 

Transportation Accessibility Institute

Team Application

Please use a Word document to complete this application. E-mail the completed application to [rutkowski@ctaa.org](mailto:rutkowski@ctaa.org) by **Wednesday, April 12, 4:00 p.m. EDT**. We will notify all teams of selection by Thursday, April 20th.

Teams MUST include a representative from each of the following groups:

* Persons with Disabilities,
* Older Adults,
* Caregivers,
* Organizations that serve people with disabilities and/or older adults (CILs, AAAs, UCEDDs, ADRCs, Assistive Technology Act Programs, CCH’s),
* Health Care Providers or Plans,
* Public Transportation, and
* Local Government/Planning Agencies.

Seven to eight individuals should be included on each team. Teams selected for participation in the Transportation Accessibility Institute will receive compensation to attend the one-day Institute in Oklahoma City, OK on May 22, 2023. Compensation will include air/ground transportation to/from Oklahoma City, two nights lodging, lunch and dinner on May 21st and breakfast on May 23rd. All meals will be provided on May 22nd.

Note: CTAA’s Community Transportation EXPO will be taking place May 23-24 in Oklahoma City. If members of a participating team wish to attend EXPO they must do so at their own expense.

**Application Information**

(Separate sheets should be used)

1. Community Profile

Name of Community: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the community? Urban \_\_\_\_\_ Rural \_\_\_\_\_ Mixed \_\_\_\_\_ Tribal \_\_\_\_\_

Population: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Explain why you want to participate in the Transportation Accessibility Institute. (250 words, one page double spaced maximum)
2. What challenges or barriers to transportation accessibility exist in your community? (250 words, one page double spaced maximum)
3. Team members’ information

The following information should be provided for **each** member of the proposed team: (Use separate sheets)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representing:

Persons with Disabilities \_\_\_\_\_

Older Adults \_\_\_\_\_

Caregivers \_\_\_\_\_

Organizations that serve people with disabilities and/or older adults (CILs, AAAs, UCEDDs, ADRCs, Assistive Technology Act Programs, CCH’s) \_\_\_\_\_

Health Care Providers or Plans \_\_\_\_\_

Public Transportation \_\_\_\_\_

Local Government/Planning Agencies \_\_\_\_\_

What personal or professional strengths will this person bring to the team’s Institute work? (150 words, one page double spaced maximum)