# About Innovative Mobility Program Microgrants

The Innovative Mobility Program (IMP) is a new initiative from the Oregon Department of Transportation (ODOT) that aims to improve historically underserved communities’ access to public and active transportation. Program goals also include reducing the number of trips Oregonians make by car and reducing greenhouse gas emissions. ODOT is offering microgrants for up to $5,000 on a rolling basis to help meet community needs.

Local and regional governments, public transportation providers, Tribes, public schools, colleges and universities, businesses providing community services, and 501(c)(3) nonprofits are eligible to apply. Organizations are limited to twogrants in a 12-month period.[[1]](#footnote-2) Each micro-grant application must state how their project supports historically excluded groups and increases social equity. You can find out more about how the State of Oregon approaches social equity [here](https://www.oregon.gov/lcd/Commission/Documents/2021-09_Item-2_Directors-Report_Attachment-A_DEI-Action-Plan.pdf).

Please review our [Microgrant Program Guidance](https://www.oregon.gov/odot/RPTD/RPTD%20Document%20Library/Innovative%20Mobility%20Program%20Micro-Grant%20Guidance.pdf) for more details on eligible activities, evaluation processes, and reporting requirements. **To apply for a micro-grant, you may submit an online application available on** [**our website**](https://www.oregon.gov/odot/RPTD/Pages/Innovative-Mobility-Program.aspx) **or fill out this document.**

Need help brainstorming, preparing your application, or submitting materials? Contact our IMP Coordinator, Bridgette Bottinelli, at Bridgette.Bottinelli@odot.oregon.gov or 971-718-6274.

# General Information

|  |  |  |
| --- | --- | --- |
| **PROPOSED PROJECT NAME** | **AMOUNT REQUESTED** |  |
|  |  |
| **CONTACT NAME** | **TITLE** | **PHONE NUMBER** |
|  |  |  |
| **ORGANIZATION NAME** | **EMAIL** |
|  |  |

# Application Questions

1. **Which of the following best describes your organization? You must check at least one box to be eligible to proceed.**

[ ]  Local or regional government

[ ]  Tribe

[ ]  Public school

[ ]  School district

[ ]  College/University

[ ]  Nonprofit with 501(c)(3) status\*

[ ]  Organization with fiscal sponsorship from nonprofit with 501(c)(3) status\*

[ ]  Business providing community services

[ ]  Transportation provider

**\*If you are a nonprofit**, you will need to submit proof of your status as a legal entity, such as a copy of an IRS Determination Letter, with your application.

1. **Please briefly describe your organization. What does your organization do and who does it serve? Be specific about which historically excluded groups[[2]](#footnote-3) are served by your organization.**

(Add text here)

1. **Please tell us about your proposed project. Who will this project serve, and how will historically excluded groups benefit from it?**

(Add text here)

1. **How does your organization plan to spend the microgrant funds? IMP microgrant funds are flexible and have been awarded to wide range of projects that support increasing historically excluded groups’ access to public and active transportation. Make sure to check our** [**Program Guidance**](https://www.oregon.gov/odot/RPTD/RPTD%20Document%20Library/Innovative%20Mobility%20Program%20Micro-Grant%20Guidance.pdf) **for more details on eligible and ineligible activities. You may respond with a narrative, bulleted list, table, and/or attached spreadsheet.**

(Add text here)

1. **Does your project include bike racks, lockers, or a repair station? If so, you must complete the following:**
2. Please select which item(s) are part of your project:
* Rack(s) [ ]  Locker(s) [ ]  Repair station(s) [ ]
1. Where will you install the bike rack, locker or repair station? Please include an attachment showing the proposed location. You may respond with a screenshot, diagram, site plan, or other documentation.
2. Have you confirmed that your proposed location(s) follows all applicable local, state, and federal government guidelines, including the Americans with Disabilities Act?
	* Yes [ ]  No [ ]
3. Is a permit required for installation?
	* Yes [ ]  Not required [ ]
4. If a permit is required for installation, has the permit been secured?
	* Yes [ ]  No [ ]
5. For bike racks: Have you confirmed that the rack type you selected is allowed by applicable government guidelines?
	* Yes [ ]  No [ ]
6. How much will the materials cost? \_\_\_\_\_\_\_\_\_\_\_
7. How much are you requesting for installation costs? \_\_\_\_\_\_\_\_\_\_\_\_\_
8. **Our reporting requirements are a 1-2 page report that contains metrics on project outcomes, as well as social/demographic information on who benefitted from the project. What is your plan for collecting social/demographic data such as age, race/ethnicity, disability status, etc.?**

[ ] We will survey project beneficiaries and will include (optional) social/demographic questions.

[ ] My organization already collects data on (please specify) \_\_\_\_\_\_\_\_\_\_\_\_, and we will include \_\_\_\_\_\_\_\_\_\_\_\_\_ in our outcome report.

[ ] Our plan is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. **How will your organization track project outcomes? Check all that apply, fill in the blanks as applicable, and explain any other plans that you have.**

[ ] We will track the number of \_\_\_\_\_\_\_\_ we distribute.

[ ] We will track the number of \_\_\_\_\_\_\_ we repair.

[ ] We will compare the impacts of \_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_.

[ ] We will estimate the number of single-occupancy vehicle trips reduced.

[ ] We will estimate the number of \_\_\_\_\_\_\_\_\_ trips taken. (Example: bike, bus, carpool, etc.)

[ ] We will track the number of events we hold/attend/conduct outreach at.

[ ] We will track the number of people who attend \_\_\_\_\_\_\_\_ events.

[ ] We will track the number of people enrolled in \_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ] We will estimate the number of people engaged.

[ ] We will estimate the number of people who safely learned to use a new form of transportation.

[ ] Other, please specify:

1. **Please tell us about your anticipated project timeline.**
* Start date: Click or tap to enter a date.
* End date: Click or tap to enter a date.
* Any other major deadlines: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **Please submit the following attachments as applicable, and make sure you’ve reviewed the program requirements.**

**Nonprofits:** Submit proof of the organization’s status as a legal entity, such as a copy of an IRS Determination Letter, with your application.

**Nonprofit and private applicants:** Submit a Certificate of Insurance (COI) along with your application.

We will review your insurance coverage and work with you to help you meet State of Oregon requirements.

Please review the insurance guidelines attached below.

**If you are installing bike racks, lockers, or a repair station:** Please include a screenshot or attachment showing the proposed location along with any other supporting documentation.

1. **Ready to submit?**

Email your application and any supporting documentation to Bridgette.bottinelli@odot.oregon.gov.

Thank you for applying for an Innovative Mobility Program Microgrant!

If you have any questions or concerns, please contact us.

**Bridgette Bottinelli**

Innovative Mobility Program Coordinator

ODOT Public Transportation Division

Bridgette.Bottinelli@odot.oregon.gov

971-718-6274

she/her

**Guidelines for Certificates of Insurance**

**About ODOT Insurance Requirements**

The State of Oregon requires Certificates of Insurance (COIs) and supporting documentation from recipients of grants and contracts. These documents help the state verify that businesses meet the insurance requirements identified within the grant or contract.

Innovative Mobility Program (IMP) microgrant insurance requirements were determined at a program-level and based on factors like industry standards, program structure, and the types of projects we fund. All **nonprofit and private** recipients are required to submit a COI to the Oregon Department of Transportation (ODOT) before their grant goes into effect.

**How do I get a Certificate of Insurance (COI)?**

Please contact your insurance broker(s). They will help produce the certificate(s) you need and ensure that they have the details that ODOT requires. You can provide them with a copy of the checklist in this document. ODOT is also available to coordinate with your insurance broker(s). Many insurance brokers will not charge you to produce a COI or add the details for “additional insured” and “primary and noncontributory.”

**What if I don’t meet the insurance requirements?**

**If your organization does not meet the requirements detailed below, please contact us as soon as possible to discuss**.

**COI Checklist**

ODOT will need the following information before your microgrant agreement is executed. Please note that this is just a guide to help understand and meet the insurance requirements set within the microgrant agreement.

* **Workers' Compensation**
* ODOT requires all employers as defined in ORS 656.027 to provide proof of Worker’s Compensation, unless they are exempt under ORS 656.126(2).
* **Employer's Liability**
* ODOT requires Employer's Liability coverage of at least $500K per accident.
* **Commercial General Liability**
* ODOT requires coverage of at least $1M per occurrence, and $2M aggregate.
* Additional Insured
	+ Please provide a Blanket Additional Insured endorsement or Additional Insured endorsement endorsing “State of Oregon, the Oregon Transportation Commission and the Department of Transportation, and their respective officers, members, agents and employees” as an endorsed Additional Insured.
* Primary and Noncontributory
	+ Please provide an endorsement or supporting documentation stating that the coverage is on a Primary and Noncontributory basis.
* **Automobile Liability**
* ODOT requires coverage of at least $1M combined single limit.
* Additional Insured
	+ Please provide a Blanket Additional Insured endorsement or Additional Insured endorsement endorsing “State of Oregon, the Oregon Transportation Commission and the Department of Transportation, and their respective officers, members, agents and employees” as an endorsed Additional Insured.
* Primary and Noncontributory
	+ Please provide an endorsement or supporting documentation stating that the coverage is on a Primary and Noncontributory basis.
* **Certificate Holder**
* Please make sure that ODOT is the certificate holder of the COI you are submitting to us, as shown below:

ODOT Procurement Office

MS#5-1

355 Capitol St. NE

Salem, OR 97301

1. This limit has been adopted for the initial phase of the program and may be subject to change as the program develops and the level of demand becomes clearer. [↑](#footnote-ref-2)
2. ODOT takes a wide view on what “historically excluded” means. Black, Indigenous, and people of color (BIPOC), people living with low-incomes, people with disabilities, seniors, youth, and members of the LGBTQ+ community are some examples, but we will consider **any group that has been excluded or whose needs haven’t been met by the existing transportation system.**  [↑](#footnote-ref-3)