# Application Worksheet Overview

**Application Worksheet Instructions**

Steps to Apply for this Grant.

1. These Application Worksheets are available for applicants to fill out, ahead of submitting the only application form for VTA’s Transit-Oriented Communities Grant Program. Complete the fields in the appropriate Program Area Worksheet, using the Application Guide document as your reference guide.
2. Copy and paste your responses from the Application Worksheet document into the application form. The application is available at: [www.vta.org/tocgrant](http://www.vta.org/tocgrant).
3. Submit the online application. You’ll automatically receive a confirmation email.
4. Email any application attachments to tocgrant@vta.org. Use the subject line: [Your Organization Name]- 2025 VTA TOC Grant – [Program Area].”

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# Planning and Policy Implementation

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| **Section 1: Applicant Information** |

**1. Local Agency Name:**

**2. Agency Address:**

**3. Agency Website (optional):**

**4. Applicant Point of Contact (First Name, Last Name):**

**5. Applicant Contact Email:**

**6. Applicant Phone Number (optional):**

**7. Has your Agency engaged or collaborated with VTA departments in the last 12 months? If so, please describe:**

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| **Section 2: Project Information** |

**8. Project Name:**
*Please share the name of your project. It should be descriptive and succinct.*

**9. Brief Project Description:**
*Please provide a brief paragraph describing your project. Please limit your description to 80 words or fewer.*

**10. Project Location/ Address:**
*Street Address, City, Zip Code. Note: Project location must be within one-half mile of VTA transit facility or transit center.*

**11. Transit-Oriented Communities (TOC) Station/Transit Center:***Please select the eligible station/transit center from the drop-down menu. You may also use the* [*TOC VTA Grant Eligibility Map*](https://gis.vta.org/portal/apps/experiencebuilder/experience/?id=96751c9f58ff4d6ba6e9f4be6c094640&page=page_0) *to confirm which eligible geography your project falls within.*

**12. Project Type:**
*Select one or more of the following eligible project types that best describe your Project:*

* Station area planning
* Transit access planning and/or access gap evaluation
* Code & policy alignment with MTC’s TOC Policy
* Municipal art program to support station area plan or land use/zoning policy updates
* Equitable engagement plan to support station area plan or land use/zoning policy update
* Other (please describe)

**13. Project Narrative:***Please describe how your proposed project or program demonstrates alignment with the TOC Grant Program Goals as described in Section II.C of the Notice of Funding Availability.*

*(Please limit your narrative to 500 words or fewer.)*

**14. Grant Amount Requested:**
*Note: maximum request is $150,000.*

**15. Match:***Please provide committed or anticipated $ amount.* *15% match requirement for Local Agencies (in-kind services allowed)*

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| **Section 3: Administrative Elements** |

**16. Anticipated Project Start Date:***Project must commence within 1 year of anticipated award*

**17. Anticipated Project End Date:***Project must be completed within 5 years of project start date*

**18. Project Schedule:**
*Please include a proposed project schedule that outlines how grant funding will achieve certain milestones, and a description of each milestone.*

*Optional: Project Schedule may be ‘attached’ via email following submission of the application*

**19. Proposed Budget:***Please include a project budget with the total project cost that outlines administrative costs, and any other costs required for project implementation.*

*Please note whether additional funding will be pursued for this project, and which other sources of funding have been identified as well as status of such funding sources.*

*Optional: Proposed Budget may be ‘attached’ via email following submission of the application*

**20. Partnerships Statement (Optional):***Please include a statement below that identifies strategic partnerships necessary for the implementation of the project, and if contact has already been made.*

*Letter of support from partner may be ‘attached’ via email following submission of the application*

* *Check this box to indicate that you would like to submit a letter of support*

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| **Section 4: TOC Elements** |

**21. Community Being Served:***Please identify & describe the demographic profile of the community that your project will serve. Include information about any historical or existing barriers to equity members of this community have experienced.*

*Optional: Please note whether your project is located within an* [*MTC Equity Priority Community*](https://mtc.ca.gov/planning/transportation/access-equity-mobility/equity-priority-communities)*. MTC Equity Priority Communities are identified in light red in the* [*TOC VTA Grant Eligibility Map*](https://gis.vta.org/portal/apps/experiencebuilder/experience/?id=96751c9f58ff4d6ba6e9f4be6c094640&page=page_0)*.*

*(Please keep your response to 200 words or fewer)*

**22. Equity-Focused Activities & Outcomes:***Please explain how your project will address historical or existing barriers to equity. Include how the project will incorporate equitable processes and outcomes for members of the community.

(Please keep your response to 200 words or fewer)*

**23. Transit-focused Activities/Incentives:***Please select which, if any, of the following activities you expect to incorporate in the development/implementation of your project.*

* *Develop transit trip planning for employees, volunteers, event patrons*
* *Incentivize active transportation, such as walking, bicycling, wheeling, and/or transit use to attend grant activities*
* *Develop marketing strategy that emphasizes taking VTA transit to grantee activities/events*
* *Provide opportunity for VTA tabling at an activity for transit-related education*
* *Purchase transit passes (i.e., Clipper Card, VTA SmartPass) for employees and/or program participants*
* *Develop special signage to direct patrons to transit at grant activity locations*
* *Collect transit stories and testimonials from grantee employees, volunteers, patrons – about how they got to the activities, work, etc.*
* *Incorporate transit usage into surveys or other public engagement tools (i.e., collect data on transportation choices)*
* *Other (please describe)*

**24. Transit Ridership:***Please describe how your project will result in increased transit use. Specify the transit services (i.e., bus or light-rail lines) expected to see additional ridership, and how your project will increase the community’s use of these services.*

*For example: how will this project raise the profile of the station as a transit hub in your station area? How will this project address barriers to current transit use? How will your project support transit-dependent populations, or reduce dependency on private autos?*

*For more information on transit services in your project area, please reference the* [*Ridership by Stop | SCVTA Open Data Site*](https://sccvta.sharepoint.com/sites/redp/es/toc/TOC%20Grant/_Round%202/NOFA%20and%20Supplemental%20Docs/Ridership%20by%20Stop%20%7C%20SCVTA%20Open%20Data%20Site)*.*

*(Please keep your response to 200 words or fewer)*

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| **Section 5: Planning & Policy** |

 **25. Alignment with Regional Policy:***Please describe how the project advances alignment with the MTC Transit-Oriented Communities Policy, or is tied to an effort that supports alignment with the MTC Transit-Oriented Communities Policy.*

*For more information on MTC’s Transit-Oriented Communities Policy, visit:* [*https://mtc.ca.gov/planning/land-use/transit-oriented-communities-toc-policy*](https://mtc.ca.gov/planning/land-use/transit-oriented-communities-toc-policy)*.*

*(Please keep your response to 500 words or fewer)*

**26. Advancement of Transit-Oriented Development:***Please describe how the project will directly benefit TOD sites around transit stations, including VTA-owned sites.

For more information on VTA’s TOD Portfolio sites, visit:*[*https://www.vta.org/programs/toc/transit-oriented-development/projects-portfolio*](https://www.vta.org/programs/toc/transit-oriented-development/projects-portfolio)

*(Please keep your response to 500 words or fewer)*

**27. Alignment with VTA TOC Grant Program Goals:***Please describe how the project includes activities that support placekeeping and public life, and/or advances other VTA Transit-Oriented Communities Grant Program Goals as stated in Section II C of the NOFA.*

*VTA’s TOC Policy is available here:* [*https://www.vta.org/programs/toc/policy*](https://www.vta.org/programs/toc/policy)

*(Please keep your response to 500 words or fewer)*

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| **Attachments** |

 **28. Attachments:***Please list any documents that you intend to submit as attachments to this application. Application attachments must be submitted via email to* *tocgrant@vta.org* *no later than the application deadline at 4:00 PM on Wednesday, June 11, 2025.*

*Use the subject line: [Your Organization Name]- 2025 VTA TOC Grant – Program A.”*

# Community Resilience

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| **Section 1: Applicant Information** |

**1. Organization Name:**

**2. Organization Address:**

**3. Organization Website (optional):**

**4. Applicant Point of Contact (First Name, Last Name):**

**5. Applicant Contact Email:**

**6. Applicant Phone Number (optional):**

**7. Organization Description/Mission Statement (optional):***Limit to 80 words*

**8. Years Serving Santa Clara County:***Applicants must be serving Santa Clara County for a minimum of one year.*

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**9. Has your organization engaged or collaborated with VTA departments in the last 12 months? If so, please describe.**

**10. Grant Amount Requested:**
*Note: maximum request is $100,000.*

**11. Additional Funding Sources:***Please identify any additional grant funding sources and amounts, as applicable, that your organization intends to use for the delivery of this project. Please be sure to include information about additional funding sources as part of the budget (Question 23)*

**12. Please identify whether your organization has 501(c)3 Non-Profit status, or is using a 501(c)3 Fiscal Sponsor**

*A. My organization is a 501(c)3 non-profit à continue to Question #13
B. My organization is partnering with a 501(c)3 non-profit fiscal sponsor à continue to Question #13.1*

**13. 501(c)3 Status:***Please provide the Federal EIN for your organization*

**13.1. Please identify the 501(c)3 Non-Profit Fiscal Sponsor with whom your organization is partnering***Organization title needs to match the federal tax ID number for verification purposes. If the organization is Doing Business As (DBA) under a different name, please also note this clearly*

**13.2. 501(c)3 Status of Fiscal Sponsor:***Please provide the Federal EIN for your Fiscal Sponsor*

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| **Section 2: Project Information** |

**14. Project Name:***Please share the name of your project. It should be descriptive and succinct.*

**15. Brief Project Description:**
*Please provide a brief paragraph describing your project. Please limit your description to 80 words or fewer.*

**16. Project Location/ Address:**
*Street Address, City, Zip Code. Note: Project location must be within one-half mile of VTA transit facility or transit center.*

**17. Transit-Oriented Communities (TOC) Station/Transit Center:***Please select the eligible station/transit center from the drop-down menu. You may also use the* [*TOC VTA Grant Eligibility Map*](https://gis.vta.org/portal/apps/experiencebuilder/experience/?id=96751c9f58ff4d6ba6e9f4be6c094640&page=page_0) *to confirm which eligible geography your project falls within.*

**18. Project Type:**
*Select one or more of the following eligible project types that best describe your Project:*

* *Technical Assistance and/or capacity building for aspiring or emerging community development corporations*
* *Rehabilitation or preservation of existing unsubsidized affordable housing*
* *Implementation of housing preservation pilot project*
* *Small business preservation and support*
* *Other (please describe)*

**19. Project Narrative:***Please describe how your proposed project or program demonstrates alignment with the TOC Grant Program Goals as described in Section II.C of the Notice of Funding Availability.*

*(Please limit your narrative to 500 words or fewer.)*

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| **Section 3: Administrative Elements** |

**20. Anticipated Project Start Date:***Project must commence within 1 year of anticipated award*

**21. Anticipated Project End Date:***Project must be completed within 5 years of project start date*

**22. Project Schedule:**
*Please include a proposed project schedule that outlines how grant funding will achieve certain milestones, and a description of each milestone.*

*Optional: Project Schedule may be ‘attached’ via email following submission of the application*

**23. Proposed Budget:***Please include a project budget with the total project cost that outlines administrative costs, and any other costs required for project implementation.*

*Please note whether additional funding will be pursued for this project, and which other sources of funding have been identified as well as status of such funding sources.*

*Optional: Proposed Budget may be ‘attached’ via email following submission of the application*

**24. Partnerships Statement (Optional):***Please include a statement below that identifies strategic partnerships necessary for the implementation of the project, and if contact has already been made.*

*Letter of support from partner may be ‘attached’ via email following submission of the application*

* *Check this box to indicate that you would like to submit a letter of support*

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| **Section 4: TOC Elements** |

**25. Community Being Served:***Please identify & describe the demographic profile of the community that your project will serve. Include information about any historical or existing barriers to equity members of this community have experienced.*

*Optional: Please note whether your project is located within an* [*MTC Equity Priority Community*](https://mtc.ca.gov/planning/transportation/access-equity-mobility/equity-priority-communities)*. MTC Equity Priority Communities are identified in light red in the* [*TOC VTA Grant Eligibility Map*](https://gis.vta.org/portal/apps/experiencebuilder/experience/?id=96751c9f58ff4d6ba6e9f4be6c094640&page=page_0)*.*

*(Please keep your response to 200 words or fewer)*

**26. Equity-Focused Activities & Outcomes:***Please explain how your project will address historical or existing barriers to equity. Include how the project will incorporate equitable processes and outcomes for members of the community.

(Please keep your response to 200 words or fewer)*

**27. Transit-focused Activities/Incentives:***Please select which, if any, of the following activities you expect to incorporate in the development/implementation of your project.*

* *Develop transit trip planning for employees, volunteers, event patrons*
* *Incentivize active transportation, such as walking, bicycling, wheeling, and/or transit use to attend grant activities*
* *Develop marketing strategy that emphasizes taking VTA transit to grantee activities/events*
* *Provide opportunity for VTA tabling at an activity for transit-related education*
* *Purchase transit passes (i.e., Clipper Card, VTA SmartPass) for employees and/or program participants*
* *Develop special signage to direct patrons to transit at grant activity locations*
* *Collect transit stories and testimonials from grantee employees, volunteers, patrons – about how they got to the activities, work, etc.*
* *Incorporate transit usage into surveys or other public engagement tools (i.e., collect data on transportation choices)*
* *Other (please describe)*

**28. Transit Ridership:***Please describe how your project will result in increased transit use. Specify the transit services (i.e., bus or light-rail lines) expected to see additional ridership, and how your project will increase the community’s use of these services.*

*For example: how will this project raise the profile of the station as a transit hub in your station area? How will this project address barriers to current transit use? How will your project support transit-dependent populations, or reduce dependency on private autos?*

*For more information on transit services in your project area, please reference the* [*Ridership by Stop | SCVTA Open Data Site*](https://sccvta.sharepoint.com/sites/redp/es/toc/TOC%20Grant/_Round%202/NOFA%20and%20Supplemental%20Docs/Ridership%20by%20Stop%20%7C%20SCVTA%20Open%20Data%20Site)*.*

*(Please keep your response to 200 words or fewer)*

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| **Section 5: Planning & Policy** |

 **29. Increases Stability and Resilience:***Please describe how grant activities increase stability and resilience of communities located near transit*

*(Please keep your response to 500 words or fewer)*

**30. Raise CBO Profile in Inclusive TOCs:***Please describe how grant activities will contribute to raising the capacity of your CBO to influence policy and increase collaboration with stakeholders.*

*(Please keep your response to 500 words or fewer)*

**31. Strengthening CBOs as emerging development partners:***Please describe how grant activities will contribute to raising the capacity of your CBO to serve as a community development corporation and/or stakeholder.*

*(Please keep your response to 500 words or fewer)*

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| **Section 6: Attachments** |

 **32. Attachments:***Please list any documents that you intend to submit as attachments to this application. Application attachments must be submitted via email to* *tocgrant@vta.org* *no later than the application deadline at 4:00 PM on Wednesday, June 11, 2025.*

*Use the subject line: [Your Organization Name]- 2025 VTA TOC Grant – Program B.”*

# Education and Engagement

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| **Section 1: Applicant Information** |

**1. Applicant Point of Contact (First Name, Last Name):**

**2. Applicant Contact Email:**

**3. Applicant Phone Number (optional):**

**4. Applicant Type**

*Select from:*

* *Local Agency, (Continue to Question #5a)*
* *Community Based Organization (continue to Question #5b)*

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| **Section 1: Information - Local Agencies** |

**5a. Agency Name:**

**6a. Agency Address:**

**7a. Agency Website (optional):**

**8a. Has your agency engaged or collaborated with VTA departments in the last 12 months? If so, please describe.**

**9a. Grant Amount Requested:**
*Note: maximum request is $25,000.*

**10a. Match:***Please provide committed or anticipated $ amount.* *15% match requirement for Local Agencies (in-kind services allowed)*

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| **Section 1: Information – Community-Based Organizations** |

**5b. Organization Name:**

**6b. Organization Address:**

**7b. Organization Website (optional):**

**8b. Organization Description/Mission Statement (optional):***Limit to 80 words*

**9b. Years Serving Santa Clara County:***Applicants must be serving Santa Clara County for a minimum of one year.*

**10b. Has your organization engaged or collaborated with VTA departments in the last 12 months? If so, please describe.**

**11b. Grant Amount Requested:**
*Note: maximum request is $25,000.*

**12b. Additional Funding Sources:***Please identify any additional grant funding sources and amounts, as applicable, that your organization intends to use for the delivery of this project. Please be sure to include information about additional funding sources as part of the budget (Question 24)*

**13b. Please identify whether your organization has 501(c)3 Non-Profit status, or is using a 501(c)3 Fiscal Sponsor**

*A. My organization is a 501(c)3 non-profit à continue to Question #14
B. My organization is partnering with a 501(c)3 non-profit fiscal sponsor à continue to Question #14.1*

**14b. 501(c)3 Status:***Please provide the Federal EIN for your organization*

**14.1. Please identify the 501(c)3 Non-Profit Fiscal Sponsor with whom your organization is partnering**

*Organization title needs to match the federal tax ID number for verification purposes. If the organization is Doing Business As (DBA) under a different name, please also note this clearly*

**14.2. 501(c)3 Status of Fiscal Sponsor:***Please provide the Federal EIN for your Fiscal Sponsor*

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| **Section 2: Project Information** |

**15. Project Name:***Please share the name of your project. It should be descriptive and succinct.*

**16. Brief Project Description:**
*Please provide a brief paragraph describing your project. Please limit your description to 80 words or fewer.*

**17. Project Location/ Address:**
*Street Address, City, Zip Code. Note: Project location must be within one-half mile of VTA transit facility or transit center.*

**18. Transit-Oriented Communities (TOC) Station/Transit Center:***Please select the eligible station/transit center from the drop-down menu. You may also use the* [*TOC VTA Grant Eligibility Map*](https://gis.vta.org/portal/apps/experiencebuilder/experience/?id=96751c9f58ff4d6ba6e9f4be6c094640&page=page_0) *to confirm which eligible geography your project falls within.*

**19. Project Type:**
*Select one or more of the following eligible project types that best describe your Project:*

* *Public awareness campaigns (e.g., education initiatives on TOC policies to enhance understanding and involvement), promoting transit through creative outreach efforts)*
* *Transit-focused educational activities (e.g., transit-to-work/school campaigns)*
* *Equity-focused initiatives to accommodate community participation (e.g, translation/ interpretation services, promotoras, food, childcare)*
* *Housing support (e.g., housing and homeowner application readiness workshops)*
* *Other, please describe.*

**20. Project Narrative:***Please briefly summarize your proposed project or program and the positive impact it will have on the communities served. Include how it demonstrates alignment with the TOC Grant Program Goals as described in Section II.C of the Notice of Funding Availability and Program Area C description.*

*(Please limit your narrative to 500 words or fewer.)*

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| **Section 3: Administrative Elements** |

**21. Anticipated Project Start Date:***Project must commence within 1 year of anticipated award*

**22. Anticipated Project End Date:***Project must be completed within 5 years of project start date*

**23. Project Schedule:**
*Please include a proposed project schedule that outlines how grant funding will achieve certain milestones, and a description of each milestone.*

*Optional: Project Schedule may be ‘attached’ via email following submission of the application*

**24. Proposed Budget:***Please include a project budget with the total project cost that outlines administrative costs, and any other costs required for project implementation.*

*Please note whether additional funding will be pursued for this project, and which other sources of funding have been identified as well as status of such funding sources.*

*Optional: Proposed Budget may be ‘attached’ via email following submission of the application*

**25. Partnerships Statement (Optional):***Please include a statement below that identifies strategic partnerships necessary for the implementation of the project, and if contact has already been made.*

*Letter of support from partner may be ‘attached’ via email following submission of the application*

* *Check this box to indicate that you would like to submit a letter of support*

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| **Section 4: TOC Elements** |

**26. Community Being Served:***Please identify & describe the demographic profile of the community that your project will serve. Include information about any historical or existing barriers to equity members of this community have experienced.*

*Optional: Please note whether your project is located within an* [*MTC Equity Priority Community*](https://mtc.ca.gov/planning/transportation/access-equity-mobility/equity-priority-communities)*. MTC Equity Priority Communities are identified in light red in the* [*TOC VTA Grant Eligibility Map*](https://gis.vta.org/portal/apps/experiencebuilder/experience/?id=96751c9f58ff4d6ba6e9f4be6c094640&page=page_0)*.*

*(Please keep your response to 200 words or fewer)*

**27. Equity-Focused Activities & Outcomes:***Please explain how your project will address historical or existing barriers to equity. Include how the project will incorporate equitable processes and outcomes for members of the community.

(Please keep your response to 200 words or fewer)*

**28. Transit-focused Activities/Incentives:***Please select which, if any, of the following activities you expect to incorporate in the development/implementation of your project.*

* *Develop transit trip planning for employees, volunteers, event patrons*
* *Incentivize active transportation, such as walking, bicycling, wheeling, and/or transit use to attend grant activities*
* *Develop marketing strategy that emphasizes taking VTA transit to grantee activities/events*
* *Provide opportunity for VTA tabling at an activity for transit-related education*
* *Purchase transit passes (i.e., Clipper Card, VTA SmartPass) for employees and/or program participants*
* *Develop special signage to direct patrons to transit at grant activity locations*
* *Collect transit stories and testimonials from grantee employees, volunteers, patrons – about how they got to the activities, work, etc.*
* *Incorporate transit usage into surveys or other public engagement tools (i.e., collect data on transportation choices)*
* *Other (please describe)*

**29. Transit Ridership:***Please describe how your project will result in increased transit use. Specify the transit services (i.e., bus or light-rail lines) expected to see additional ridership, and how your project will increase the community’s use of these services.*

*For example: how will this project raise the profile of the station as a transit hub in your station area? How will this project address barriers to current transit use? How will your project support transit-dependent populations, or reduce dependency on private autos?*

*For more information on transit services in your project area, please reference the* [*Ridership by Stop | SCVTA Open Data Site*](https://sccvta.sharepoint.com/sites/redp/es/toc/TOC%20Grant/_Round%202/NOFA%20and%20Supplemental%20Docs/Ridership%20by%20Stop%20%7C%20SCVTA%20Open%20Data%20Site)*.*

*(Please keep your response to 200 words or fewer)*

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| **Attachments** |

 **30. Attachments:***Please list any documents that you intend to submit as attachments to this application. Application attachments must be submitted via email to* *tocgrant@vta.org* *no later than the application deadline at 4:00 PM on Wednesday, June 11, 2025.*

*Use the subject line: [Your Organization Name]- 2025 VTA TOC Grant – Program C.”*

# Placekeeping, Arts, and Activation

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| **Section 1: Applicant Information** |

**1. Applicant Point of Contact (First Name, Last Name):**

**2. Applicant Contact Email:**

**3. Applicant Phone Number (optional):**

**4. Applicant Type**

*Select from:*

* *Local Agency, (Continue to Question #5a)*
* *Community Based Organization (continue to Question #5b)*

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| **Section 1: Information - Local Agencies** |

**5a. Agency Name:**

**6a. Agency Address:**

**7a. Agency Website (optional):**

**8a. Has your agency engaged or collaborated with VTA departments in the last 12 months? If so, please describe.**

**9a. Grant Amount Requested:**
*Note: maximum request is $25,000.*

**10a. Match:***Please provide committed or anticipated $ amount.* *15% match requirement for Local Agencies (in-kind services allowed)*

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| **Section 1: Information – Community-Based Organizations** |

**5b. Organization Name:**

**6b. Organization Address:**

**7b. Organization Website (optional):**

**8b. Organization Description/Mission Statement (optional):***Limit to 80 words*

**9b. Years Serving Santa Clara County:***Applicants must be serving Santa Clara County for a minimum of one year.*

**10b. Has your organization engaged or collaborated with VTA departments in the last 12 months? If so, please describe.**

**11b. Grant Amount Requested:**
*Note: maximum request is $25,000.*

**12b. Additional Funding Sources:***Please identify any additional grant funding sources and amounts, as applicable, that your organization intends to use for the delivery of this project. Please be sure to include information about additional funding sources as part of the budget (Question 24)*

**13b. Please identify whether your organization has 501(c)3 Non-Profit status, or is using a 501(c)3 Fiscal Sponsor**

*A. My organization is a 501(c)3 non-profit à continue to Question #14
B. My organization is partnering with a 501(c)3 non-profit fiscal sponsor à continue to Question #14.1*

**14b. 501(c)3 Status:***Please provide the Federal EIN for your organization*

**14.1. Please identify the 501(c)3 Non-Profit Fiscal Sponsor with whom your organization is partnering**

*Organization title needs to match the federal tax ID number for verification purposes. If the organization is Doing Business As (DBA) under a different name, please also note this clearly*

**14.2. 501(c)3 Status of Fiscal Sponsor:***Please provide the Federal EIN for your Fiscal Sponsor*

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| **Section 2: Project Information** |

**15. Project Name:***Please share the name of your project. It should be descriptive and succinct.*

**16. Brief Project Description:**
*Please provide a brief paragraph describing your project. Please limit your description to 80 words or fewer.*

**17. Project Location/ Address:**
*Street Address, City, Zip Code. Note: Project location must be within one-half mile of VTA transit facility or transit center.*

**18. Transit-Oriented Communities (TOC) Station/Transit Center:***Please select the eligible station/transit center from the drop-down menu. You may also use the* [*TOC VTA Grant Eligibility Map*](https://gis.vta.org/portal/apps/experiencebuilder/experience/?id=96751c9f58ff4d6ba6e9f4be6c094640&page=page_0) *to confirm which eligible geography your project falls within.*

**19. Project Type:**
*Select one or more of the following eligible project types that best describe your Project:*

* *Arts and culture project that enhance transit connectivity and community culture/identity (e.g., neighborhood murals and public art created by community members)*
* *Universal and inclusive design, accessible, image-based, color-based wayfinding that works for residents of all ages, abilities, and languages*
* *Cultural and community celebrations that reinforce existing community and drive increased and sustained transit use (e.g., outdoor activities that are viewable from the street and publicly accessible, such as street festivals, performances, experimental art exhibits, food and maker pop-ups)*
* *Other (please describe).*

**20. Project Narrative:***Please briefly summarize your proposed project or program and the positive impact it will have on the communities served. Include how it demonstrates alignment with the TOC Grant Program Goals as described in Section II.C of the Notice of Funding Availability and Program Area D description.*

*(Please limit your narrative to 500 words or fewer.)*

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| **Section 3: Administrative Elements** |

**21. Anticipated Project Start Date:***Project must commence within 1 year of anticipated award*

**22. Anticipated Project End Date:***Project must be completed within 5 years of project start date*

**23. Project Schedule:**
*Please include a proposed project schedule that outlines how grant funding will achieve certain milestones, and a description of each milestone.*

*Optional: Project Schedule may be ‘attached’ via email following submission of the application*

**24. Proposed Budget:***Please include a project budget with the total project cost that outlines administrative costs, and any other costs required for project implementation.*

*Please note whether additional funding will be pursued for this project, and which other sources of funding have been identified as well as status of such funding sources.*

*Optional: Proposed Budget may be ‘attached’ via email following submission of the application*

**25. Partnerships Statement (Optional):***Please include a statement below that identifies strategic partnerships necessary for the implementation of the project, and if contact has already been made.*

*Letter of support from partner may be ‘attached’ via email following submission of the application*

* *Check this box to indicate that you would like to submit a letter of support*

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| **Section 4: TOC Elements** |

**26. Community Being Served:***Please identify & describe the demographic profile of the community that your project will serve. Include information about any historical or existing barriers to equity members of this community have experienced.*

*Optional: Please note whether your project is located within an* [*MTC Equity Priority Community*](https://mtc.ca.gov/planning/transportation/access-equity-mobility/equity-priority-communities)*. MTC Equity Priority Communities are identified in light red in the* [*TOC VTA Grant Eligibility Map*](https://gis.vta.org/portal/apps/experiencebuilder/experience/?id=96751c9f58ff4d6ba6e9f4be6c094640&page=page_0)*.*

*(Please keep your response to 200 words or fewer)*

**27. Equity-Focused Activities & Outcomes:***Please explain how your project will address historical or existing barriers to equity. Include how the project will incorporate equitable processes and outcomes for members of the community.

(Please keep your response to 200 words or fewer)*

**28. Transit-focused Activities/Incentives:***Please select which, if any, of the following activities you expect to incorporate in the development/implementation of your project.*

* *Develop transit trip planning for employees, volunteers, event patrons*
* *Incentivize active transportation, such as walking, bicycling, wheeling, and/or transit use to attend grant activities*
* *Develop marketing strategy that emphasizes taking VTA transit to grantee activities/events*
* *Provide opportunity for VTA tabling at an activity for transit-related education*
* *Purchase transit passes (i.e., Clipper Card, VTA SmartPass) for employees and/or program participants*
* *Develop special signage to direct patrons to transit at grant activity locations*
* *Collect transit stories and testimonials from grantee employees, volunteers, patrons – about how they got to the activities, work, etc.*
* *Incorporate transit usage into surveys or other public engagement tools (i.e., collect data on transportation choices)*
* *Other (please describe)*

**29. Transit Ridership:***Please describe how your project will result in increased transit use. Specify the transit services (i.e., bus or light-rail lines) expected to see additional ridership, and how your project will increase the community’s use of these services.*

*For example: how will this project raise the profile of the station as a transit hub in your station area? How will this project address barriers to current transit use? How will your project support transit-dependent populations, or reduce dependency on private autos?*

*For more information on transit services in your project area, please reference the* [*Ridership by Stop | SCVTA Open Data Site*](https://sccvta.sharepoint.com/sites/redp/es/toc/TOC%20Grant/_Round%202/NOFA%20and%20Supplemental%20Docs/Ridership%20by%20Stop%20%7C%20SCVTA%20Open%20Data%20Site)*.*

*(Please keep your response to 200 words or fewer)*

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| **Attachments** |

 **30. Attachments:***Please list any documents that you intend to submit as attachments to this application. Application attachments must be submitted via email to* *tocgrant@vta.org* *no later than the application deadline at 4:00 PM on Wednesday, June 11, 2025.*

*Use the subject line: [Your Organization Name]- 2025 VTA TOC Grant – Program D.”*