# **FFY2026 CMMPO MICROPROJECTS PROGRAM APPLICATION**

Application instructions vary by project type. Follow the instructions included below for each project type.

1. **Contact Information**

Please provide the following contact information:

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| **Name:** |  |
| **Email address:** |  |
| **Primary applicant (municipality, RTA, TMA):** |  |
| **Secondary applicant (entity other than the primary applicant):** |  |
| **Address:** |  |
| **Phone number:** |  |

1. **Project Description**

Please provide a narrative describing the project in the space provided below. At a minimum, please describe what you want to accomplish with the project, major milestones, resources, amount requested, source of matching funds, partners, if any, and expected outcomes with the project implementation. Include information about the project location.

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1. **Eligibility**

Depending on the type of project you are applying to, please complete at least two (2) of the data requirements included below. As mentioned above, all projects need to demonstrate a benefit in air quality. This data will be used to calculate the impacts of the projects.

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| Project Type | Data |
| Micromobility Project | Parking/storage or docking type |
| Number of bikes/scooters in the bike/scooter-share system |
| Average trip length |
| Average number of trips per device per day |
| Number of operating days per year |
| Transit Access Enhancement Projects | Population or destinations served within a half-mile/3-mile radius of the transit facility |
| Percentage of riders served by stops (with and without shelters) |
| Percentage of existing cross-section allocation by mode and proposed cross-section |
| Segment travel times |
| On-time, delays, dwell time, excess headways, or other available reliability metrics |
| Public Education & Outreach Activities | No data is necessary, air quality benefits are presumed. |
| Travel Demand Management | No data is necessary, air quality benefits are presumed. |

1. **Evidence of Need**

Proponents should include evidence of the need for the project. Provide enough details or additional relevant documentation to support your application.

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1. **Budget**

Provide a narrative describing the sources for local match, including cash and in-kind, revenues, costs, and indirect costs associated with the project. Indicate any efforts to leverage funds from other contracted revenue sources to help implement or continue the project.

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Please complete the Budget Sheet (included in the Application Package) for each type of project. Include a detailed annual budget, including all expected costs and revenues. Add rows as necessary.

1. **Proponent Management Capacity**

Describe the proponent’s readiness and institutional capacity to manage the project.

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