



# The **Travel** Model *Improvement* Program

## *TMIP Peer Review Program Application Package*

REVISED – April 2004

Federal Highway Administration

Federal Transit Administration

*Helping Agencies Improve Their Planning Analysis Techniques*

# **TMIP**

Travel Model Improvement Program

# **TMIP Peer Review Program Application Package**

## **About TMIP and the Peer Review Program**

The Travel Model Improvement Program (TMIP) is a multi-year, multi-agency program sponsored by USDOT and EPA, with the mission of supporting and empowering planning agencies through leadership, innovation and support of travel analysis improvements, to better meet current and future mobility, environmental, safety and security goals. TMIP began operations in 1992, and has three goals:

1. Help build the institutional capacity of planning agencies to perform technical analysis
2. Support development of analytical methods that respond to the needs of planning and environmental decision making processes
3. Support mechanisms to ensure the quality of technical analysis used to meet local, state and federal program requirements.

## **About Peer Reviews**

Peer reviews have been conducted by planning agencies to ensure that technical products, procedures and/or processes being used or developed meet the agency's needs, the standards of professional practice, and/or Federal, state or local planning requirements. Peer reviews of forecasting and data collection procedures are crucial to planning agency model development and improvement efforts. As part of its program, TMIP is committed to assisting agencies in meeting these planning challenges by supporting peer reviews.

TMIP Peer Review Program

TMIP supports peer reviews by funding travel, lodging and per diem for a site visit(s) by peer review panel members. TMIP can also assist in the selection of peer review panel members and help document the review if requested by the sponsoring agency.

This package includes information on the application process for the TMIP Peer Review Program and includes the following:

1. Application Requirements
2. Application Checklist
3. Process for travel reimbursement for non-Federal staff
4. Travel Logistics and Contact Information
5. Travel Expense Form

The TMIP Peer Review Program's selection criteria should be used when applying for support. Applicants should retain all other supporting documents, as they will be necessary to coordinate travel after selection. Program applicants should also note that travel costs for non-federal staff will be reimbursed by the Volpe National Transportation Systems Center four to six weeks after reimbursement form submittal. The Volpe Center cannot pay for travel arrangements before the site visit has occurred or before reimbursement forms are received.

Timing

TMIP expects to begin awards in June 2003. Applicants are encouraged to submit their requests by May 30, 2003. However, requests will be accepted throughout the year and will be evaluated and awarded as funds are available.

## Other Peer Programs

The TMIP Peer Review Program is oriented towards technical planning topics. Areas interested in peer programs relating to institutional or policy issues should contact the USDOT Planning Capacity Building's Peer Exchange Program. The contacts for this program are as follows:

Sherry Burton-Ways  
FHWA  
Phone: (202) 366-1587  
Email: [sherry.ways@fhwa.dot.gov](mailto:sherry.ways@fhwa.dot.gov)

Effie S. Stallsmith  
FTA  
Phone: (202) 366-5653  
Email: [effie.stallsmith@fta.dot.gov](mailto:effie.stallsmith@fta.dot.gov)

# Application Requirements

## Proposal Topic

A written proposal must be submitted by the applicant describing the important planning issue(s) that the technical professionals are trying to address, examples include (but are not limited to):

- Designing and implementing a travel survey
- Other data collection, integration and/or analysis
- Specific travel demand forecasting improvements
- Land use forecasting methods
- Conformity and air quality analyses
- Meeting transit new starts criteria

## Plans for Improvement

The proposal should state the desired near term goals for model improvement. The proposal should also include a discussion of what model(s) have been used in the past, what is being used now and what is being considered. The proposal should identify the questions that a peer review is anticipated to help answer.

Selection Criteria

Preference will be given to applicants who address the following selection criteria:

- Planning agency commitment to model improvement (including plans and provisions in work program)
- Proposed procedure(s) are innovative and the agency is committed to implement and use the new procedure(s)
- Peer review assistance is being provided at the model specification/design phase (as opposed to a finished product)

## Proposed Panel and Availability

The proposal should include the following information about the proposed peer review panel. Proposed panel member availability should be considered and addressed in the proposal.

- Names of proposed peer review participants
- Panel member expertise area (should be consistent with topic of review)
- Travel, lodging and per diem cost estimates
- Proposed timing of peer review

## Page Limitation

The proposal should be limited to 5 pages.

## Supporting Information

Proposals should also include the following additional information, if known as the time of submission:

- Proposed Participant biographies
- Contact information

## **Services by Request**

At the request of the participating agencies, staff at the Volpe National Transportation Center in Cambridge, MA will attend the peer review to evaluate the process and assist in documenting the review. The final documentation whether prepared by the participants or Volpe staff, will be provided to the FHWA for the creation of a TMIP Peer Review Program Summary Report, which will be developed once a year. Also by request, Volpe and/or FHWA staff can also provide agencies assistance in selecting peer review panel members. In their proposals, agencies should:

- Indicate whether technical support is being requested to prepare a summary report of the review
- Indicate whether assistance is needed to help select peer review panel members

## **Preferences for Award**

Preference will be given to regional planning agencies and councils of governments, metropolitan planning organizations, transit agencies and state departments of transportation.

## **What Will TMIP Fund?**

- Travel, lodging and per diem at government rates will be reimbursed for peer review panel
- Support for documentation assistance (if requested)

## **What is the Responsibility of the Sponsoring Agency?**

- Logistics and communication with the panel
- Food expenses (such as catering)
- Facility arrangements and charges
- Staff time
- Materials

## **Application Process**

Agencies are required to work with their FHWA Division and FTA Regional Offices to develop their application. Applications from planning agencies are submitted to FHWA or FTA field offices. Applications from planning agencies directly to the TMIP program will not be accepted.

FHWA and FTA field offices should then submit applications in electronic format (no hard copy is required) to:

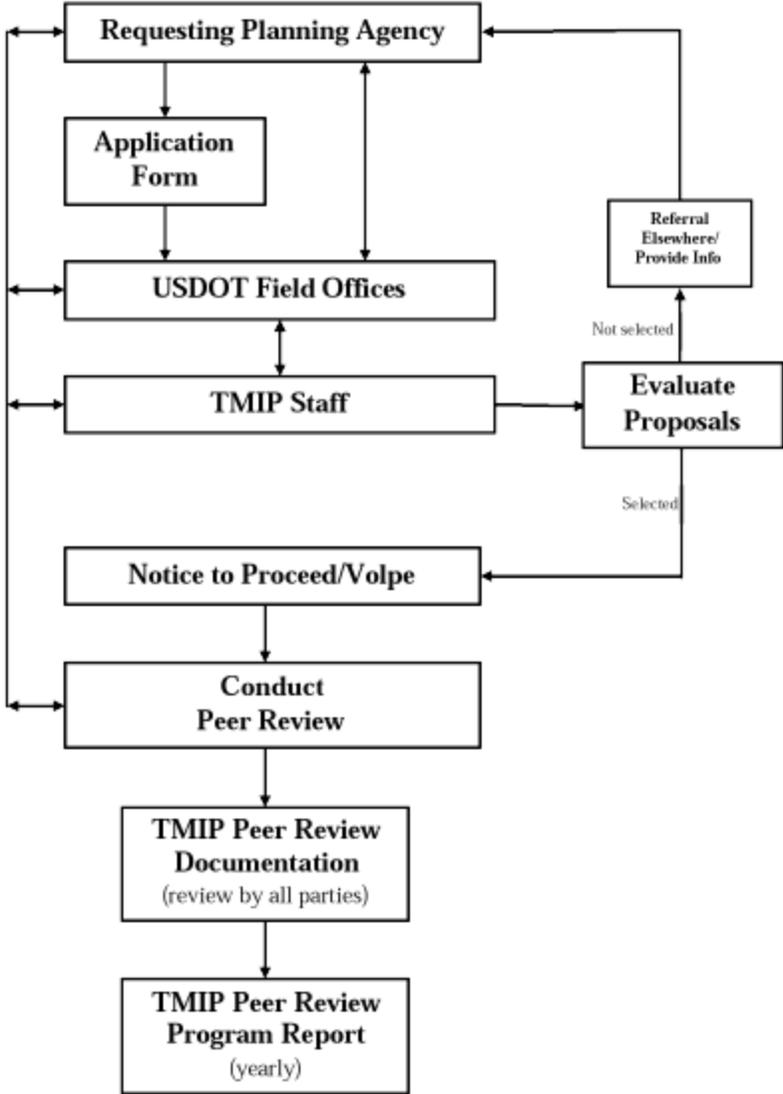
Michael Culp  
Federal Highway Administration  
Office of Environment, Planning and Realty  
400 Seventh Street, SW  
HEPI-30, Room 3301  
Washington, DC 20590

Phone: (202) 366-9229

Fax: (202) 493-2198

Email: [michael.culp@fhwa.dot.gov](mailto:michael.culp@fhwa.dot.gov)

# TMIP Peer Review Program: Process Overview



## Application Check List

### Have you completed the following?

1. \_\_\_\_\_ Written Proposal
2. \_\_\_\_\_ Contact Information
3. \_\_\_\_\_ Names of participants (If known at submission time)
4. \_\_\_\_\_ Participant biographies (If known at submission time)
5. \_\_\_\_\_ Travel Estimates
6. \_\_\_\_\_ Request for technical support from Volpe subject experts on preparation of peer review report and/or selection of peer review panel
7. \_\_\_\_\_ Addressed selection criteria
8. \_\_\_\_\_ Worked with and submitted proposal with FHWA Division Office and FTA Regional Office

## Process for Travel Reimbursement for Non-Federal Staff

Travel costs will be covered for non-federal staff participating in the TMIP Peer Review Program. (Funding for FHWA and FTA Division or Region staff must be covered by existing travel budgets.) Travel reimbursements for non-federal staff are processed by Planners Collaborative, an on-site contractor at the USDOT Volpe Center in Cambridge, MA. All questions regarding travel reimbursements should be directed to Olivia Alexis at (617) 494-3344.

### How do I plan my trip?

- Your Volpe representative will e-mail you detailed instructions approximately 4-6 weeks before the event. Per the instructions, fill out the **General Information Form** and **ACH Direct Deposit** and fax them to Olivia Alexis at (617) 494-2569.
- You will make your own flight arrangements per the instructions of your Volpe representative. You must make reservations with the government travel agency, SATO, in order to be reimbursed. Reservations made "on your own" are not eligible for reimbursement.
- You will make your own hotel reservations per the instructions of your Volpe representative.
- Both flight and hotel arrangements should be coordinated through FHWA and Volpe staff (See Travel Logistics, page 9).

### What can be reimbursed?

- Transportation to and from the meeting site including airfare or taxi. Car rental may be reimbursed only when specifically pre-authorized.
- Room and tax at the hotel.
- In lieu of direct reimbursement for meal expenses, you will receive the government per diem. If, for example, the government per diem of the city visited is \$42 per day, you will receive 75 percent of the per diem, or \$31.50, on the first and last days of travel, the full per diem on other days.
- Your FHWA or Volpe representative can provide you with the per diem rate for the location to be visited.

### How do I receive my travel reimbursement?

- After the meeting, the Volpe representative will send you detailed travel reimbursement instructions and a Travel Voucher spreadsheet for you to complete.
- Attach originals of all receipts to the Travel Voucher, including copy of Travel Itinerary issued by SATO Travel (invoice and itinerary), copy of Travel Authorization Form, original copies of all receipts for expenses over \$75 (including lodging, and taxi receipts).
- Mail the completed travel form and receipts to Olivia Alexis, US DOT Volpe Center, 55 Broadway, DTS-930, Cambridge, MA 02142
- The Volpe Center will process the travel voucher and make an electronic deposit directly into your bank checking or savings account. It takes approximately 4-6 weeks for the reimbursement to be completed once the forms and receipts are received at the Volpe Center.

## Travel Logistics and Contact Information

All travel arrangements including hotel, airline, and other transportation arrangements as well as meeting schedules should be coordinated with Volpe staff.

The primary contact for Peer Review **Program Logistics** is Esther Lee (Volpe). Esther will help answer questions as well as coordinate all logistics associated with TMIP's Peer Review Program:

Esther Lee  
TMIP Peer Review Program Manager  
Phone: (617) 494-3130  
Email: [lee@volpe.dot.gov](mailto:lee@volpe.dot.gov)

The primary contact for Peer Review **Travel Reimbursement** is Olivia Alexis (Volpe):

Olivia Alexis  
Phone: (617) 494-3344  
Fax: (617) 494-2569  
Email: [olivia.alexis@volpe.dot.gov](mailto:olivia.alexis@volpe.dot.gov)

**For all other questions** concerning the TMIP Peer Review Program goals, applications, and selection, please contact Michael Culp at the Federal Highway Administration:

Michael Culp  
Phone: (202) 366-9229  
Email: [michael.culp@fhwa.dot.gov](mailto:michael.culp@fhwa.dot.gov)

# General Information Form

VOLPE NATIONAL TRANSPORTATION SYSTEMS CENTER

FOR VOLPE USE IN COMPLETING TRAVEL AUTHORIZATION FORM

## Employee Information:

Employee Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
(Print)

Title: \_\_\_\_\_

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

## Residential Information:

Company  
Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

## Travel Information:

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Departing from: \_\_\_\_\_  
*City* *State*

Returning to: \_\_\_\_\_  
*City* *State*

## Method of Intended Transportation:

\_\_\_\_ Car      \_\_\_\_ Airplane      \_\_\_\_ Railroad      \_\_\_\_ Rental Car  
(Must be pre-approved )

# ACH Direct Deposit Form

## VOLPE NATIONAL TRANSPORTATION SYSTEMS CENTER

### REQUEST AND AUTHORIZATION FOR DIRECT DEPOSIT OF TRAVEL PAYMENTS

To have your TRAVEL reimbursements directly deposited to your savings or checking account, complete the information requested below and return the form to: Travel Office, DTS-823. If you have any questions, please call (617) 494-2368.

I request that reimbursements of travel expenses due to me be deposited to the account specified below:

#### A. EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
(Print)

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Telephone No.: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

#### B. DIRECT DEPOSIT INFORMATION

Account Type:  Checking  Savings (if unclear, check with your bank)

Routing Transit Number (9-digit): \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Title: \_\_\_\_\_  
(As it appears on bank book or checks)

Financial Institution Name: \_\_\_\_\_

#### C. AUTHORIZATION

I authorize my travel reimbursements to be deposited in the account designated above. I understand that this authorization will remain in effect until I notify the Travel Section in writing that I wish to change or cancel the direct deposit. Allow at least 5 working days to effect the change or cancellation.

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**FOR VOLPE CENTER ACCOUNTING USE ONLY**

FOD Verified:

T-16: \_\_\_\_\_

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

**SAMPLE CHECK**

Please take a look at the sample below to identify information needed for Direct Deposit Form

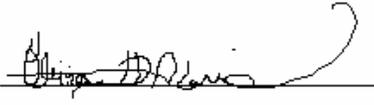
Olivia D. Alexis  
1233 Center Street  
Boston, MA 02114  
617.494.3344

Date: \_\_\_\_\_ 0500

Pay to the order of \_\_\_\_\_

\_\_\_\_\_

335 336 333 335 336 333 555114 0500



Routing Number

Account Number

<b>TRAVEL VOUCHER</b> <small>(Read the Privacy Act Statement on the back)</small>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE		2. TYPE OF TRAVEL _X_ TEMPORARY DUTY ___ PERMANENT CHANGE OF STATION		3. VOUCHER NO.	
		4. SCHEDULE NO.		5. NAME (Last, first, middle initial)		6. PERIOD OF TRAVEL	
c. MAILING ADDRESS (Include ZIP Code)		d. OFFICE TELEPHONE NO.		7. TRAVEL AUTHORIZATION		a. NUMBER(S) 0	
e. PRESENT DUTY STATION		f. RESIDENCE (City and State)		10. CHECK NO.		11. PAID BY	
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY			
a. Outstanding		a. DATE RECEIVED		b. AMOUNT RECEIVED			
b. Amount to be applied		0		\$			
c. Amount due Government (Attached: ___ Check ___ Cash)		c. PAYEE'S SIGNATURE					
d. Balance Outstanding		0					
12 GOVERNMENT		I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)				Traveler's Initials	
TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH <small>(List by number below and attach passenger coupons; if cash is used snow claim on reverse side.)</small>		AGENT'S VALUATION OF TICKET	ISSUING CARRIER	MODE, CLASS OF SERVICE AND ACCOMMODATIONS	DATE ISSUED	POINTS OF TRAVEL	
		(a)	(b) <small>(initials)</small>	(c)	(d)	FROM (e)	TO (f)
				Y			
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me, when applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.						AMOUNT CLAIMED	
TRAVELER SIGN HERE						\$0.00	
NOTE: Falsification of an item in an expense account works a forfeiture of claim (U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).							
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)				17. FOR FINANCE OFFICE USE ONLY COMPUTATION			
APPROVING OFFICIAL SIGN HERE				DATE		A. DIFFERENCES, IF ANY (Explain and show amount)	
Division Chief						\$	
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION				b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION			
a. VOUCHER NO.		b. D.O. SYMBOL		c. Month & Year		Certifier's initials:	
0						\$	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE				DATE		c. APPLIED TO TRAVEL ADVANCE (Appropriation Symbol):	
						\$	
						d. NET TO TRAVELER	
						\$	
18. ACCOUNTING CLASSIFICATION							

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

**INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)**

Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationship to employee and marital status of children (unless information is shown on the travel authorization)

Complete only for actual expense travel

Col. (d) Show amount incurred for each meal, including tax and tips and daily total thru (g) meal cost.

- (h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).
- (i) Complete for per diem and actual expense travel.
- (j) Show total subsistence expense incurred for actual expense travel.
- (m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.
- (n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation

TRAVEL AUTHORIZATION NO.

0

TRAVELER'S LAST NAME

DATE 2002	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense)	ITEMIZED SUBSISTENCE EXPENSES							TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE 36.5 NO. OF MILES (k)	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	MILEAGE (l)			SUBSISTENCE (m)	OTHER (n)	
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)								
		From home to airport								0	\$0.00			
		From airport to home								0	\$0.00			
		Transportation											\$0.00	
		Transportation											\$0.00	
		Dry Cleaning											\$0.00	
		Dial up Connection											\$0.00	
		Personal Phone calls											\$0.00	
		Parking											\$0.00	
		Parking											\$0.00	
		Rental Car											\$0.00	
		Hotel / Lodging						\$0.00	\$0.00			\$0.00		
		Business Phone calls											\$0.00	
		ATM Fees											\$0.00	
		Per Diem (day 1)						\$0.00	\$0.00			\$0.00		
		Per Diem (day 2)						\$0.00	\$0.00			\$0.00		
		Per Diem (day 3)						\$0.00	\$0.00			\$0.00		
		Per Diem (day 4)						\$0.00	\$0.00			\$0.00		
		Per Diem (day 5)						\$0.00	\$0.00			\$0.00		
additional space is required, continue on another SF 1023 BACK, leaving the front blank.									<b>SUBTOTALS</b>		\$0.00	\$0.00	\$0.00	
									<b>TOTALS</b>		\$0.00	\$0.00	\$0.00	

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1952, E.O. 9397 of November 23, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil,

criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by the agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your social security Account Number (SSN) is solicited under the authority of the Internal Revenue Code 126 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number, disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances, however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

Enter grand total of columns (l), (m), and (n), below and in item 13 on the front of this form.

**TOTAL** AMOUNT CLAIMED \$0.00