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**Step It Up! Action Institute to Increase Walking and Walkability**

**Metropolitan Planning Organization (MPO) (or other similar regional entities)**

**Request for Funding Assistance Application Form**

***Applications Due: December 20, 2019 by 11:59 p.m. ET to Karma Harris by email at*** [***kedwards@chronicdisease.org***](mailto:kedwards@chronicdisease.org)***.***

**PART A—Cover Pages**

(Required for application to be considered complete; no point value; does not count toward five-page limit):

**REQUIRED TEAM MEMBERS**

**Public Health Representative:**

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| --- | --- |
| Name of Public Health Representative: | Click here to enter text |
| Agency: | Click here to enter text |
| Job Title: | Click here to enter text |
| Mailing Address: | Click here to enter text |
| Phone: | Click here to enter text |
| Email: | Click here to enter text |
| Briefly describe the Public Health Representative’s professional background and experience with walkability (200 words or less): | Click here to enter text |

**MPO Representative:**

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| Name of MPO Planning Representative: | Click here to enter text |
| Agency (MPO or other similar regional entity): | Click here to enter text |
| Job Title: | Click here to enter text |
| Mailing Address: | Click here to enter text |
| Phone: | Click here to enter text |
| Email: | Click here to enter text |
| Briefly describe the MPO Representative’s professional background and experience with walkability (200 words or less): | Click here to enter text |

**Which representative above will serve as the MPO Team Lead?** (Please select below)

Public Health Representative

MPO Representative

T**ransportation Representative:**

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| --- | --- |
| Name of Transportation Representative: | Click here to enter text |
| Agency: | Click here to enter text |
| Job Title: | Click here to enter text |
| Mailing Address: | Click here to enter text |
| Phone: | Click here to enter text |
| Email: | Click here to enter text |
| Briefly describe the Transportation Representative’s professional background and experience with walkability (200 words or less): | Click here to enter text |

**Elected Official:**

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| Name of Elected Official: | Click here to enter text |
| Agency: | Click here to enter text |
| Type/Position of Elected Office: | Click here to enter text |
| Mailing Address: | Click here to enter text |
| Phone: | Click here to enter text |
| Email: | Click here to enter text |
| Briefly describe the Elected Official’s professional background and experience with walkability (200 words or less): | Click here to enter text |

**State Department of Health (DOH) CDC State Physical Activity and Nutrition (SPAN) Representative:**

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| Name of State DOH SPAN Representative: | Click here to enter text |
| Agency: | Click here to enter text |
| Job Title: | Click here to enter text |
| Mailing Address: | Click here to enter text |
| Phone: | Click here to enter text |
| Email: | Click here to enter text |
| Briefly describe the Elected Official’s professional background and experience with walkability (200 words or less): | Click here to enter text |

**MPO Team Fiscal Agent:**

The fiscal agent will be the person/organization that NACDD will send payment to and does not necessarily need to be the respective agency of the MPO if it is more efficient to administer pass-through travel funds through another agency.

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| MPO Team Fiscal Agent Name: | Click here to enter text |
| Fiscal Agency: | Click here to enter text |
| Job Title: | Click here to enter text |
| Fiscal Agent Mailing Address: | Click here to enter text |
| Phone: | Click here to enter text |
| Email: | Click here to enter text |

**ADDITIONAL TEAM MEMBERS**

**Please complete the following regarding your additional regional team member(s):**

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| **Name of First Additional Team Member (optional):** | Click here to enter text |
| Additional Team Member, as taken from RFA Appendix A: | Click here to enter text |
| Agency: | Click here to enter text |
| Job Title: | Click here to enter text |
| Mailing Address: | Click here to enter text |
| Phone: | Click here to enter text |
| Email: | Click here to enter text |
| Briefly describe the Additional Team Member’s relevant experience with walkability (200 words or less): | Click here to enter text |
|  |  |
| **Name of Second Additional Team Member (Optional):** | Click here to enter text |
| Additional Team Member, as taken from RFA Appendix A: | Click here to enter text |
| Agency: | Click here to enter text |
| Job Title: | Click here to enter text |
| Mailing Address: | Click here to enter text |
| Phone: | Click here to enter text |
| Email: | Click here to enter text |
| Briefly describe the Additional Team Member’s relevant experience with walkability (200 words or less): | Click here to enter text |

*You may delete unused rows of this chart in efforts to save space.*

**State Department of Transportation (DOT) Representative:**

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| Name of State DOT Representative: | Click here to enter text |
| Agency: | Click here to enter text |
| Job Title: | Click here to enter text |
| Mailing Address: | Click here to enter text |
| Phone: | Click here to enter text |
| Email: | Click here to enter text |
| Briefly describe the Elected Official’s professional background and experience with walkability (200 words or less): | Click here to enter text |

**Please provide the following most current demographic information or most recent census data for your region.**

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| Total Population of Region: | Click here to enter text |
| Racial/Ethnic Make-Up: | |
| % White/Non-Hispanic | Enter % |
| % Black/African American | Enter % |
| % Hispanic-Latino | Enter % |
| % American Indian/Alaskan Native | Enter % |
| % Asian American | Enter % |
| % Native Hawaiian/Pacific Islander | Enter % |
| % Other | Enter % |
| Describe the general setting for your region (urban, suburban, rural, and/or frontier): | Click here to enter text |

PART B—Scored Components (100 total points)

(This section is limited to *no more than five total pages, nor does it have to total 5 pages*):

Using the text boxes below, please answer the following questions. You may increase or decrease the text box as needed to fit your answer and to assist you with maintaining the page limit; please do not modify the left and right margins of the box. The spacing (per the RFA) is set to 1.5 spacing between lines. You may double space, but please do not single space.

**PART B.1**: Interest Statement (10 points):

1. Using the text box below, please provide a brief interest statement as to *why* your team wants to attend this action institute (5 points) and describe *how* your team will be able to implement related walkability PSE strategies within the next six months (5 points):

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**PART B.2**: Regarding the Proposed Regional Team (10 points):

1. Please answer either “A” *or* “B” in the below text box. There is no penalty to applicants for selecting either “A” or “B”.

**A--** Using the text box below, please describe the past and current working relationships and skills sets of the Team Lead and additional team members, and how this combination has/will contribute to successful implementation of new policies, systems, and environments that promote increased walkability and infrastructure throughout your designated MPO region (10 points).

**B—OR**, if this is a new team being assembled for the first time, please describe how this new team infrastructure will enhance your ability to implement high-level PSE changes that improve walkability and walkability infrastructure (10 points).

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**PART B.3**: Past Efforts (20 points):

1. Based on your “A” *or* “B” answer in question #2 above, please answer either “A” *or* “B” in the below text box. There is no penalty to applicants for selecting either “A” or “B”.

**A --** Using the text box below, describe the cross-collaborative efforts you have undertaken in the *past* in your region to improve walkability and infrastructure design through PSE approaches (10 points).

**B – OR,** if this is a new team being assembled for the first time, please describe any efforts the individual partners or agencies represented have undertaken in the *past* to improve walkability and infrastructure design through PSE approaches (10 points).

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1. Please share any *evidence* of the *need* and/or *demand* for improved walkability through *future* PSE strategies in your region. This could include mode share data, crash data, anticipated infrastructure projects, community health assessment data, community feedback, visioning, and planning documents or assessments processes (e.g. including walk audits, photovoice, listening sessions, and windshield tours). Please be concise and evidence-based. (10 points)

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**PART B.4**: Current Efforts (30 points):

1. Using the definitions in Appendix E of the RFA, please describe in detail your region’s *current* capacity (5 points) and state of *readiness* (5 points) to implement high-level PSE strategies within the next six months like the ones listed in Appendix D.

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1. Please include in your description a synopsis of any *current* PSE improvements being pursued by your team agencies collectively or individually. Applicant teams will not be penalized for being in different phases of current action (10 points).

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1. Using the text box below, describe your region’s *past* and *current* efforts or recognized *future* need to target health equity and disability inclusion in walking and walkability efforts, including but not limited to working toward equitable access among people and places who experience reduced access and limitations to walking and walkability (10 points).

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**PART B.5**: Future Efforts (30 points):

1. Describe your region’s *(1)* short-term (5 points) **and** *(2)* long-term (5 points) plans for working collaboratively across intersecting disciplines and sectors to improve walkability and healthy community design using PSE approaches, including your plans to address equity and disability inclusion.

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1. How will your team’s attendance at this action institute augment these future efforts? (Note that this an opportunity to provide any information not explicitly requested in the application sections above, but that you believe will make clear the value of your team’s attendance at this action institute). (20 points)

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The five-Page Limit Section Ends Here. The following sections (Part B.6 and B.7) do not count toward the total page limit.

PART B.6: Equitable People, Populations, and Places:

Please select from the following lists the types of people and places that you want to target for increased access to opportunities for walking (required, not scored).

If applicable, please rank 1-7 for the category “race/ethnicity,” with “1” being the group of greatest potential focus and “7” being the group of least potential focus.

White/Non-Hispanic

Black/African American

Hispanic/Latino

American Indian/Alaska Native

Asian American

Native Hawaiian/ Pacific Islander

Other race/ethnicity (please describe): Click here to enter text

If applicable, please rank 1-7 for the category of potentially vulnerable populations, with “1” being the group of greatest potential focus and “7” being the group of least potential focus.

People with Disabilities

Low Socioeconomic Status

Faith-Based

Youth

Elderly

Members of Military

Other special populations (please describe): Click here to enter text

If applicable, please select the types of places within your region that you primarily intend to target:

Urban City Areas

Suburban Areas

Rural Areas

Frontier Areas

Impoverished or disadvantaged city areas

PART B.7: Learning Needs and Interests

NACDD and CDC want to ensure that the learning needs and interests of participating course teams are addressed. Please check below the five topic areas that are of greatest interest to your team (required, not scored):

Passing Complete Streets policies

Routine implementation of Complete Streets

Increasing equitable access to walkability across race, income, and other limiting factors

Prioritizing disability inclusion in infrastructure, policy planning, and implementation

State-of-the-art transportation planning practices

The public health motivation for walkable communities

Engaging policy makers and other stakeholders on walkability

The importance and roles of multi-disciplinary teams in building walkability

Economic benefits of walkable communities

Engaging the private sector on this topic

Other? Please explain:

**PART C—Signature Pages**

(Required in order for application to be considered complete; no point value; does not count towards 5-page limit)

Please read and affirm the following with your electronic signatures:

**PART C.1**: Public Health and MPO RepresentativeSignatures

We understand that this action institute can accommodate a limited number of applicants and the information submitted on this application form is a true representation of our MPO (or other similar regional entity) region’s past, current, and future walkability related efforts. We acknowledge the project deliverables outlined in the RFA and corresponding RFA documents and commit to participating in all aspects of the project, including development of the team action plan and achievement of action plan outcomes to improve walkability of our designated region.

|  |  |
| --- | --- |
| **Electronic Signature of Public Health Representative:**  Click here to enter text | **Date:**  Click here to enter text |
| **Electronic Signature of MPO Representative:**  Click here to enter text | **Date:**  Click here to enter text |

*This box must be checked by the Public Health and MPO Representatives in order for the application to be considered valid.*

**PART C.2**: Team Lead Signature

I assure that I can effectively perform my role as Team Lead, serve as a primary point-of contact to NACDD on behalf of the project and the team, and collaborate with NACDD throughout the project process, as outlined in the RFA and corresponding RFA appendices. I understand that Walkability Community of Practice and progress reporting of processes and outcomes participation will commence during the project period and last beyond the project period. I additionally assure that all proposed members of the applicant Regional Team will participate actively in the entire course.

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| **Electronic Signature of Regional Team Lead:**  Click here to enter text | **Date:**  Click here to enter text |

*This box must be checked by the MPO Regional Team Lead in order for the application to be considered valid.*