

# Transportation Accessibility & Mobility Program (TAMP)

## INTRODUCTION

The Transportation Accessibility and Mobility Program (TAMP) is a state-funded pilot program established to address accessibility, mobility, and transportation insecurity in five South Jersey counties (Atlantic, Camden, Cumberland, Gloucester, and Salem).

The Department of Transportation recognizes that some individuals are affected by inflexible, unreliable transportation options or no practical options. The United Way describes some of these individuals as ALICE – Asset Limited, Income Constrained, Employed. These individuals are employed but are unable to afford basic necessities including transportation.

This program seeks innovative and impactful projects that will address transportation gaps in the region and help meet the needs of individuals experiencing transportation insecurity. Proposals must align with the following program criteria.

- **Accessibility Enhancement:** Projects that focus on improving accessibility where limited access exists.
- **Service Expansion:** Projects that aim to increase rider capacity and overall service expansion.
- **Efficiency and Flexibility:** Initiatives that can address flexibility and efficiency by reducing travel and wait times.
- **Alternate Modes of Travel:** Projects that support the development and implementation of alternate modes of transportation.

Qualified projects may include but are not limited to the development of accessible transportation, expansion of routes, implementation of ridesharing programs and the deployment of smart transportation technologies. We encourage partnerships among service providers, however the applicant must be a Local Public Agency (LPA).

Applications are due on November 15, 2024.

## General

### Sponsor Information

**Local Public Agency or Transit Agency:**

Resolution/Letter of Support for this Project:

**When submitting the web version of this form there will be an option to include attachments here.**

**Municipality:**

**County:**

**UEID #:**

**Mayor/County Executive/Board Executive:**

**Clerk:**

**Project Manager:**

**Are you partnering with a non-profit or other organization on this project?**

- Yes
- No

## **Project Details**

### **Details**

**Project Title:**

**Project Type:**

- New Mobility Improvement Service
- Improvement to Existing Service or Infrastructure
- New Infrastructure

**Project Overview:**

0/4500

**Budget:**

**Total Project Estimated Cost:**

**Amount Requested:**

Additional Funding Source:

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**ALICE (Asset, Limited, Income Constrained, Employed)**

**How will the proposed service or infrastructure impact ALICE households? You may use the ALICE Research Center for data and reference material.**

0/4500

**How might the proposed service or infrastructure improvement impact transportation related expenses of individuals in ALICE households?**

0/4500

ALICE Research Center: <https://unitedforalice.org/state-overview/new-jersey>

## Accessibility

*If you are proposing a new or existing service improvement, answer the following questions:*

**Does the proposed service encourage alternate modes of travel instead of driving an automobile alone?**

0/4500

**Describe how the proposed service will enhance frequency and/or reliability for existing or proposed services.**

0/4500

*If you are proposing an infrastructure project, answer the following questions:*

**Does the proposed infrastructure encourage a mode of travel that is not driving an automobile?**

0/4500

**Will the proposed infrastructure improve access to transit services (NJ Transit, shuttle, carpool, park and rides, etc.)?**

0/4500

**Are the proposed improvements within the public ROW?**

0/4500

### **Mobility**

**Does the proposed service or infrastructure help defray or reduce the cost of transportation to an individual/household in the target area? If yes, please describe the proposed effect in detail.**

0/4500

**Does the proposed service or infrastructure reduce the travel time or distance of essential services such as health care, childcare, food, employment, or social services? If yes, please describe the proposed effect in detail.**

0/4500

**Does your proposed project include creative financing and payment solutions?**

0/4500

### **Transportation Equity**

Is the target area a transportation/transit desert? Please provide a map showcasing the target area as a transportation/transit desert.

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**Does the proposed service or infrastructure impact the transportation/transit disadvantaged population? (Transportation/transit disadvantaged refers to individuals, such as those with disabilities, older adults, or people who do not own a vehicle, who experience low mobility and accessibility compounded by their geographic status) You may use the South Jersey Interactive Transportation Map to generate data for the target community:**

0/4500

South Jersey Interactive Transportation  
Map: <https://ccctma.maps.arcgis.com/apps/webappviewer/index.html?id=8bf62b17539444ad859fafe63294dd6d>

**Describe the target area in detail. Include a map depicting the geographical location of the target area, a demographic profile of the target population, and how your project aims to address specific mobility and accessibility challenges faced by this population.**

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EPA EJ Screen Tool: <https://ejscreen.epa.gov/mapper/>  
ALICE Maps: <https://unitedforalice.org/maps/new-jersey#8/40.154/-74.729>

**Does the proposed service or infrastructure increase the availability to essential services such as healthcare, childcare, food, employment, or social services? If yes, please describe the proposed effect in detail.**

0/4500

### **Public Engagement and Stakeholder Coordination Plan**

Provide a public engagement plan detailing proposed strategies and efforts to engage and coordinate with key stakeholders and target populations. Include strategies to ensure the engagement is fully accessible for persons with disabilities and persons with limited English proficiency. (Attach an Outreach Plan and Letters of Support.)

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### Performance Measures

Describe the methods you will use to monitor and evaluate the impact and success of your project. (Include key performance indicators to be reported to NJDOT annually.)

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### Implementation Plan

Provide schedule and major milestones for the project.

0/4500

### Partner Information/Organization Information

Are you partnering with an organization on this project?

- Yes
- No

If yes, please provide information below:

**Organization Name:**

**Organization Description: (Include how the organization currently serves the target community).**

0/4500

**Address:**

**City:**

**State:**

**ZIP:**

**Contact Person:**

**Name:**

**Title/Position:**

**Email:**

**Phone:**

**UEID #:**

Letter of Support:

**When submitting the web version of this form there will be an option to include attachments here.**

## **Attachments**

**When submitting the web version of this form there will be an option to include attachments for the following:**

- Any Additional Relevant Items
- Project Target Area Map



Community Profile  
Public Involvement Plan