

COMMUNITY TRANSPORTATION NEEDS ASSESSMENT VOUCHER APPLICATION

FOR THE
CLEAN MOBILITY VOUCHER PILOT PROGRAM



**Clean
Mobility
Options**



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COMMUNITY TRANSPORTATION NEEDS ASSESSMENT VOUCHER APPLICATION

To apply for a Community Transportation Needs Assessment Voucher (Needs Assessment Voucher), please complete this application by answering all required questions in the boxes, provide all relevant documentation and signatures, and submit the application to the Program Administrator in accordance with the eligibility terms and other requirements set forth in the CMO Implementation Manual. Answers to the application questions will be evaluated and determined to meet or not meet the minimum eligibility criteria set forth in the CMO Implementation Manual. Answers are not scored using a points-based system.

All fields with numbered questions are required. Questions lettered and in [blue](#) font are conditional questions that may be required based on certain previous responses. There is no minimum or maximum word count for individual questions or the application as a whole. This application includes the following attachment.

Attachment 1. Needs Assessment Voucher Budget Worksheet

In order to be evaluated, the entire application, including Attachment 1 must be completed; incomplete applications may not be considered. Applications submitted outside of the designated application submission window will also not be considered.

All information and data submitted in this application are the property of CARB and will become a public record under the Public Records Act (California Government Code Section 6254 et seq.) once the applicant has submitted the application. Do not include any personally identifiable information such as project staff home addresses, personal phone numbers, or personal email addresses. The Program Administrator may require additional documentation or clarification if needed.

If you need this document in an alternate format or language or to request other assistance with submitting the application, contact CALSTART at 626-744-5670 or by email at info@cleanmobilityoptions.org. **If additional space is needed in any section of the application, please attach a separate sheet.**

PROJECT TEAM PROFILE

This section collects information about the project team.

1. Lead applicant (“you” or “your”) general contact information: (write in)

Organization Name:	Authorized Officer Name:
Lead Contact Name and Title:	California-Based Affiliate Contact (if different from the Lead Contact Name):
Person with Contract Signing Authority (if different from above):	
Street Address:	
City:	Zip Code:
Phone:	Email Address:
Mailing Address (If different):	
<input type="checkbox"/> I have read and understood the terms and conditions of the Sample Voucher Agreement.	

I hereby certify under penalty of perjury that all information provided in this application and any attachments are true and correct.

Printed Name of Responsible Party:	Title:
Signature of Responsible Party:	Date:

2. Please select your organization's type:

(select one)

- Public agency.** For example, City, County, Metropolitan Planning Organization, Council of Government, local or regional transit agency, local air quality management district, air pollution control district, public school district
- California Native American Tribe.** A Federally Recognized Tribe in California listed on the most recent notice of the Federal Register and other non-federally recognized California tribal governments, including those listed on the California Tribal Consultation List maintained by the California Native American Heritage Commission
- Non-profit organization.** The non-profit organization that has been incorporated for at least one year prior to the time of voucher application submittal and with at least one full-time staff person based in California

3. Does your application include sub-applicants?

(select one)

- Yes**
- No**

Note: Sub-applicants are entities other than the lead applicant who enter into a partnership with other eligible organizations to apply for voucher funds. Sub-applicants may include but are not limited to organizations that provide community outreach services, transportation planning, technical assistance, and data analytics. Sub-applicants may be public, private, or non-profit organizations. A single entity may participate as sub-applicant in multiple applications.

Conditional:

- a. If your application includes sub-applicants, please list of each organization that is part of the team, with a summary of each organization's qualifications, and provide contact information for both decision-makers and day-to-day project leads from each organization.**

(write in)

Note: If applicable, you must include a description of the team’s qualifications, such as history of local engagement, key areas of expertise, or concrete examples of applicant representing or advocating in and for their community.

4. Do all partners included on your application team have full support and approval from decision-makers in their organization (e.g. Board of Directors, City Council, or other governing body, etc.) to participate in the project as proposed?

(select one)

Yes

No

Note: Applications may be processed pending final approval from internal decision-makers; however, proof of approval is needed prior to signing the voucher agreement.

Conditional:

- a. If any application team members still require approvals to participate in the project, please state which member, who has the authority to approve, the process for approval, and anticipated approval timelines.**

(write in)

PROJECT NARRATIVE AND PROPOSED APPROACH

This section collects information about the project proposal and your transportation needs assessment approach. The project should aim to build capacity in the community by providing education to residents on clean transportation and mobility options, so that residents are fully informed and can play a meaningful role in identifying their community’s transportation challenges, needs, and priority solutions. In this section, applicants must demonstrate an understanding of the community landscape in relation to transportation, and key activities that will be taken to conduct a comprehensive community transportation needs assessment.

- 5. Please explain in detail why a transportation needs assessment is needed for your community, including history of environmental and social/economic challenges, areas of investment/disinvestment, and populations that have historically been underrepresented in community or transportation planning.**

(write in)

6. Please summarize any existing regional or community-level transportation needs assessment efforts and identify gaps that this needs assessment proposal will fill.

(write in)

7. Please describe potential transportation needs and solutions that your needs assessment proposal will address (such as certain types of trips residents may not be able to make, or certain types of mobility services residents may prefer or have already been using).

(write in)

- 8. Please describe the people you will engage with, their basic demographics (e.g., income, household size, age, race, gender, languages spoken), and other important characteristics of the community and audience you are trying to reach.**

(write in)

- 9. Please summarize your planned approach and key activities including the timeline for conducting a community transportation needs assessment in accordance with project requirements.**

(write in)

Note: The approach must include timeline and plan for the following elements:

- a. Transportation Access Data Analysis: Description of proposed survey administration and accessibility data indicators approach.*
- b. Community Engagement Plan to determine transportation gaps, needs, and preferences: Description of plans to engage with the community to conduct a needs assessment, including residents, businesses, or other stakeholders who may benefit or be affected by a new clean mobility service in the community. Detailed description of the two minimum required*

- community engagement types (at minimum, description must include locations, intended audience, and plans for notifying residents about events, meetings, or gatherings).*
- c. *Summary Report: Description of timing and process for developing the Summary Report, and plans for how the information will be communicated to the community and local decision-makers.*
 - d. *Clean Mobility Options Project Preparation and Design (optional). See Section R.4 of the CMO Implementation Manual for more details.*

10. How will you ensure that your needs assessment activities are representative of and reach the whole community, including those who are not typically served well by existing transportation services or existing public feedback processes? Describe in detail.

(write in)

PROJECT AREA

This section collects information about physical boundaries of the project area in relation to the requirement that project benefit disadvantaged and low-income communities as defined.

11. Which of the following geographies is your Project Area located within?

(select at least one and all that apply)

- SB 535 Disadvantaged Communities: Census tracts in the top 25 percent of CalEnviroScreen 3.0 scores.
- Affordable housing facility consistent with the CMO requirements.
- Tribal lands, only when within AB 1550-designated low-income communities or SB 535 Disadvantaged Communities. For the purposes of this criterion, “tribal lands” includes any property owned by a California Native America tribal authority and is not limited to federally recognized reservations.

Note: For the purposes of CMO Voucher Pilot Program, the affordable housing facility must meet the following criteria:

- a. The property must have at least five units.*
- b. The property must be deed-restricted low-income residential housing, where at least 80 percent of property residents have incomes at or below 60 percent of the area median income.*

Conditional:

- a. If your project area is within an affordable housing facility, please provide the address of the facility or facilities.**

(write in)

- b. If your project area is within an affordable housing facility, please provide a copy of a recorded deed restriction, regulatory agreement or covenant that restricts the property to low-income residential housing as defined in the California Public Utilities Code Section 2852(a)(3)(A)(i) and has at least 10 years remaining on the term of the property’s affordability restrictions. Properties with fewer than 10 years remaining that are willing to extend affordability requirements for a total of 10 years must provide proof of completed extension of affordability restrictions from a state or local agency. Write in “attached” along with any comments.**

(write in)

- c. **If your project area eligibility is based on location on tribal lands, please provide the name of the reservation, or if not part of a reservation, the address of the tribally owned facility.**

(write in)

- 12. Describe the boundaries of the Project Area in only one of the following ways: (a) If Project Area boundaries are the same as census tract boundaries, list the census tracts, (b) provide a map showing the geographic boundaries, or (c) describe the boundaries using street names and cross streets.**

(write in)

- 13. If applicable, identify the disadvantaged communities that the project intends to benefit, identified by census tract and ranking score in CalEnviroscreen 3.0.**

(write in)

- 14. What is the population size of the project area?**

(write in)

- 15. Are you submitting application(s) for project area(s) that are located entirely inside unincorporated areas (i.e. no city government represent the area)?**

(select one)

Yes

No

Note: If the answer is yes, you may submit up to three applications. Multiple proposals are allowed only for cases where a lead applicant is applying for projects that are located entirely in unincorporated County jurisdictions and therefore are not represented by city governments. If the answer is no, you may only submit one application in the course of each application submission window.

Conditional:

- a. If you are submitting more than one application (up to three applications are allowed if the entire project area(s) are located in unincorporated communities), are the project areas located entirely within unincorporated county jurisdiction?

(write in)

- b. Please indicate the location(s).

(write in)

PROPOSED BUDGET

- 16. Please indicate the total voucher amount you are requesting in this application.

(write in)
\$

- 17. Attach the Needs Assessment Voucher Budget Worksheet (Attachment 1) that quantifies the total requested voucher funding for all key project cost components during the voucher agreement. Write in "attached" along with any comments.

(write in)

ATTESTATIONS AND SIGNATURE

- a. I, the authorized officer to represent and sign this application on behalf of my organization as the Lead Applicant, have read, understand and agree to abide by all of the requirements, terms, and conditions in the CMO Implementation Manual;
- b. I attest to all of the following:
 - i. Our team complies with all applicable State and/or federal conflict of interest laws; and
 - ii. All information provided in this application and any attachments are true and correct.

Signed by officer of organization:

Name:	Signature:
Title:	Date:

Applications may be submitted by email at application@cleanmobilityoptions.org, or by mail and in-person delivery to the following address:

PLEASE RETURN SIGNED DOCUMENTS TO:

Attention: Clean Mobility Options

CALSTART

48 South Chester Avenue

Pasadena, CA 91106

www.cleanmobilityoptions.org