

TRANSPORTATION


OPTIONS
SMALL CAPITAL IMPROVEMENTS/EMPLOYER PROGRAMS GRANT APPLICATION
Proposed Project Location
Address/description of location:
Name of business or organization:
City:
State:
Zip Code:
Contact person:
Title:
Address:
Employer:
City:
State:
Zip Code:
Email:
Phone:
Fax:
Project lead:
(if different from above)

Title:
Address:
Employer:
City:
State:
Zip Code:
Email:
Phone:
Fax:
Relationship to project location:

(owner, manager, CTR coordinator, program partner, etc.)

Are you an employer/business?
Would you like assistance developing a program?
Are you interested in installing a bike rack at your work site or business?
PROJECT DESCRIPTION (Attach additional pages if necessary)

- **What will be implemented or purchased?**
- **What are the goals for the project?**
- **How will the project be evaluated?**
- **Is this part of an existing program or a planned project that needs funding?**
- **Will the project require maintenance after installment? If yes, please describe the maintenance plan.**
- **Project timeline (must be complete by June 2018)**

