |
| **Actual Total** |  |  |  |  |  |

**Promotional Activities: (check all utilized this quarter)**

1. Newsletters \_\_\_

2. Radio \_\_\_

3. Television \_\_\_

4. Newspaper (regional) \_\_\_

5. Newspaper (local) \_\_\_

6. Yellow Pages \_\_\_

7. Press Conferences \_\_\_

8. Public Meetings \_\_\_

9. Other (explain) \_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you monitoring the results of your promotional activities?

Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, how?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Comments: (i.e., Problems, recommendations, and innovative techniques).**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### Program Manager’s Signature

**Appendix F – Q3**

**RIDESHARING PROGRAM YEARLY WORK SCHEDULE & OBJECTIVES**

Third Quarter: January 1 – March 31

Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fiscal Year: \_\_\_\_\_\_

Program Cost For The Period: $\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Month | New Client Applicants | Re-Applicants | Vanpools Formed | Transit Referrals | Community/ Employer Events |
| **Quarterly Objectives** |  |  |  |  |  |
| July |  |  |  |  |  |
| August |  |  |  |  |  |
| September |  |  |  |  |  |
| **Actual Total** |  |  |  |  |  |

**Promotional Activities: (check all utilized this quarter)**

1. Newsletters \_\_\_

2. Radio \_\_\_

3. Television \_\_\_

4. Newspaper (regional) \_\_\_

5. Newspaper (local) \_\_\_

6. Yellow Pages \_\_\_

7. Press Conferences \_\_\_

8. Public Meetings \_\_\_

9. Other (explain) \_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you monitoring the results of your promotional activities?

Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, how?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**General Comments: (i.e., Problems, recommendations, and innovative techniques).**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Manager’s Signature**

**Appendix F – Q4**

#### RIDESHARING PROGRAM YEARLY WORK SCHEDULE & OBJECTIVES

Fourth Quarter: April 1 – June 30

Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fiscal Year: \_\_\_\_\_\_

Program Cost For The Period: $\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Month | New Client Applicants | Re-Applicants | Vanpools Formed | Transit Referrals | Community/ Employer Events |
| **Quarterly Objectives** |  |  |  |  |  |
| July |  |  |  |  |  |
| August |  |  |  |  |  |
| September |  |  |  |  |  |
| **Actual Total** |  |  |  |  |  |

**Promotional Activities: (check all utilized this quarter)**

1. Newsletters \_\_\_

2. Radio \_\_\_

3. Television \_\_\_

4. Newspaper (regional) \_\_\_

5. Newspaper (local) \_\_\_

6. Yellow Pages \_\_\_

7. Press Conferences \_\_\_

8. Public Meetings \_\_\_

9. Other (explain) \_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you monitoring the results of your promotional activities?

Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, how?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Comments: (i.e., Problems, recommendations, and innovative techniques).**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Manager’s Signature**

**Appendix G**

**EMPLOYER OUTREACH**

COUNTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER CONTACT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER WEBSITE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF INDUSTRY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL # OF EMPLOYEES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHO ATTENDED MEETING (INCLUDE NAMES): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESCRIPTION OF VISIT:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOES EMPLOYER HAVE ANY OF THE FOLLOWING IN PLACE FOR BUSINESS OR EMPLOYEES (CHECK OF ALL THAT APPLY):

* Maryland Commuter Tax Credit
* Pre-Tax Benefit regulated under Section 132 (f) of the IRS Tax Code
* Company Provided Emergency Ride Home
* Subsidize cost of transit on publicly or privately-owned transit system :
  + Total # of employees
* Vanpool provided my employer
  + Total # of employees
* Carpool
  + Total # of employees
* Telework
  + Total # of employees
* Bicycling and Walking Infrastructure
* Alternative Schedule/Compressed Work Week
  + Total # of employees
* Guaranteed Ride Home with Commuter Connections

RESULTS OF VISIT:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IS FOLLOW UP MEETING NEEDED (YES or NO):

DATE OF FOLLOW UP MEETING:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ITEMS NEEDED FOR FOLLOW UP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix H**

**CALLS & APPLICATIONS RECEIVED**

**AT CLIENT MEMBER PROGRAMS**

MONTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CLIENT SITE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **How Applicant Heard About Service** | **CALLS** | **TOTAL** | **APPLICATIONS** | **TOTAL** |
| Brochure/Promo Materials |  |  |  |  |
| Bus/Train Schedule |  |  |  |  |
| Bus/Train Sign |  |  |  |  |
| Direct Mail |  |  |  |  |
| Employer |  |  |  |  |
| Employer Survey |  |  |  |  |
| Fair/On Site Event |  |  |  |  |
| Government Office |  |  |  |  |
| GRH Program |  |  |  |  |
| Highway Sign |  |  |  |  |
| Information (411) |  |  |  |  |
| Internet |  |  |  |  |
| Library |  |  |  |  |
| Mobile Billboard |  |  |  |  |
| Newsletter |  |  |  |  |
| Newspaper |  |  |  |  |
| Newspaper (Local) |  |  |  |  |
| Other Rideshare Program |  |  |  |  |
| Post Card (COG) |  |  |  |  |
| Presentation |  |  |  |  |
| Radio |  |  |  |  |
| Real Estate/Welcome Wagon |  |  |  |  |
| Referral from Transit Organization |  |  |  |  |
| Theatre Slide |  |  |  |  |
| TV |  |  |  |  |
| Van Sign |  |  |  |  |
| Was/Is Applicant |  |  |  |  |
| White Pages |  |  |  |  |
| Word of Mouth |  |  |  |  |
| Yellow Pages/Verizon |  |  |  |  |
| Yellow Pages/Yellow Book |  |  |  |  |
| Yellow Pages/Local |  |  |  |  |
| Voice Mail Messages |  |  |  |  |
| Other |  |  |  |  |

TOTAL TOTAL

NEW APPS:\_\_\_\_\_\_ RE-APPS:\_\_\_\_\_\_ FOLLOW-UPS:\_\_\_\_\_\_

**Appendix I**

**RIDESHARING/COMMUTER ASSISTANCE PROGRAM**

**Quarterly Report Narrative**

County/Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fiscal Year: \_\_\_\_\_\_ Quarter:\_\_\_\_\_\_\_

Using the Goals and Objectives Chart below, provide narrative (to the right) on your Accomplishments, Successes and/or Challenges for the quarter.

**Goal 1:** Make transportation choices easy to understand and access.

|  |  |
| --- | --- |
| Objective 1.1  Ensure that local and regional public transportation information is accessible to all. |  |

|  |  |
| --- | --- |
| Objective 1.2  Increase knowledge and comfort with the use of all transportation options, telework, and alternative work schedules. |  |

**Goal 2:** Enhance the awareness, availability, and use of complementary statewide employer TDM services that support non-SOV drive alone commuting options, teleworking, and flexible work schedules by employers across Maryland, at the places Marylanders work.

|  |  |
| --- | --- |
| Objective 2.1  Conduct Outreach to businesses. |  |

|  |  |
| --- | --- |
| Objective 2.2  Help businesses establish a Commuter Benefits program within their organization. |  |

|  |  |
| --- | --- |
| Objective 2.3  Contact a minimum of 10 business contacts per month to market the Commuter Benefits. |  |

|  |  |
| --- | --- |
| Objective 2.4  Promote the Maryland Commuter Tax Credit. Assist businesses with setting up any of the required Commuter Benefits outlined in the Maryland Commuter Benefits Program.  Promote the Rideshare and Guaranteed Ride Home application administered through Commuter Connections |  |

**Goal 3:** Increase statewide ridesharing support, and services, and use statewide.

|  |  |
| --- | --- |
| Objective 3.1  Reach out to Commuters and promote the current Rideshare application currently administered through Commuter Connections.  Continue to build up the Rideshare database and aim to have a minimum of 10 commuter sign ups each month. |  |

|  |  |
| --- | --- |
| Objective 3.2  Reach out to Commuters and promote the Guaranteed Ride Home Program through Commuter Connections and aim to have a minimum of 10 sign ups per month. |  |

|  |  |
| --- | --- |
| Objective 3.3  Promote the use and availability of existing ridesharing and guaranteed ride home solutions to underserved areas. |  |

**Goal 4:** Maximize the reach and effectiveness of TDM services through collaboration and innovation.

|  |  |
| --- | --- |
| Objective 4.1  Foster strong working partnerships with public and private stakeholders. |  |

|  |  |
| --- | --- |
| Objective 4.2  Leverage emerging and existing technology tools and service providers to expand the effectiveness of TDM services. |  |

**Appendix J**

**MARYLAND DEPARTMENT OF TRANSPORTATION**

**MARYLAND DEPARTMENT OF TRANSPORTATION MARYLAND TRANSIT ADMINISTRATION (MDOT MTA)**

**RIDESHARING/COMMUTER ASSISTANCE PROGRAM**

**REQUEST FOR PAYMENT**

**FISCAL YEAR 2020**

PUBLIC BODY: Maryland

PROJECT NUMBER:

PAYMENT PERIOD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROGRAM :

PIN:

CHARGE:

PHASE:

Current Fiscal Year

Period to Date

1. **OPERATING REVENUE AND EXPENSE SUMMARY**
2. Eligible Operating Expenses

Actual from: \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_

B. Net Project Cost …………… ……………………. $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_

1. **FINANCING OF NET PROJECT COST**

Total Federal Share 100% Net Project Cost ……… $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_

1. **REQUEST FOR PAYMENT**

Total Payment Requested …………………………………….$\_\_\_\_\_\_\_\_\_\_

(Federal)

Submitted By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*SAMPLE ONLY:   
Original Request for Payment forms will be provided

with Grant Agreement.

**Appendix K**

**PUBLIC HEARING**

Each jurisdiction that requests operating and capital assistance must hold a public hearing or have an opportunity for a public hearing. A public hearing or opportunity for a public hearing is not required for technical planning assistance projects.

**I. Opportunity for a Hearing**

The recipient should afford an opportunity for a public hearing on the program of projects and budget if one has not been held during development, to provide citizens a forum to present their views on the projects proposed. A notice must be published in a newspaper of general circulation informing the public that a three-week period has been established during which they can request a public hearing on the program projects. The process to request a hearing must be described in the notice.

**If a hearing is not requested, the applicant MUST also include a letter stating that there were no requests for a Public Hearing.**

The hearing should be proposed for 30 days from the date of notice with a three-week period to submit a written request for a hearing. The hearing should be held the following week.

**II. Notice**

1. A notice in the newspaper announcing the opportunity for a public hearing or the public hearing should include the following:

* Name of applicant
* Area to be served
* Program of Projects – description of service
* Budget and financing information. Project financing must state that funds are being applied for from the Maryland Department of Transportation Maryland Transit Administration (MDOT MTA) and the Federal Transit Administration.
* Time, date and place for the public hearing and instructions to request a hearing if you are publishing an opportunity for a hearing.

1. A certified copy received from the newspaper must be submitted as a part of this application.

* **All private operators in the service area must be mailed a separate notification of the public hearing.**

**III. Location and Record**

The public hearing must be held at a place and time generally convenient for persons affected by the project. Meeting locations and materials must be accessible to individuals with disabilities, including sight and hearing-impaired persons. Provisions must be made at the hearing for submission of written statements, exhibits and oral statements.

**A list of attendees, minutes of the public hearing, and copies of written statements must be submitted with the application.**

**Appendix L**

**ASSURANCE**

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Recipient by the Department of Transportation under Federal Transit Programs. The person or persons whose signature appears below are authorized to sign this assurance on behalf of the Recipient.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Official

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (printed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date