
**RIDESHARING/COMMUTER ASSISTANCE PROGRAM
FY2024
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 FY2024 application. The eligible recipients are:

Baltimore Region

Anne Arundel County
Baltimore City
Baltimore County
Carroll County
Harford County
Howard County

Washington Region

Calvert County
Frederick County
Montgomery County
Prince George's County
Tri County Council of
Southern Maryland

Time Frame

The funding granted, as a result of this application, will cover the period of July 1, 2023 to June 30, 2024.

Funding & Application Review

Grant funds are for the annual budget project cost. Please request funding for the amount needed to support the program.

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, Annual Certificate of Use, and Program Assurance.

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.

Questions or Comments

Direct any questions or comments to Ms. Nancy Huggins, Program Manager at (410) 767-8356 or email at nhuggins@mdot.maryland.gov.

Application Due Date

All grant applications must be uploaded on or before **March 17, 2023** to the agency's MDOT MTA ProjectWise file.

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

Ms. Nancy Huggins, Program Manager
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 for your program **may not** be available on July 1, 2023.

General Instructions

Submit your application as outlined on the following pages.

Information To Be Included in the Application

I. Project Narrative

Describe the entire program for which financial assistance is being requested. The information should include 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:

- A. **Overview of Program** - Summarize the general structure and focus of the local efforts (mission) and services they provide, demographics of area, and target markets.
- B. **FY2023 Program** – Briefly describe your projects' major successes and any obstacles encountered to date in the FY2023 program. Highlight any changes that will be made in the FY2024 program to overcome these obstacles.
- C. **FY2024 Goals** – Outline how your program goals and objectives for FY2024 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, alternate 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.

Utilize the Maryland Employer Commuter Benefits Toolkit provided by Commuter Choice Maryland.

Promote incenTrip Mobile Application.

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.

Objective 2.5 Promote the incenTrip app, a free tool to reduce traffic congestion by using incentives to encourage commuters to utilize non-SOV transportation options.

Objective 2.6 Promote the Employer Partner Program and assist Commuter Choice Maryland in recruiting and maintaining partner organizations.

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.

II. **FY2024 Work Program**

The work program describes how you will meet your FY2024 goals. The work program must describe, at a minimum, how the county/agency 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
- Commuter Choice Maryland Employer Partner Program

Re-applicants for

- Guaranteed Ride Home
- Ridesharing (Carpool/Vanpool)
- Maryland Commuter Tax Credit
- Commuter Choice Maryland Employer Partner Program

Goal Numbers of

- Transit Referrals and trip-planning
- New Vanpools
- Employer Visits (direct/indirect)
- Events, Fairs, etc.
- Follow-up assistance
- Assistance with Commuter Choice Maryland Employer Partner Program and Benefits: Signups, Employer Travel Behavior Survey, Customized Employer Transportation Plan.

2. **Marketing/Promotional Efforts** – Attach a copy of the annual marketing plan.
- a) **Rideshare/Commuter Connections** – Describe your outreach efforts in order to draw commuters to the www.commuterconnections.org website and its various programs, specifically Ridesharing.
- b) **Commuter Choice Maryland (CCM)** - Describe your strategies for marketing the CCM program, which includes:
- Commuter Choice Maryland website: commuterchoicemaryland.com
 - Guaranteed Ride Home
 - Maryland Commuter Tax Credit
 - Commuter Choice Maryland Employer Partner Program
 - Rideshare Information (Vanpool/Carpool)
 - Transit Information, Trip Planning and incenTrip
 - Telework
 - Bicycling/Walking
 - Alternative Work Schedules/Compressed Work Week
 - Cash-in-Lieu of Parking Program (Parking Cash Out)
- c) **Employer Outreach** – In support of the objectives outlined for Goal 2 (see page three), please describe your employer outreach program and include how you plan to incorporate Commuter Choice Maryland (CCM) Business Outreach in your program. In addition, explain how you will conduct the initial meeting with employers while completing the site assessment form and annual follow-up with employers.

Utilize the CCM “Maryland Employer Commuter Benefits” Tool Kit, the Site Assessment Form and the Employer/Employee survey, and develop an employer transportation plan to assist with your employer outreach program – all of these tools will serve as performance measures for the Commuter Choice Maryland program and will be available from CCM. Brochures, training materials, sample employer survey, etc. can be found in ProjectWise in the Rideshare References CCM section.

- d) **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.
- e) **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

- a) **Operating Budget Worksheet** – if you are located in the Baltimore Region, add \$2,000 to the Council of Governments line item to cover expenses for FY2024. In addition, remember to budget for the Association of Commuter Transportation (see page 8 of this application) membership and annual conference as well as any or both of the professional development opportunities (also page 8) that you wish to pursue.
- b) **Sub-grantees Operating Budget Worksheet** – you only need to use the sub-grantee worksheet if you support another entity with your MDOT 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 MDOT 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)

V. **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 quarter. NOTE: you must notify the Program Manager that the request for payment and reports have been uploaded to ProjectWise.

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

- A. **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.)
- B. **Budget Form for the Quarter** – Each quarter the budget form **must be submitted** showing the expensed occurred for that quarter. (Appendix C-1)
- C. **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)
- D. **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)
- E. **Employer Contact Report** – Each quarter an Employer Contact Report **must** be included; if there were no employer contacts made that month, you must indicate the reason. (Appendix G).

Refer to CCM Guide to Employer Assistance: A Resource for Maryland TDM Specialists for additional information on using the Employer Outreach Tracker. Here is the link to the Employer Outreach Tracker which will should be completed to meet the requirements for Appendix G: <https://www.surveymonkey.com/r/QTWH69M>

II. **Mandatory Meetings/Training & Events**

- A. Attendance is **mandatory** at all MDOT 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 FY2024 MDOT 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 13, 2023
- Thursday, October 12, 2023
- Thursday, January 11, 2024 (snow date will be determined)
- Thursday, April 11, 2024

- B. Attendance is **mandatory** for all Commuter Choice Maryland training sessions, which may be administered via webinar or in-person.

- C. Attendance for Commuter Connections Ridematching Committee meetings are also **mandatory**. They occur quarterly on the 3rd Tuesday of the month. The Commuter Connections Sub-committee meetings are optional.

III. **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 \$4,000** is recommended to be allocated for these expenses. 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. <https://conference.actweb.org/>

IV. **Professional Development Opportunities**

As more programs and solutions are introduced into the world of TDM, it is important to provide for continuing education as a tool for the Rideshare Coordinators/TDM Specialists. This year, besides the quarterly meetings, we encourage you to take advantage of one or both of these programs:

TDM-CP®: The Association for Commuter Transportation has established a national certification program for Transportation Demand Management (TDM) professionals. This program supports the continuing education and professional development that enhances the knowledge and performance of local, state, federal, private-sector and non-profit TDM professionals.

- A. This national program is designed to support the professional development and continuing education that will enhance the knowledge and performance of TDM professionals.

For FY2023, the ACT member rate will include a \$80 application fee and \$495 exam fee; recertification will be every two years and the estimated fee will be \$195 (subject to increase). Should there be a need to re-take the test, there is a fee of \$150 per re-test. This grant will permit you one re-take, so be sure to

include it in your budget. More information can be found at [About TDM-CP | Association for Commuter Transportation \(actweb.org\)](http://About TDM-CP | Association for Commuter Transportation (actweb.org))

- B. **Urban Transportation Commuter Choice Certificate** – this certificate program, managed by the Center for Urban Transportation Research (CUTR) at the University of South Florida, provides the most comprehensive training program for transportation professionals involved in managing demand for our transportation systems. These classes are taught via webinars, which you can view the day it becomes available or through the online archives.

The non-credit certificate is awarded to participants who complete the required and elective courses to receive a total of 80 credits over a two-year period. Registration is a flat fee of \$250 (per session) to complete this program and receive a certificate.

<https://www.commuterservices.com/training/commuter-choice-certificate/>

(If you have already successfully completed the TDM-CP or CUTR course, please include the certificate/s with your application.)

MARKETING OF MDOT MTA TRANSIT SERVICES AND THE COMMUTER BENEFITS PROGRAM

All rideshare programs are to market the MDOT **Commuter Choice Maryland Transportation Demand Management** program. In addition, all **Baltimore metropolitan area ridesharing programs** have a task in their work programs to market the MDOT MTA transit services.

MDOT Commuter Choice Maryland Program. Commuter Choice Maryland provides information to employers and commuters in Maryland on alternatives to driving alone to work—Two major components of commuter and employer benefits promoted through this program include the Maryland Commuter Tax Credit and the Qualified Transportation Fringe Benefit. A business, 501C3 or 501C4 organization located in Maryland may claim a Maryland Business Income Tax Credit for offering any of the following commuter benefits to their employees: Transit (Public and Private), Vanpools, Employer sponsored Guaranteed Ride Home, Cash In Lieu or Parking, Telework, Carpool, Active Transportation, and Multimodal Commuter Last Mile Connection. In addition, the Washington Metropolitan Area Transit Authority (WMATA) offers a free commuter benefits program called SmartBenefits®, of which should be promoted when appropriate. The Transportation Fringe Benefit under Section § 132(f) of the IRS Code where employers are able to offer employees three options for providing Federal payroll tax-free commuter benefits of up to \$300.00 (starting in 2023) per month to employees for transit, vanpool, and qualified parking: pre-tax deductions, employer-provided subsidy, or a combination of both.

IncenTrip. Commuter Choice Maryland and Commuter Connections promotes the use of incenTrip, a free mobile application used to help reduce traffic congestion by providing cash incentives to encourage users to try alternatives to driving alone to work during peak hours of travel, while also avoiding traffic, saving money, and reducing their impact on the environment

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 MDOT 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.

Dissemination of information on MDOT MTA and local transit services/schedules and the MDOT Commuter Choice Maryland TDM 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 and Commuter Choice Maryland product lines.

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.maryland.gov.

Appendix A

ANNUAL PROGRAM GOALS AND OBJECTIVES

PROGRAM NAME: _____

	FY2022 Actual	FY2023 Projected	FY2024 Goals
A. Carpool/vanpool applicants	_____	_____	_____
B. Transit applicants	_____	_____	_____
C. Transit referrals	_____	_____	_____
D. Maryland Commuter Tax Benefit	_____	_____	_____
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 B

OPERATING BUDGET WORKSHEET

Fiscal Year: _____

County: _____

	Total Budget Amount	Core Program Amount	Special Project Amount
Staff Expenses			
<u>Position</u>			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Subtotal Salaries	\$ _____	\$ _____	\$ _____
Fringes/Benefits			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Subtotal Fringes/Benefits	\$ _____	\$ _____	\$ _____
Total Staff Expenses	\$ _____	\$ _____	\$ _____
<u>Operating Expenses</u>			
Telephone	\$ _____	\$ _____	\$ _____
Printing & Duplicating	\$ _____	\$ _____	\$ _____
Advertising	\$ _____	\$ _____	\$ _____
Computer Equipment	\$ _____	\$ _____	\$ _____
Postage	\$ _____	\$ _____	\$ _____
Materials/Supplies	\$ _____	\$ _____	\$ _____
COG Expenses	\$ _____	\$ _____	\$ _____
Travel – non-metropolitan	\$ _____	\$ _____	\$ _____
Travel – metropolitan	\$ _____	\$ _____	\$ _____
Professional Development	\$ _____	\$ _____	\$ _____
ACT	\$ _____	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____	\$ _____
Total Operating Expenses	\$ _____	\$ _____	\$ _____

TOTAL PROGRAM \$ _____ \$ _____ \$ _____

**OPERATING BUDGET WORKSHEET
FOR SUB-GRANTEE**

Fiscal Year: _____
County: _____

Staff Expenses <u>Position</u>	Total Budget Amount	Core Program Amount	Special Project Amount
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Subtotal Salaries	\$ _____	\$ _____	\$ _____
Fringes/Benefits			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Subtotal Fringes/Benefits	\$ _____	\$ _____	\$ _____
Total Staff Expenses	\$ _____	\$ _____	\$ _____
<u>Operating Expenses</u>			
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 Amount	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
Staff Expenses					
<u>Position</u>					
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Subtotal Salaries	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Fringes/Benefits					
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Subtotal Fringes/Benefits	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Total Staff Expenses	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>Operating Expenses</u>					
Telephone	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Printing & Duplicating	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Advertising	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Computer Equipment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Postage	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Materials/Supplies	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
COG Expenses	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Travel – non-metropolitan	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Travel – metropolitan	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Professional Development	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
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 – SAMPLE QUARTERLY REPORT

The Quarterly Report forms will be located in ProjectWise

RIDESHARING PROGRAM YEARLY WORK SCHEDULE & OBJECTIVES

Quarter and Dates

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					

It is recommended to use Commuter Connections Reports; if you need assistance reach out to Commuter Connections.

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/ Date

Appendix G

Appendix G is actually a tool that is used within Commuter Choice Maryland to track the employers in Maryland that you make contact with. As you interact with an employer, please complete Appendix G using this online form: <https://www.surveymonkey.com/r/QTWH69M>

Should you need additional information on using the Employer Outreach Tracker, please refer to the CCM Guide to Employer Assistance: A Resource for Maryland TDM Specialists

A sample of the digital form can be found in ProjectWise here: [Employer Outreach Tracker Digital.pdf](#) (or via: ProjectWise: Rideshare; 01-OLTS-Rideshare-References; Commuter Choice Maryland)

The Quarterly Report Narrative will be found in ProjectWise

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.

<u>Objective 1.1</u> Ensure that local and regional public transportation information is accessible to all.	
--	--

<u>Objective 1.2</u> 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.

<u>Objective 2.1</u> Conduct outreach to businesses.	
---	--

<u>Objective 2.2</u> Help businesses establish a Commuter Benefits program within their organization.	
--	--

<u>Objective 2.3</u> Contact a minimum of 10 business contacts per month to market the Commuter Benefits.	
--	--

<p><u>Objective 2.4</u> Promote the Maryland Commuter Tax Credit. Assist businesses with setting up any of the required Commuter Benefits outlined in the Maryland Commuter Benefits Program.</p> <p>Promote the Rideshare and Guaranteed Ride Home application administered through Commuter Connections.</p>	
<p><u>Objective 2.5</u> Promote the incenTrip app, a free tool to reduce traffic congestion by using incentives to encourage commuters to utilize non-SOV transportation options.</p>	
<p><u>Objective 2.6</u> Promote the Employer Partner Program and assist Commuter Choice Maryland in recruiting and maintaining partner organizations.</p>	

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

<p><u>Objective 3.1</u> Reach out to commuters and promote the current Rideshare application currently administered through Commuter Connections.</p> <p>Continue to build up the Rideshare database and aim to have a minimum of 10 commuter sign ups each month.</p>	
<p><u>Objective 3.2</u> 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.</p>	
<p><u>Objective 3.3</u> Promote the use and availability of existing ridesharing and guaranteed ride home solutions to underserved areas.</p>	

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

<p><u>Objective 4.1</u> Foster strong working partnerships with public and private stakeholders.</p>	
<p><u>Objective 4.2</u> Leverage emerging and existing technology tools and service providers to expand the effectiveness of TDM services.</p>	

Appendix I

Request for Payment forms will come with Grant Agreement plus will be found in ProjectWise

**MARYLAND DEPARTMENT OF TRANSPORTATION
MARYLAND DEPARTMENT OF TRANSPORTATION MARYLAND TRANSIT
ADMINISTRATION (MDOT MTA)
RIDESHARING/COMMUTER ASSISTANCE PROGRAM**

**REQUEST FOR PAYMENT
FISCAL YEAR 2024**

PUBLIC BODY: _____
PROJECT NUMBER: _____
PAYMENT PERIOD: _____

PROGRAM :
PIN:
CHARGE:
PHASE:

	<u>Current Period</u>	<u>Fiscal Year to Date</u>
I. <u>OPERATING REVENUE AND EXPENSE SUMMARY</u>		
A. <u>Eligible Operating Expenses</u> Actual from: _____ to _____	\$ _____	\$ _____
B. <u>Net Project Cost</u>	\$ _____	\$ _____
II. <u>FINANCING OF NET PROJECT COST</u>		
<u>Total Federal Share</u> 100% Net Project Cost	\$ _____	\$ _____
III. <u>REQUEST FOR PAYMENT</u>		
Total Payment Requested (Federal)	\$ _____	

Submitted By: _____
Signature: _____
Title: _____
Date: _____

*****SAMPLE ONLY:**
**Original Request for Payment forms will be provided
with Grant Agreement.**

Appendix J

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

A. 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.

B. 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 K

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