**CHOOSE YOUR WAY BELLEVUE**

**EMPLOYER/ PROPERTY MANAGER MINI-GRANT APPLICATION FORM**

**Application Section I: APPLICANT INFORMATION**

Organization Name:

Street Address:

City, State and Zip:

Tax ID Number

City of Bellevue Business License Number (if known):\*

Contact Person:

Title:

Phone Number:

Email

Project Lead (if different from contact person):

Title:

Phone Number:

Email:

\*Business license required in order to receive mini-grant reimbursement

2. What is the primary business or activity at this location?

1. Does your organization currently have an employee transportation program, or bike parking and/or supporting facilities/amenities, at this worksite?

\_\_\_Yes \_\_\_No \_\_\_\_I don’t know

4a. If yes, please check all activities involved in your program:

|  |  |  |  |
| --- | --- | --- | --- |
|  | ORCA/vanpool subsidy |  | Preferential carpool/vanpool parking |
|  |  |  |  |
|  | Daily Parking |  | Incentives for cyclists |
|  |  |  |  |
|  | Incentives for non-drive alone transportation |  | Incentives for walkers |
|  |  |  |  |
|  | Bicycle parking |  | Employee showers/lockers |
|  |  |  |  |
|  | Other: |  |  |
|  |  |  |  |

4b. Is the proposed mini-grant project a new employee transportation project/program, or an expansion of a current program element?



**Application Section II: PROJECT DESCRIPTION**

1. **Project Title:**
2. **What is the purpose of implementing the project**? Provide background on why the project isimportant/beneficial or what need/gap it will fill. How will it boost participation in non-drive-alone commuting?
3. **Project Description:** Describe what will be implemented, including any parking management changes, campaigns, events,educational materials, incentives, and capital or project-specific software purchases. Capital purchase items may include items such as bike racks, way-finding signs for showers, lockers and bike facilities, carpool/vanpool program related items such as signage and hangtags and locker/shower facilities. Software may purchased if it is specifically for commute or parking management to reduce drive-alone commuting. Indicate whether the project is a component of a larger effort being undertaken by your organization for reducing drive-alone commute trips. ***If the project is a daily parking pricing project, describe here the detailed monthly and daily price comparison, in-and-out privileges (explanation required if not included), and which employees are eligible for daily parking, including count of those eligible. See page 4 for eligibility requirements for daily parking projects.***

4. How will this project impact drive-alone commuting at your worksite?



1. What is the project timeline or start/end date? (In order to receive reimbursement, all projects must be completed and an itemized invoice with original receipts, plus a project evaluation, must be submitted to the City of Bellevue by October 31 of the year following the year the application is submitted.
2. How will you ensure delivery of the project? Who will perform the work required to administer the project? If this person is no longer available to facilitate the project, who will ensure the project is completed?

**Application Section III: PROJECT BUDGET**

Capital costs

Incentives

Marketing materials

Other: (identify)

Other: (identify)

Other: (identify)

Total project cost

Total grant amount requested

Please indicate any additional funds your

organization will be contributing to this project

**Application Section IV: EXPECTED PROJECT OUTCOMES**

1. How many employees are located at your worksite? Please describe types of employees and number in each category type (full-time, part-time, permanent, temporary, etc.)
2. How many employees do you anticipate participating in the project? Please explain their involvement.
3. How will you invite/involve employee participants?
4. Please estimate how many ***new*** non-drive-alone commuters, or commute trips per month, that you expect as a result of the project. Include a description of your method for estimating.
5. Why/how do you anticipate this project will increase the number of employees/tenants using a non-drive-alone commute mode?



1. Please estimate how many project participants are likely to continue using non-drive-alone commute modes once the project has ended. (Note: On the Project Evaluation form, you will be asked to identify/estimate the number of employees/tenants switching from drive-alone to each non-drive-alone commute mode.)
2. Will your organization be willing to continue to the fund this project once mini-grant funding is fully expended? If not, what can you do to encourage the continuation of this project/program (if applicable)?

**Application Section V: SIGNATURE**

I understand this mini-grant operates on a reimbursement basis and that our organization will need to make expenditures and subsequently submit documentation to the City of Bellevue for reimbursement.

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

Signature of organization’s Project Lead

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

Title

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

Date

***Please submit to:*** [***info@CYWB.org***](mailto:info@cywb.org)

***Or mail to: Kate Johnson***

***City of Bellevue***

***P.O. Box 90012***

***Bellevue, WA 98009-9012***

|  |  |
| --- | --- |
| **For internal use only:** |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Received | Date |

**CHOOSE YOUR WAY BELLEVUE**

**EMPLOYER/ PROPERTY MANAGER MINI-GRANT PROJECT EVALUATION FORM\***

\*Please submit with an itemized invoice and original receipts for grant reimbursement by

October 31 of the year following your grant application submittal.

**Project Information**

Organization name:

Contact person:

Project lead (if different from contact person):

Email address:

Phone number:

Project title:

How did you implement the Chose Your Way Bellevue Employer/Property Manager mini-grant project? Was it different from the original project described in the grant application?

What was the project timeline or start/end date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was the actual dollar amount spent to implement the project?

Capital costs:

Incentives:

Marketing materials:

Other (identify):

Other (identify):

Other (identify):

Total project cost:

**Project Results**

How many employees participated in the project? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What were the outcomes of the project? How did the project impact your worksite’s drive-alone commute rate? Please include estimated numbers of people switching from driving alone to each of the following modes: transit, carpool, vanpool, walk, bike, telework, or compressed work week.

How well, and by what means, did the project meet the original goals described in the grant application?

Are the results of the project sustainable now that the project is over?

Mini-Grant Program Feedback

How did the Choose Your Way Bellevue Employer/Property Manager Mini-Grant program affect your decision to try a new commute project, program or activity? Please check one:

\_\_\_Would have implemented the project anyway

\_\_\_Was a small factor in deciding to implement the project

\_\_\_Was a large factor in deciding to implement the project

\_\_\_Would not have implemented the project without Choose Your Way Bellevue funding or assistance

Additional comments:

How could the Employer/Property Manager Mini-Grant program be improved? Is there anything else you’d like to tell us?

**Signature**

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

Signature of organization’s Project Lead

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

Title

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

Date

In order to be eligible for reimbursement, please submit this completed, signed form with an itemized invoice and original receipts by October 31 of the year following your original mini-grant application submittal date to:

Kate Johnson

City of Bellevue Transportation Department

PO Box 90012

Bellevue WA 98009-9012

[kmjohnson@bellevuewa.gov](mailto:kmjohnson@bellevuewa.gov)