APPENDIX B. LOI FORM QUESTIONS

This appendix contains all of the information applicants will be required to submit through the LOI webform.

Key Information

Lead applicant organization name			
Lead applicant organization type (Select one)	☐ State government ☐ Local government ☐ Tribal government ☐ United States Territory ☐ Metropolitan Planning Organization ☐ Transit agency ☐ Other political subdivisions of state or local governments		
Lead organization's primary staff contact (Name, organization, email, and phone number)			
Which type of TCP Community of Practice are you seeking to apply? (see sections C and E.3) (Select one)	☐ Main Streets: Focused on Tribal and rural communities and the interconnected transportation, housing, community, and economic development issues they face. ☐ Complete Neighborhoods: Focused on urban and suburban communities located within metropolitan areas working to better coordinate transportation with land use, housing, and economic development. ☐ Networked Communities: Focused on those communities located near ports, airports, freight and rail facilities to address mobility, access, environmental justice and economic issues.		
Provide organizational names of the lead applicant's two key community partners and indicate the organization types. *If applicable, note any additional organization attributes that may affect priority consideration.*	Community Partner Name	Type of Organization ☐ Government ☐ Non-profit organization ☐ Private sector ☐ Philanthropy ☐ Community-based Organization ☐ Tribe ☐ Other	Is this organization a (select all that apply): ☐ Minority-owned, woman-owned, or other disadvantaged business enterprise (DBE) ☐ Minority-Serving Institution (for example, a historically black college or university, a Hispanic-serving institution, a Tribal college or university, an Asian American and Native American Pacific Islander-serving institution, and others) ☐ Non-profit organization located within the community that is identified as playing a

		(please specify:___)	capacity building role
If your team includes more than two community partners, please list the names and type of the additional community partners. (ie Acme Industries, Private Sector). *If applicable, please indicate if the organization is a minority-owned, woman-owned, or other DBE; a Minority Serving Institution; or a non-profit organization located within the community that is identified as playing a capacity building role.*			
Provide the prior fiscal year's annual budget of the lead applicant organization.			
Provide any clarification on the budget provided above (optional).			
Select the number of staff at the lead organization who work primarily on transportation planning, public engagement, and/or grant application and administration	☐ 0 staff ☐1-5 staff ☐ 6-30 staff ☐ 31-50 staff ☐ 51+ staff		
Describe the geographic area that will receive the TCP support (see section E.2)			
Does your defined geographic area include disadvantaged populations or census tracts? (Select one)	☐ Yes, but less than a majority of the area is disadvantaged ☐ Yes, with a majority of the area disadvantaged, ☐ No NOTE: All Tribes and US Territories qualify as Justice40 disadvantaged communities and should check "Yes, with a majority."		
If geographic area that will receive the TCP support	☐ DOT mapping tool for Historically Disadvantaged Communities		

includes a disadvantaged populations or census tracts, please indicate which tool(s) used to verify.	☐ Areas of Persistent Poverty Table ☐ Other Federally designated community development zones (please specify):_____ ☐ I am a Tribe or US Territory and do not need to verify status ☐ N/A: The geographic area does not include a disadvantaged community
Is the lead applicant or focus of TCP support located in a rural area? See Appendix A for definitions (Select one.)	☐ Yes ☐ No
Describe the lead applicant's experience with DOT discretionary grant funding (Select one)	☐ My organization has never applied for a DOT grant ☐ My organization has applied but has been unsuccessful in obtaining a DOT grant (i.e., has never received a DOT grant) ☐ My organization has been awarded one or more DOT grants at some point in the past If yes, please list the most recent grant(s) and award year: _____
Has the lead applicant received federally funded technical assistance in the past or is currently receiving? If yes, please indicate granting Federal agency and type of technical assistance	☐ Yes ☐ No If yes, please specify: _____

Needs and Vision Statement

The needs statement must briefly describe in 500 words or less:

- Key challenges or needs (transportation, equity, environmental, health and safety, housing, and/or economic) that the identified community faces, including those caused by harmful historic or current policies (e.g., displacement, discrimination, segregation, exclusionary zoning) that could be addressed through the TCP.
- Technical or capacity challenges the applicant or community has faced when seeking federal funding or delivering transportation projects, or in trying to coordinate infrastructure projects with broader community and economic development efforts.
- If applicable, highlight any infrastructure projects that may be planned or underway, and specific or anticipated challenges your team may face in funding or implementing these projects.

The vision statement must briefly describe in 500 words or less:

- Community and/or organizational goals to be advanced through participation in the TCP.

- Why the key community partners were chosen and how the assembled team will be able to successfully work together to meet identified goals.
- Ways in which traditionally underrepresented voices and community stakeholders will be engaged in the technical assistance, planning, and capacity building process throughout the two-year period.