**APPENDIX B. LOI FORM QUESTIONS**This appendix contains all of the information applicants will be required to submit through the LOI webform.

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ixcy imormation				
Lead applicant organization name				
Lead applicant	Ctate govern			
1	☐ State govern			
organization type	☐ Local government			
(Select one)	☐ Tribal government			
	☐ United State			
	☐ Metropolitan Planning Organization			
	☐ Transit agen	5		
	☐ Other politic	al subdivisions	of state or local governments	
Lead organization's				
primary staff contact				
(Name, organization,				
email, and phone				
number)				
Which type of TCP			ribal and rural communities and	
_		-	on, housing, community, and	
you seeking to apply? (see				
sections C and E.3)	☐ Complete No	eighborhoods: 1	Focused on urban and suburban	
(Select one)	communities lo	cated within m	etropolitan areas working to better	
	coordinate trans	sportation with	land use, housing, and economic	
	development.			
	□ Networked (	Communities: F	Focused on those communities	
	located near po	rts, airports, fre	eight and rail facilities to address	
	-	-	al justice and economic issues.	
Provide organizational	Community	Type of	Is this organization a (select all	
names of the lead	Partner Name	Organization	that apply):	
applicant's two key			☐ Minority-owned, woman-	
community partners and			owned, or other disadvantaged	
indicate the organization		Government	business enterprise (DBE)	
types. If applicable, note		□ Non-profit	☐ Minority-Serving	
any additional		organization	Institution (for example, a	
organization attributes		□ Private	historically black college or	
that may affect priority		sector	university, a Hispanic-serving	
consideration.			institution, a Tribal college or	
		Philanthropy	university, an Asian American	
			and Native American Pacific	
		Community-	Islander-serving institution, and	
		based	others)	
		Organization	☐ Non-profit organization	
		☐ Tribe	located within the community	
		□ Other	that is identified as playing a	

		(please specify:)	ca	pacity building role
If your team includes more		[-F J ·/		
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	□ 0 staff			
at the lead organization	□1-5 staff			
who work primarily on	□ 6-30 staff			
transportation planning,	☐ 31-50 staff			
public engagement, and/or	☐ 51+ staff			
grant application and				
administration				
Describe the geographic				
area that will receive the				
TCP support (see section				
E.2)				
Does your defined	☐ Yes, but less	than a maio	rity o	f the area is disadvantaged
geographic area include			-	a disadvantaged,
disadvantaged populations	· ·			
0 1 1		nes and US T	errito	ories qualify as Justice40
one)				should check "Yes, with a
<i>-</i>	majority."	communities	unu 3	modia check 1 co, with the
If geographic area that will		ng tool for U	istoria	cally Disadvantaged
	Communities	ig tool for H	1210110	Lany Disauvaniageu
receive the TCP support	Communities			

includes a disadvantaged populations or census tracts, please indicate which tool(s) used to verify.	<ul> <li>□ Areas of Persistent Poverty Table</li> <li>□ Other Federally designated community development zones</li> <li>(please specify):</li> <li>□ I am a Tribe or US Territory and do not need to verify status</li> <li>□ N/A: The geographic area does not include a disadvantaged community</li> </ul>	
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)	<ul> <li>□ My organization has never applied for a DOT grant</li> <li>□ My organization has applied but has been unsuccessful in obtaining a DOT grant (i.e., has never received a DOT grant)</li> <li>□ My organization has been awarded one or more DOT grants at some point in the past</li> <li>If yes, please list the most recent grant(s) and award year:</li> </ul>	
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.