



*FTA Section 5310 Enhanced Mobility of Seniors and
Individuals with Disabilities*

Grant Application

DRAFT

Due to MTC: Thursday, November 6, 2014

NOTE: Use this application form if your proposed project will provide services in any of these large urbanized areas (UAs): Antioch, Concord, San Francisco-Oakland, San Jose, and Santa Rosa. Please read MTC’s FY2012-13 and FY2013-14 Section 5310 Program Guidelines for Large Urbanized Areas prior to completing this application. Both the Guidelines and this application may be downloaded at <http://www.mtc.ca.gov/funding/FTA/5310.htm>. Answers to application questions should be provided within this application form. Additional information may be attached. Applications must be received by 4:00 p.m. on Thursday, November 6, 2014. Submit one (1) original and six (6) paper copies, along with an electronic copy (on CD or USB flash drive) of the completed application, including attachments, to:

Drennen Shelton
Metropolitan Transportation Commission
Joseph P. Bort MetroCenter
101 Eighth Street
Oakland, CA 94607-4700

Please complete all sections of this application. Applications with incomplete and/or missing information will not be considered for funding.

<u>PART 1: AGENCY and PROJECT INFORMATION</u>		
Project Title <i>(provide a descriptive and distinctive name for your project)</i>		
Project Description <i>(provide a brief description of the project – 50 words maximum)</i>		
Agency (Applicant) Name		
Project Type: <i>(check one)</i> <input type="checkbox"/> Capital (Vehicle, equipment, mobility management) <input type="checkbox"/> Operating <input type="checkbox"/> Both		
Mailing Address		
City	County	Zip
Project Contact Person, Title		
Phone	Email Address	
DUNS Number <i>(provide your organizations nine-digit Dun & Bradstreet (D&B) Data Universal Numbering System (DUNS) Number. To search for your agency’s DUNS Number or to request a DUNS Number via the Web, visit the D&B website: http://fedgov.dnb.com/webform. To request a DUNS Number by phone, contact the D&B Government Customer Response Center at 1-866-705-5711.</i>		
Project Co-Sponsors and Roles <i>(If any work will be performed by project co-sponsors/partners, provide agency name, contact person, and their role with respect to the project. If there are additional agencies that you plan to coordinate with, but who will not be performing the work, please identify them in the “Demonstration of Coordination, Partnership and Outreach” section.)</i>		

Service Area: Check all urbanized areas that will be served by the project. Refer to Bay Area Urbanized Area map in MTC's Program Guidelines.

Antioch Concord San Francisco-Oakland San Jose Santa Rosa

Provide a geographic description of the service area:

By signing the application, the signator affirms that: 1) the statements contained in the application are true and complete to the best of their knowledge; and 2) the applicant is prepared to abide by all applicable federal requirements specified in 49 U.S.C. Section 5310, FTA Circulars C 9070.1G (http://www.fta.dot.gov/documents/C9070_1G_FINAL_circular_-3.pdf) and 4702.1B (http://www.fta.dot.gov/documents/FTA_Title_VI_FINAL.pdf), the most current FTA Master Agreement (<http://www.fta.dot.gov/documents/20-Master.pdf>), and the most current Certifications and Assurances for FTA Assistance Programs (http://www.fta.dot.gov/documents/2014_Certs_and_Assurances.pdf).

Name of Authorizing Representative certifying that the information contained in this application is true and accurate:
Printed Name: _____ Title: _____

Must attach a Resolution of Authority from your Board (original document) for the person signing all documents on behalf of your agency. (Not required if already on file with this program)
Signature _____ Date: _____

1) Detailed Project Description:

Provide a complete and detailed description of the activities included in the project and the areas to be served. Do not assume that MTC is familiar with your project.

If proposing a mobility management project, describe the functions that will be coordinated.

If proposing an operational activity, include route information (hours, miles, operating days per week, etc.).

If proposing a replacement vehicle, explain why the vehicle needs replacement to ensure continuance of existing services. **Complete Attachment B-1** to provide information on all vehicles currently owned or leased by your agency that provide passenger service to seniors and individuals with disabilities. Provide reasons or explanations for low mileage, efficiencies, or usage.

If proposing new service or service expansion vehicles, explain the new service or growth your agency is experiencing, the service area, and the projected number of one-way passenger trips per day to be provided by each vehicle. **Complete Attachment B-2** to provide information on new service or expansion service. Provide reasons or explanations for low mileage, efficiencies, or usage.

If proposing other equipment, indicate equipment type to be replaced and the quantity of existing equipment units by like kind, the age of the equipment, the requested number of units of additional equipment, the total number of vehicles in your transportation fleet, and how the requested equipment will be used to support the transportation program. Include any expected improvements in service delivery or coordination and reductions in cost. **Complete Attachment B-3** to provide information on fleet size and current equipment. Provide reasons or explanations for low mileage, efficiencies, or usage.

2) Project Cost and Grant Request:

Provide the total cost of the project and the amount of funds requested. In Attachment A, provide the detailed project budget. The amount should not exceed the total amount available for the relevant urbanized area(s) as listed in MTC's Program Guidelines.

3) For Operations and Mobility Management Projects ONLY: Implementation and Timeline:

Indicate the steps that will be followed from project start-up to completion. At a minimum, activities that will require a contract award should have milestones tracking (1) the date the RFP is issued; (2) the anticipated date of contract award; and (3) the date the contract will be completed. Activity line items that are not contracted out should include (1) the date the activity is initiated and (2) the anticipated completion date.

4) Attachments

Describe the attachments provided.

PART 2: ELIGIBILITY and FEDERAL COMPLIANCE

1) Is the project intended to improve mobility for seniors and individuals with disabilities by removing barriers to transportation services and expanding the transportation mobility options available?

Yes. Continue. No. Stop. The project is not eligible to receive Section 5310 funds.

2) Was the project included in the Bay Area’s Coordinated Public Transit—Human Services Transportation Plan (“Coordinated Plan”)?

Yes. Continue. No. Stop. The project is not eligible to receive Section 5310 funds.

3) Is the project included in the Bay Area Intelligent Transportation Systems (ITS) Architecture (<http://www.mtc.ca.gov/planning/ITS/>)?

N/A (not an ITS project).

Yes. Provide a one-sentence description of how the project is included in the Bay Area ITS Architecture.

No. Stop. The project is not eligible to receive Section 5310 funds.

4) Project Need

a. Check all that apply:

Existing Services are Unavailable – There is no existing public transportation or Paratransit (e.g., ADA Paratransit, fixed route, dial-a-ride service) in the proposed project service area available to serve the described population.

Existing Services are Insufficient – Available public transportation and Paratransit services are insufficient to meet the needs of the target population or equipment needs replacement to ensure continuance of service. (Examples: service at capacity service parameters, routes, hours, need not met due to eligibility and/or trip criteria, projected future need, vehicles inaccessible, etc.)

Existing Services are Inappropriate – Target population has unique or special needs that are difficult or impossible to serve on available public transportation and/or Paratransit. (Example: lack of wheelchair accessibility.)

[] Additional public transportation projects that will exceed ADA minimum requirements – project will improve access to fixed-route service and decrease reliance by individuals with disabilities on ADA-complementary paratransit service, or provide alternatives to public transportation that assist seniors and individuals with disabilities with transportation.

b. Existing Transit Service – describe how existing public transit or public Paratransit, including fixed-route, dial-a-ride, ADA complementary Paratransit and private Paratransit do not serve the population in your service area

Provide description of how existing public transit or public Paratransit is unavailable, insufficient or inappropriate in your service area.

5) Agency Certification

a. Private Non-profit Agency Certification (Corporation Status Inquiry)

If you are claiming eligibility as a Section 5310 applicant based on your status as a private nonprofit organization, you must obtain verification of your incorporation number and current legal standing from the California Secretary of State Information Retrieval /Certification & Records Unit (IRC Unit). The “Status Inquiry” document must be attached as an appendix to the application. To assist you in obtaining this information, use one of the following two methods:

1. To obtain Corporate Records Information over the Internet, go to: <http://kepler.sos.ca.gov> and enter your agency name. If you are active, print the page and use that as proof. If you are not active, go to page 2 and follow the directions. If the verification of your status is not available at the time you submit your application, you must indicate the date on which you requested the verification and the estimated date it will be forwarded to the Section 5310 Enhanced Mobility for Seniors and Individuals with Disabilities Program.
2. If you are unable to locate the information on-line, you can obtain the “Status Inquiry” document by making a written request to: Secretary of State, Information Retrieval/Certification Unit (IRC), 1500 11th Street, 3rd Floor, Sacramento, CA 95814, (916) 653-6814

Do not submit articles of incorporation, bylaws or tax status documentation.

Private Non-profits
Legal Name of Non-profit Applicant:
State of California Articles of Incorporation Number:
Date of Incorporation:

b. Public Agency Certification (For Traditional 5310 Projects ONLY – Vehicles, Equipment and Mobility Management)

Title 49 U.S.C. 5310(a)(2) provides that a State may allocate apportioned funds to a governmental authority provided that: 1) the governmental authority is approved by the State to coordinate services for elderly individuals and individuals with disabilities; and 2) there are no non-profit organizations readily available in the area to provide the special services. A public agency must certify that no non-profit agencies are readily available to provide the proposed service, by completing and signing the “Public Agency Certification” below. A public hearing is a

required part of the application process and should be completed between the Call for Projects release date and the due date of the application to MTC. If a public hearing has been scheduled, but not completed by this date, write the scheduled hearing date in the space provided at the bottom of the Certification. Under no circumstances will the Department accept missing documentation relative to this Certification after the Caltrans due date.

Public Agencies

Check one and provide the following as instructed:

- a) Certifying to the Governor that no non-profit corporations or associations are readily available in the service area to provide the proposed service.

Note: If a hearing is scheduled but has not yet been held, follow instructions provided below.

1. Submit proof of a public hearing notice and a copy of the contact letter sent to non-profit transportation providers informing them of the hearing. If the hearing has not been held prior to the application’s submittal to MTC, then proof of the scheduled public hearing date must be submitted prior to the final application due date.
2. Submit a resolution that no non-profit agencies are readily available to provide the proposed service. If a hearing has not yet been held, submit the resolution following the hearing.
3. Complete Public Agency Certification. If a hearing has not yet been held, submit certification following the hearing.
4. Submit proof of contact with all non-profit transportation providers regarding notice of public hearing.

Certification of No Readily Available Service Providers

The public agency, _____, certifies that there are no non-profit agencies readily available to provide the service proposed in this application.

Certifying Representative

Name (print):	
Title (print)	
Signature	Date
Date of Hearing	

6) General Certifications and Assurances Summary

The original of the “General Certifications and Assurances” should be signed and dated in blue ink. Use the legal name of your agency exactly as it appears on your Status Inquiry form. If you are a public entity, attach an authorizing resolution, designating a person authorized to sign on behalf of the agency, as an Appendix to the application.

Name of Applicant:		
Address:		
Contact Person:	Work Phone	Work Fax

- a. Pursuant to 49 CFR, Part 21, Title VI of the Civil Rights Act of 1964: The subrecipient assures that no person, on the grounds of race, color, or national origin shall be excluded from participating in, or denied the benefits of, or be subject to discrimination under any project, program, or activity (particularly in the level and quality of transportation

services and transportation-related benefits) for which the subrecipient receives Federal assistance funded by the Federal Transit Administration (FTA).

- b. Pursuant to 49 CFR Part 27, “Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Financial Assistance” and the Americans with Disabilities Act of 1990, as amended, at 49 CFR Parts 27, 37, & 38: The subrecipient certifies that it will conduct any program or operate any facility that receives or benefits from Federal financial assistance administered by FTA in compliance with all applicable requirements.
- c. The subrecipient assures that it will comply with the Federal statutes, regulations, executive orders, and administrative requirements, which relate to applications made to and grants received from FTA. The subrecipient acknowledges receipt and awareness of the provided reference list of statutes, regulations, executive orders, and administrative requirements that is provided as references in FTA Circular 9070.1G - “Enhanced Mobility of Seniors and Individuals with Disabilities Program Guidance and Application Instructions.”
- d. Pursuant to FTA Circular 4220.1F, "Third Party Contracting Guidance" (dated November 1, 2008): The subrecipient certifies that its procurements and procurement system will comply with all applicable requirements imposed by Federal laws, executive orders, or regulations and the requirements of FTA Circular 4220.1F, “Third Party Contracting Requirements,” and such other implementing requirements as FTA may issue. The subrecipient certifies that it will include in its contracts, financed in whole or in part with FTA assistance, all clauses required by Federal laws, executive orders, or regulations and will ensure that each sub recipient and each contractor will also include in its sub agreements and contracts financed in whole or in part with FTA assistance all applicable contract clauses required by Federal laws, executive orders, or regulations.
- e. The subrecipient certifies that it will comply with the requirements of 49 CFR parts 663, in the course of purchasing revenue rolling stock. Among other things, the recipient will conduct, or cause to be conducted, the prescribed pre-award and post-delivery reviews and will maintain on file the certifications required by 49 CFR part 663, subparts B, C, and D.
- f. Pursuant to Government Code 41 U.S.C.701 et seq., and 49 CFR, Part 32, The subrecipient certifies that it has established and implemented an anti-drug and alcohol misuse prevention program and has conducted employee training complying with the requirements of 49 CFR part 655, “Prevention of Alcohol Misuse and Prohibited Drug Use in Transit Operations”.
- g. The subrecipient assures and certifies that it requires its subcontractors and sub-recipients to have established and implemented an anti-drug and alcohol misuse prevention program, to have conducted employee training complying with the requirements of 49 CFR part 655, “Prevention of Alcohol Misuse and Prohibited Drug Use in Transit Operations”.
- h. The subrecipient agrees and assures that it will comply with U.S. DOT regulations, “Participation by Disadvantaged Enterprises in Department of Transportation Financial Assistance Programs,” 49 CFR part 26. Among other provisions, this regulation requires recipients of DOT Federal financial assistance, namely State and local transportation agencies, to establish goals for the participation of disadvantaged entrepreneurs and certify the eligibility of DBE firms to participate in their DOT-assisted contracts. The recipient agrees and assures that it will comply with 49 CFR 26.49 which requires each transit vehicle manufacturer, as a condition of being authorized to bid or propose a FTA-assisted transit vehicle procurement (new vehicles only), certify that it complied with the requirements of the DBE program.
- i. The subrecipient assures and certifies that it will adhere to the California State DBE Program Plan as it applies to local agencies. The subrecipient must complete and submit to the Department a DBE implementation Agreement. The subrecipient certifies that it must report twice annually on DBE participation in their contracting opportunities; their award/commitments and actual payments.
- j. The subrecipient assures and certifies that private for-profit transit operators have been afforded a fair and timely opportunity to participate to the maximum extent feasible in the planning and provision of the proposed transportation services.
- k. The subrecipient assures and certifies that the project complies with the environmental impact and related procedures of 23 CFR Part 771.
- l. The subrecipient certifies that before expending any Federal assistance to acquire the first bus of any new bus model or any bus model with a new major change in configuration or components or before authorizing final acceptance of that bus (as described in 49 CFR part 665), that model of bus will have been tested at a bus testing facility approved by FTA and subrecipient and FTA will have received a copy of the test report prepared on that bus model.

- m. The subrecipient assures and certifies that when procuring capital equipment acquired with Federal assistance it will comply with all Buy America provisions, 49 CFR Part 661 and 49 USC 5323(j)(2)(c). This policy means that certain steel, iron, and manufactured products used in any capital equipment acquired with Federal assistance must be produced in the United States. Buy America requirements apply to all purchases, including materials and supplies funded as operating costs, if the purchase exceeds the threshold for small purchases (currently \$100,000).
- n. The subrecipient certifies that it will comply with the “FTA Annual List of Certifications and Assurances for Federal Transit Administration Grants and Cooperative Agreements” and Appendix A Certifications and Assurances Checklist and Signature Page due March 31 of each year.
- o. The subrecipient has provided documentation needed by the Department to assure FTA that it has properly and sufficiently delegated and executed authority, by Resolution, to the appropriate individual(s) to take official action on its behalf.
- p. The subrecipient, providing complementary paratransit service, certifies that they have submitted to the Department an initial plan for compliance with the complementary paratransit service provision by January 26, 1992, as required by 49 CFR Part 37, Section 135[b] and have provided the Department annual updates to its plan on January 26 of each year, as required by 49 CFR Part 37, Section 139[c]. The subrecipient has provided the Department an initial plan signed and dated_____.
- q. The subrecipient certifies that all direct and indirect costs billed are allowable per Title 2 Code of Federal Regulations, Part 225 (2 CFR 225) (formerly Office of Management and Budget (OMB) Circular A–87), the federal guidelines for allowable costs for subrecipients that are State, Local and Indian Tribal governments or 2 Code of Federal Regulations, Part 230 (2 CFR 230), (formerly, OMB Circular A–122) if the subrecipient is a non-profit organization. With regards to private for-profit organizations 48 CFR Part 3.
- r. The subrecipient certifies that all indirect costs billed are supported by an annual indirect cost allocation plan submitted in accordance with 2 CFR 225. The plan or subrecipients’ cognizant agency approval of plan was submitted to the Department’s Audits and Investigations and approved before subrecipient submits request for reimbursement of any indirect costs. Indirect costs prior to having a plan approved as evidenced by a letter from the Departments’ Audits and Investigations is not an allowable expense. If subrecipient does not bill for indirect cost then an indirect cost allocation plan is not required.
- s. The subrecipient certifies that they understand that Transit Employee Protection is specified in Title 49 U.S.C. 5333(b). This Title requires that the interests of employees affected by assistance under most FTA programs shall be protected under arrangements the Secretary of Labor concludes are fair and equitable. Title 49 U.S.C. 5311(b) requires that the Department of Labor (DOL) use “a special warranty that provides a fair and equitable arrangements to protect the interests of employees” in order for the 5311(i) requirements to apply to Section 5311.
- t. The subrecipient certifies that the recipient shall comply with 49 CFR Part 604 in the provision of any charter service provided with FTA funded equipment and facilities. The subrecipient certifies that in the provision of any charter service provided, subrecipient and its recipients will provide charter service that uses equipment or facilities acquired with Federal assistance authorized for 49 U.S.C. 5307, 5311, 5316 or 5317, only to the extent that there are no private charter service operators willing and able to provide those charter services that it or its recipients desire to provide unless one or more of the exceptions in 49 CFR part 604-Subpart B applies. The subrecipient assures and certifies that the revenues generated by its incidental charter bus operations (if any) are, and shall remain, equal to or greater than the cost (including depreciation on federally assisted equipment) of providing the service. The subrecipient understands that the requirements of 49 CFR part 604 will apply to any charter service provided, the definitions in 49 CFR part 604 apply to this agreement, and any violation of this agreement may require corrective measures and the imposition of penalties, including debarment from the receipt of further Federal assistance for transportation.
- u. As required by 49 U.S.C. 5323 (f) and FTA regulations, “School Bus Operations,” at 49 CFR 605.14, the subrecipient agrees that it and all its recipients will: (1) engage in school transportation operations in competition with private school transportation operators only to the extent permitted by an exception provided by 49 U.S.C. 4323 (f) and implementing regulations, and (2) comply with requirements of 49 CFR part 605 before providing any school transportation using equipment or facilities acquired with Federal assistance awarded by FTA and authorized by 49 U.S.C. Chapter 53 or Title 23 U.S.C. for transportation projects. The subrecipient understands that the requirements of 49 CFR part 605 will apply to any school transportation it provides, that the definitions of 49 CFR part 605 apply to any school transportation agreement, and a violation of this agreement may require corrective measures and the imposition of penalties, including debarment from the receipt of further Federal assistance for transportation.
- v. To the best of my knowledge and belief, the data in this application are true and correct, and I am authorized to sign these assurances and to file this application on behalf of the subrecipient.

Certifying Representative

Name (print):	
Title (print):	
Signature:	Date:

7) Agency Profile

Provide the total number of clients currently served by the agency, and provide a breakdown of those clients who are elderly, disabled or a wheelchair user. If a client can be identified in more than one category, choose the one category that most closely describes the client. A client is counted only once. For example an elderly person who uses a wheelchair would be scored once, as a wheelchair user. A person with disabilities is someone of any age who is not able to use fully accessible public fixed route services (whether temporarily or on a long-term basis), regardless of whether or not they need to use a wheelchair. National origin information is collected and reported to the FTA.

Total number of clients currently served by your agency’s transportation program (do not duplicate):

Number of elderly	
Number of Persons with disabilities	
Number of wheelchair/lift users	
Total number of clients	
Total number of wheelchair/lift users divided by clients	%

Per FTA Circular, provide the percent of national origins served by your program (total 100%)

American Indian & Alaska Native	%
Asian	%
Black or African American	%
Hispanic or Latino	%
Native Hawaiian and Other Pacific Islander	%
All Other	%
TOTAL	100%

8) Agency Policies and Documentation

Upon award, your agency must provide the following policies and/or documentation to Caltrans:

- _____ New and ongoing driver training (including classroom and behind the wheel and testing, sensitivity training, emergency preparedness, and first aid/CPR)
- _____ Dispatching system (including the training of staff in the dispatching function)
- _____ Vehicle maintenance program (including pre-trip and post-trip inspection and maintenance forms)
- _____ Preventative and routine maintenance description (including maintenance forms)
- _____ Contingency plan when equipment is not available for service
- _____ Most recent CHP vehicle and terminal inspection report (for agencies that operate vehicles with more than 10 passengers, including driver).
- _____ Most current Caltrans Section 5310 vehicle and agency inspection reports (must match the Existing Transportation Services Table on page XX, column X of this application)

_____ A copy of your agency's current (i.e., within the last 3 years) audited financial statement with no instance of non-compliance.

_____ Agency emergency planning and drill activities in cooperation with the county (must provide proof of agency participation with the County Office of Emergency Services, and indicate the drill(s) you have participated in, or that are scheduled).

_____ Available accessible vehicle Information (describe the steps you have taken to identify your available accessible vehicles, including capacity, to the county for use in emergency evacuations).

PART 3: COORDINATION, PARTNERSHIP and OUTREACH

1) Coordinated Plan

The projects selected for funding under the Section 5310 program must be included in the Coordinated Public Transit—Human Services Transportation Plan (<http://www.mtc.ca.gov/planning/pths/>), the Bay Area's locally developed Coordinated Plan, that was developed through a process that includes representatives of public, private, and non-profit transportation and human services providers and participation by members of the public.

Cite the relevant gaps, solutions, and/or strategies from the Coordinated Plan that the project is intended to address. Also, include information on the project's inclusion in local adopted plans (e.g. community plans, short-range transit plans, etc.):

Provide the relevant gaps, solutions, and/or strategies from the Coordinated Plan.

Coordinated Plan Lead Agency (Agency preparing the Coordinated Plan)

Agency Metropolitan Transportation Commission	
Title of Coordinated Plan Coordinated Public Transit—Human Services Transportation Plan Update for the San Francisco Bay Area (March 2013)	Date Plan Adopted March 27, 2013
	Date of Draft Plan n/a
Agency Representative Name (Print) Drennen Shelton	Title Transportation Planner/Analyst
Signature	Date

Grant Applicant

Agency	
Agency Representative (Print)	Title
Signature	Date

2) Demonstration of Coordination and Partnership

a. Community and/or Regional Coordination and Partnership:

Describe how the project would contribute toward the capacity of the county to develop and implement coordinated transportation services. If applicable, describe how the project and/or activities are consistent with the mobility management strategies detailed in Chapter 8 of the Coordinated Plan, available at www.mtc.ca.gov/planning/pths/.

Specify past, ongoing, and planned efforts to coordinate the project with other affected transportation systems, providers, and services. (Note: all applicants are encouraged to coordinate with those agencies and organizations that have already initiated mobility management activities in their service area, if applicable; non-transit operators are strongly encouraged to coordinate with transit operators in their service area; transit operators are strongly encouraged to coordinate with non-profit organizations and human service agencies that serve persons with disabilities.)

Identify all agencies and organizations that you plan to coordinate with, including public and/or private transportation providers, social service agencies, and private non-profit organizations. Describe the role of each entity. (Do not repeat information listed in Part 1: Agency and Project Information regarding project co-sponsors/partners.)

Describe how agency's existing fleet, services or equipment, are used to provide coordinated service for another agency's clients or how these vehicles are shared with other agencies. Include the name of participating agencies, usage of vehicles, days and hours of use and number of passengers using service. If not currently coordinating, describe plans for coordinating use of the requested project. If you are unable to coordinate, explain why and provide documentation.

b. Efficiency Gains and Coordination Benefits

Describe how the specific coordination activities are expected to result in better utilization of and access to resources (e.g., vehicle will be used an additional X hours per week; productivity will increase from X passengers per hour to Y passengers per hour).

c. Community Support:

Describe how the affected community has been involved in project development. Specify organizations, elected bodies, and/or individuals who endorse the project, as well as those who may oppose the project and why.

d. Marketing:

Describe how the targeted population and general public will be made aware of the project. Identify resources and outlets that will be used to make the public aware of the project.

e. Attachments: Provide supporting documents, such as letters of support or other forms of endorsement for the project.

Describe the attachments provided.

PART 4: DEMONSTRATION OF NEED and BENEFITS

1) Project Relevance:

Describe how and why the proposed project is important to seniors and individuals with disabilities.

Describe how the project is effective at mitigating or eliminating transportation barriers for seniors and individuals with disabilities.

Explain how the project will overcome transportation barriers and improve access to transportation, and promotes integration of seniors and individuals with disabilities into full participation in society.

Describe why the Section 5310 Program is the most suitable transportation funding source for the project. List other potential funding sources for which the applicant has already applied or intends to apply.

Describe how the project provides additional benefits, such as access to employment or employment support services and other important destinations, how the project addresses the needs of groups who might have been left unserved by other programs, how the project addresses the needs of groups that might not be able to use existing services due to language or cultural barriers, etc.

2) **Project Outcomes and Benefits for Seniors and Individuals with Disabilities**

For each proposed activity, describe the anticipated outcomes and benefits. Examples may include the following:

Mobility management projects: estimate the number of calls received, the number of website hits, the number of persons travel trained, the number of agencies/organizations participating in coordination activities, etc.

Operations projects: estimate the number of new clients served, number of trips provided, increase in service hours, increase in service frequency, etc.

New Service or Service Expansion Vehicles: Explain the new service or growth your agency is experiencing, the projected increase in the number of clients you will serve, and the basis for your estimates. Describe the service area, and the type of service the vehicle(s) you are requesting will provide. Provide the projected number of one-way passenger trips per day to be provided by each vehicle.

Replacement Vehicles (Maintaining existing service levels): To be eligible for replacement, the vehicle must currently be registered to the applicant agency and have a wheelchair accessible ramp or lift, and must be in active service. The vehicle does not have to be originally federally funded. Leased vehicles, Sedans and SUVs are not eligible for replacement. Vehicle replacements must be like kind. For example, in an application for a small replacement bus, the vehicle to be replaced must be a small bus. Explain why the vehicle(s) need replacement in order to ensure continuance of existing services. Describe the service the vehicle(s) will provide and the service area.

Other Equipment: Describe what the equipment is and how the equipment must be used to support your transportation operation in proportion to the number of vehicles you operate in your transportation program for elderly and disabled clients.

3) **Attachments:** Provide supporting documents, such as relevant excerpts from local plans, current waiting list, reports of trips denied, etc. For replacement vehicle requests, a photograph of the vehicle(s) proposed for replacement must be attached as an appendix. Take the photograph at an angle to show back wheels.

Describe the attachments provided.

PART 5: PROJECT READINESS

1) **Reasonableness of Proposed Project**

Show the project funding plan, and describe the reasonableness and completeness of funding plan.

Describe any potential long-term efforts or funding sources that could be used to sustain the project after the grant period.

Describe the thoroughness of implementation plan and the reasonableness of the project schedule.

Describe the ability to use Section 5310 funds to leverage additional resources.

2) Project Management Experience

Describe applicant's experience and history of providing efficient and effective transportation services. Include the number of years your agency has provided transportation services. If your agency does not currently provide transportation service, describe experience in providing non-transit services to seniors and individuals with disabilities. Do not include service of your subcontractor(s). If you will be a first-time provider of transportation services, provide the number of years you have provided social services to elderly individuals and individuals with disabilities.

Describe your agency's experience in managing services for disabled individuals, your agency's institutional capacity to manage the project, and history of managing federal transportation funds.

3) Attachments: Provide supporting documents, including excerpts from project feasibility studies, commitment letters from funding sources, program brochures, etc.

Describe the attachments provided.

2) Other Relevant Project Information

1) Project Context

Describe how the project fits into the larger program. Describe that program, its goals, objectives, performance standards, how long it has been in existence, and key accomplishments.

2) Attachments

Provide supporting documents, including excerpts from project feasibility studies, commitment letters from funding sources, program brochures, etc.

**ATTACHMENT A-1
DETAILED OPERATING BUDGET**

Provide the detailed budget for operating activities using the spreadsheet below. Double-click on the table to launch MS Excel. Include only expenses and revenues for the project for which Section 5310 funds are requested. If the project is part of a larger program, prorate the information as appropriate. See MTC's Section 5310 Program Guidelines for eligible sources of local match.

Operating Cost Request

A. OPERATING EXPENSES¹		
Personnel/Voucher Program		
	Driver salaries	
	Administrative salaries (specify below)	
	1.	
	2.	
	Fringe benefits for personnel listed above	
	Expenses related to Voucher Program (specify below)	
	1.	
	2.	
	SUBTOTAL PERSONNEL/VOUCHER PROGRAM	\$0
Other Operating Expenses		
	Purchased Transportation Service	
	Fuel and Oil	
	Tires, Parts, Maintenance	
	Vehicle Leases	
	Vehicle Insurance	
	Other Expenses (specify below)	
	1.	
	2.	
	3.	
	SUBTOTAL OTHER OPERATING EXPENSES	\$0
	OPERATING EXPENSE SUBTOTAL	\$0

B. OPERATING REVENUES		
	Fare Revenues	
	Other operating revenues (including advertising)	
	1.	
	2.	
	SUBTOTAL OPERATING REVENUE	\$0

C. NET OPERATING COSTS	\$0
-------------------------------	-----

D. LOCAL SHARE (at least 50% of "C")	\$0
---	-----

E. FEDERAL SHARE (no more than 50% of "C")	\$0
---	-----

F. LOCAL SHARE SOURCE		
List each source and the amount. In-kind contributions allowed pursuant to 49 CFR 18.24 or 49 CFR 19.23 as appropriate.		
	1.	
	2.	
	3.	
	TOTAL LOCAL SHARE FROM SOURCES (equal to "D" above)	\$0

¹ If the project includes indirect expenses, the applicant must have a federally approved Indirect Cost Allocation Plan (ICAP).

**ATTACHMENT A-2
DETAILED MOBILITY MANAGEMENT BUDGET**

Provide the detailed budget for mobility management activities using the spreadsheet below. Double-click on the table to launch MS Excel. Include only expenses and revenues for the project for which Section 5310 funds are requested. If the project is part of a larger program, prorate the information as appropriate. See MTC's Section 5310 Program Guidelines for eligible sources of local match.

Mobility Management Cost Request

List mobility management activities. If the project includes indirect expenses, the applicant must have a federally approved Indirect Cost Allocation Plan (ICAP). Attach any supporting documents or materials.

Requested Item	Quantity	Unit Cost	Subtotal
A. TOTAL CAPITAL COST			\$0
Match			
B. Federal Share (no more than 80% of "A")		80%	\$0
C. Local Share (at least 20% of "A")		20%	\$0

Match Funding Source: List each source and amount	
Source	Amount
1.	
2.	
3.	
4.	
5.	
D. Total Local Share (equal to "C" above)	\$0

**ATTACHMENT A-3
DETAILED VEHICLE BUDGET**

The estimated cost for all procurements is used to determine the funding amount granted for each project (vehicles and other equipment). This award is made for the procurement of that specific project, not for a guaranteed amount of funds. The program will retain any remaining funds after the purchase of the project has been completed. If actual cost exceeds the estimate, grantees will be required to provide 100% of the additional funds needed.

Vehicle Cost Request

List vehicle request.

Vehicle	Quantity	Estimated Unit Cost**	Total
Minivan 5 Ambulatory Passengers (AP) includes ramp		\$46,000	
Small Bus (Ford or GM) 8 AP; 2 Wheelchair (WC)*		\$60,000	
Medium Bus (Ford or GM) 12 AP; 2 WC*		\$67,000	
Medium Bus 12 AP; 2 WC*, Compressed Natural Gas***		\$93,000	
Large Bus 16 AP; 2 WC*		\$73,000	
Large Bus 16 AP; 2 WC*, Compressed Natural Gas***		\$97,000	
Larger Bus (Ford or International) 20 AP; 2 WC*		\$105,000	
A. TOTAL VEHICLE COST			\$0
Match			
B. Federal Share (no more than 80% of "A")		80%	\$0
C. Local Share (at least 20% of "A")		20%	\$0

Match Funding Source: List each source and amount	
Source	Amount
1.	
2.	
3.	
4.	
5.	

* Rear wheelchair lift floor plan

**Unit costs are an estimated cost of vehicle, equipment and related charges and are subject to change at the time of purchase.

***Justify the need for an alternative fuel vehicle. Indicate whether your agency has the requisite fuel infrastructure, as well as the proximity of the fuel station in relation to your agency.

**ATTACHMENT A-4
DETAILED EQUIPMENT BUDGET**

Other eligible equipment includes: wheelchair restraints; radios and communication equipment; initial component installation costs; computer hardware and software (scheduling and vehicle maintenance software); transit-related intelligent transportation systems (ITS); and the introduction of new technology through innovative and improved products into public transportation. Applicant must attach 3 estimates of like-kind equipment with this application. The average of the 3 estimates will become the requested grant amount. In the absence of three estimates applicant must attach an estimate from the vendor and the Sole Source Justification form. Sole source vendor requests will not be approved during the grant application review. Form available at: <http://www.dot.ca.gov/hq/MassTrans/Procurement-Grants-Management.html>. After grant approval, grantee must receive prior approval from the Section 5310 Program before purchasing. The project sponsor will purchase the other equipment, submit an invoice to Caltrans, and will be reimbursed for the federal share. Note: If the project is selected and the agency receives Section 5310 approval, the agency will purchase the equipment using 100% of their funds. Once the equipment is received, the agency will invoice Caltrans for reimbursement of the actual amount not to exceed 100% of the grant amount.

Other Equipment Cost Request

Complete for requesting equipment

Vehicle	Quantity	Estimated Unit Cost	Total
Computer Hardware			
Computer Software			
Other Eligible Equipment (describe)			
Base Station		\$2,500	
Mobile Radio		\$1,000	
A. TOTAL EQUIPMENT COST			\$0

Match			
B. Federal Share (no more than 80% of "A")		80%	\$0
C. Local Share (at least 20% of "A")		20%	\$0

Match Funding Source: List each source and amount	
Source	Amount
1.	
2.	
3.	
4.	
5.	
D. Total Local Share (equal to "C" above)	\$0

ATTACHMENT B Existing Transportation Services

To complete the chart below, list all vehicles your agency currently owns or leases that provide passenger service to elderly and/or disabled persons. Include backup vehicles and those to be removed from service if a new vehicle is awarded. **Also list any vehicles you have on order or for which you have received a grant or commitment from any source (e.g. Section 5310, Department of Aging, city or county.)**

Additional information needed for replacement vehicle requests: Replacement vehicles are identified as those needing replacement in order for the Agency to continue their existing services. For each new vehicle requested, a current vehicle in active service must be placed in backup or sold.

Answer the following questions and complete the chart below:

Total miles traveled per day for all active vehicles in fleet (excluding the vehicles indicated as backup in Column 7): _____

Days of Service (e.g. Monday thru Sunday): _____

Percentage of current wheelchair/lift users: _____%

a. To compute, divide total riders (Part I, Page 9) by wheelchair/lift clients.

	*1	2	3	4	5	6	7	8	9	*10	*11	12
	List All VIN #s in Fleet (Last 5 digits)	Replacement Requests Vehicle Type & Disposition	List All Active Vehicles Yr/Make	Current Mileage	Passenger Capacity Ambulatory/ Wheelchair	Number of Fold down Seats	Current Backup Vehicle Y/N	Date Purchased or Leased (indicate if leased)	Registered Owner (not lienholder)	Vehicle Service Hours Per Day	Total One Way Pasg. Trips Per Day	12 Month Maintenance & Repair Costs
<i>Ex</i>	<i>12345</i>	<i>van/BK</i>	<i>2003 Ford</i>		<i>6A/2W</i>	<i>3</i>	<i>N</i>	<i>1-1-01</i>	<i>Agency X</i>	<i>6</i>	<i>16</i>	<i>\$1,000</i>
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
Total for Columns 10 & 11												

ATTACHMENT B-1 New Service or Service Expansion Services

New or Service Expansion: This table is to be completed by agencies requesting vehicles for:

- Starting a new transportation service, or
- Adding new or additional service to their current program.

To complete the chart below:

- In column 1, indicate if vehicle request is for a New (N) transportation agency or Service Expansion (SE) for an existing transportation agency.
- In column 2, indicate type of requested vehicle, such as Modified Van, Small Bus.

Note: If the requested vehicle(s) will be used in coordination to transport another agency's clients on a regular basis, include those trips in the calculations of the proposed service for columns 3 - 7.

- In column 3, indicate the number of days of vehicle service (e.g., Monday – Friday = 5, Monday – Sunday = 7)
- In column 4, indicate the average number of vehicle service hours per day (**exclude idle time** - the time the vehicle is not in direct passenger service.) Use whole hours; do not use ranges of hours or portions of hours.
- In column 5, calculate vehicle service hours by multiplying column 3 with column 4 (**exclude idle time.**) (e.g. 5 days per week X 8 hours per day = 40 hours per week).
- In column 6, indicate the projected number of one-way passenger trips per day (each time a passenger boards the vehicle, a round trip would be counted as 2 passenger trips) and of this total how many are wheelchair/lift users.
- In column 7, indicate the projected average number of miles that the vehicle will travel per day.

Complete following question and the chart below:

Compute the total percentage of current and projected wheelchair/lift users: _____%

For Expanded Service: Use the total number of wheelchair/lift users in your current program (page 9 of this application), add the projected number of lift users for this expanded service, then divide by the total number of existing and projected passengers from column 6 below.

For New Service: Use the total number of projected wheelchair/lift users then divide by total projected passengers from column 6 below.

	1	2	3	4	5	6	7
	Type of Request N – New agency or SE – Service Expansion	Vehicle Type	Days of Service	Total Service Hours Per Day	Total Service Hours Per Week	Total one way passenger Trips Per Day (of total how many lift users)	Projected Mileage Per Day
<i>Ex</i>	<i>N or SE</i>	<i>Small Bus</i>	<i>5</i>	<i>6</i>	<i>30</i>	<i>25(5)</i>	<i>400</i>
1							
2							
3							
4							
5							

ATTACHMENT B-2
Other Equipment

Other Equipment: Computer system, software and or communication.

If you are making a request for new equipment based on the “inadequacy” of your old equipment, please include a detailed description of the make and year model of the equipment to be replaced. The equipment must be used to support your transportation operation, that is, the number of vehicles you operate in your transportation program.

<p>1. How many vehicles in the existing Service Fleet (including back up)? _____</p>	
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<p>2. Is the applicant currently using a manual system for scheduling, vehicle tracking, etc. and/or has no dispatch communication equipment?</p>	
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<p>3. Does the applicant need to replace inadequate equipment to improve efficiency?</p> <p><i>Provide narrative answer</i></p>	
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