



**FTA Expanded 5310 Projects**  
*Enhanced Mobility for Seniors and  
Individuals with Disabilities Program*  
**Grant Application**

Due to MPO/RTPA\*: December 1, 2014  
Due to Caltrans: February 2, 2015

***NOTE: Please complete all sections of this application. Application packages with incomplete and/or missing information will not be considered for funding.***

Agency (Applicant) Legal Name:		DUNS No.:
Physical Address (No P.O. Box)		CAGE No.:
City	County	Zip
Contact Person (Grant Management)		
Phone	FAX	E-Mail Address
Name of Authorizing Representative certifying to 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. Signature (Authorizing Representative) _____ Email: _____ Phone Number: _____		
Metropolitan Planning Agency/Regional Transportation Planning Agency:		
MPO/RTPA contact name, phone, and email address		

***\*Refer to Application Instructions for list of Participating MPOs and RTPAs.***  
*Available in alternate formats by request*

California Department of Transportation  
**Division of Rail & Mass Transportation (DRMT), MS 39**  
P.O. Box 942874  
1120 N Street, Room 3300  
Sacramento, CA 94274-0001  
<http://www.dot.ca.gov/hq/MassTrans/5310.html>

**Expanded 5310**  
**Application Checklist/Table of Contents**

**Applicant:** \_\_\_\_\_ **County/Region:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

<u><b>Table of Contents:</b></u>	<b>Page (s)</b>	<b>Checklist (Return Applicable Items to Caltrans)</b>
<b>COMPLETE THE REQUIRED SECTIONS</b>		
Application Checklist/Table of Contents	2	<input type="checkbox"/>
PART I – Coordinated Plan Certification	3	<input type="checkbox"/>
PART II – Private Nonprofit-Corporation Status Inquiry and Certification	4	<input type="checkbox"/>
PART III – General Certification and Assurances	5	<input type="checkbox"/>
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PART V – Applicant Profile	9	<input type="checkbox"/>
PART VI – Applicant’s Annual Budget	10	<input type="checkbox"/>
<b>COMPLETE THE APPLICABLE SECTION(S)</b>		
PART VII – Funding Request	12	<input type="checkbox"/>
ATTACHMENT A – Operating Assistance Information	13-18	<input type="checkbox"/>
ATTACHMENT B – Mobility Management	19-24	<input type="checkbox"/>
ATTACHMENT C – Capital-Vehicle/Other Equipment	25-35	<input type="checkbox"/>

Application Prepared By: \_\_\_\_\_ Phone: \_\_\_\_\_

# PART I

## Coordinated Plan Certification

References: FTA C 9070.1G Chapter V

The projects selected for funding under the Section 5310 program must be included in a locally developed, coordinated public transit-human services transportation plan (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.” (Circulars, Section V-5)

For additional information see the California Coordinated Plan Resource Center website at:

<http://www.dot.ca.gov/hq/MassTrans/Coord-Plan-Res.html>

**Required Elements:** Projects shall be included in a coordinated plan that minimally includes four elements and a level consistent with available resources and the complexity of the local institutional environment. (Circulars, V-1)

**Adoption of a Plan:** As part of the local coordinated planning process, the lead agency in consultation with participants should identify the process for adoption of the plan. This grant application must document the local plan from which each project is included, including the lead agency, the date of adoption of the plan, or other appropriate identifying information. (Circulars, V-7 & V-8)

**Draft Plan:** Agencies who do not have a final adopted Coordinated Plan may submit an application for funding if the project was included in a Draft Coordinated Plan that had been submitted to Caltrans for review. Approved projects will remain in Category B until the final adopted Coordinated Plan and public participation process has been verified.

### **Coordinated Plan Lead Agency (Agency preparing the Coordinated Plan)**

Agency	
Title of Coordinated Plan	Date Plan Adopted (attach documentation)
	Date of Draft Plan
Agency Representative Name (Print)	Title
Signature	Date

### **Grant Applicant**

Agency	
Agency Representative (Print)	Title
Signature	Date

## PART II

### **Private Nonprofit Agency – Corporation Status Inquiry and Certification**

If you are claiming eligibility as a FTA 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 these two methods:

1. To obtain Corporate Records Information over the Internet, go to: <http://kepler.ss.ca.gov/list.html> 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 Sections 5310 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, 3<sup>rd</sup> Floor, Sacramento, CA 95814  
(916) 653-6814**

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

<b>Private Non-Profits</b>
Legal Name of Non-profit Applicant:
State of California Articles of Incorporation Number:
Date of Incorporation:

## PART III

### General Certifications and Assurances

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

## **PART IV**

### **Lawsuits/Complaints**

**Title VI Requirements (Nondiscrimination) Requirements:** Describe any lawsuits or complaints against your **entire agency** within the last year alleging discrimination on the basis of race, color or national origin. At a minimum please include the following information: **Date of Complaint/Lawsuit received and/or acted on, Description Status/Outcome, Corrective Action Taken, and Date of Final Resolution.**

**(To be eligible, you must provide a written response in this area; N/A is not an acceptable response.)**

## PART V

### Applicant Profile

1. Please indicate the status of your agency:

Private nonprofit organization

Public agency (state or local governmental authority)

Provider of public transportation services (includes private operators of public transportation services).

2. Briefly describe your agency's purpose and services. Supporting documentation must be attached (e.g., agency brochure).

3. What area will your project serve:

Small Urban

Rural

**PART VI**

**APPLICANT'S ANNUAL BUDGET**

**1. Current Annual Budget:**

<b>Estimated Income:</b>		
a. Passenger Revenue		\$
b. Other Revenues		\$
c. Total grants*, donations, and subsidy from other agency funds		\$
<b>TOTAL INCOME</b>		\$
*Not including this grant request.		
<b>Estimated Expenses:</b>		
a. Wages, Salaries and Benefits (non-maintenance personnel)		\$
b. Maintenance & Repair (include maintenance salaries)		\$
c. Fuels		\$
d. Casualty & Liability Insurance		\$
e. Administrative & General Expense		\$
f. Other Expenses (e.g., materials & supplies, taxes)		\$
g. Contract Services (specify) _____		\$
<b>TOTAL EXPENSES</b>		\$

**2. Fund Source(s):**

	<b>Prior Year</b>	<b><u>AMOUNTS</u> Current Year</b>	<b>Projected Budget Year</b>
<b>INCOME SOURCE(S):</b> ie. LTF, STA, STP, grants, etc...			
a. _____	\$ _____	\$ _____	\$ _____
b. _____	\$ _____	\$ _____	\$ _____
c. _____	\$ _____	\$ _____	\$ _____
d. _____	\$ _____	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	\$ _____	\$ _____

**FOR THE FOLLOWING PAGES:**

**Step 1:**

Check and complete the funding request form.

**Step 2:**

Check the project type(s) for which you are requesting below:

- Operating
- Mobility Management
- Capital-Vehicle/Other Equipment

**NOTE: Complete and return only those applicable section attachment(s) you are requesting.**

**NOTE: Maximum total cost not to exceed \$300,000. If also requesting funding for Traditional 5310 projects, both applications (Expanded and Traditional) shall not exceed \$300,000.**

<b>FUNDING REQUEST</b>	<b>PART VII</b>	<b>PG. 12</b>
<b>OPERATING ASSISTANCE</b>	<b>ATTACHMENT-A</b>	<b>PG. 13-18</b>
<b>MOBILITY MANAGEMENT</b>	<b>ATTACHMENT-B</b>	<b>PG. 19-24</b>
<b>CAPITAL-VEHICLE/ OTHER EQUIPMENT</b>	<b>ATTACHMENT-C</b>	<b>PG. 25-33</b>

*NOTE: If requesting funding for more than one project of the same type, please complete a separate attachment for each project.*

**PART VII  
EXPANDED 5310  
FUNDING REQUEST**

**\*\*\* Expanded 5310 \*\*\***

Current Recipient of:  5307  5310  5311  New Freedom  JARC

	<b>TOTAL</b>
<input type="checkbox"/> <b>Expanded 5310 Operating Assistance (Complete Attachment A)</b> Project Title: _____ \$ Project Title: _____ \$ Project Title: _____ \$	
Match Funds (overmatch, if applicable)	\$
Total Cost of Project:	\$
<input type="checkbox"/> <b>Expanded 5310 Mobility Management (Complete Attachment B)</b> Project Title: _____ \$	
Match Funds (overmatch, if applicable)	\$
Total Cost of Project:	\$
<input type="checkbox"/> <b>Expanded 5310 Capital - Vehicle/Other Equipment (Complete Attachment C)</b> Project Title: _____ \$	
Match Funds (overmatch, if applicable)	\$
Total Cost of Project:	\$

**ATTACHMENT-A  
EXPANDED 5310  
OPERATING ASSISTANCE**

**GENERAL QUESTIONS**

1. Is the proposed project a request for project continuation from prior New Freedom (SAFETEA-LU) award from Caltrans?  
 No     Yes If Yes, Standard Agreement No. \_\_\_\_\_
  
2. Indicate the type(s) of proposed transportation service for the project. (Check all that apply.)  
 New or expansion of paratransit service                       Service enhancement (same day; door-to-door; beyond the minimum requirements of ADA                      escort  
 New or expansion of hours for paratransit service                       New or expansion Volunteer Driver Program  
 Feeder service for intercity travel for which paratransit service is not available                       Voucher programs
  
3. In the past 12 months, did your agency receive any other federal operating funds under SAFETEA-LU? (Check all that apply and provide standard agreement #s and dollar amount.)  
 No  
 5310 (Elderly and Disabled Specialized Transit Program) SA# \_\_\_\_\_ \$ \_\_\_\_\_  
 5316 (Job Access and Reverse Commute Program) Grant# or SA# \_\_\_\_\_ \$ \_\_\_\_\_  
 5317 (New Freedom Program) Grant# or SA# \_\_\_\_\_ \$ \_\_\_\_\_  
 5307 (Urbanized Area Formula Program) \$ \_\_\_\_\_  
 Other Federal funds. Specify: \_\_\_\_\_ \$ \_\_\_\_\_
  
4. Does your agency intend to use a third party contractor for the proposed project service?  
 Yes (Attach the copy of the bid related documents/vendor selection process)  
 No
  
5. If you plan to use an existing third party service contract, is your contract on file with Caltrans?  
 Yes     No (If No, attach copy of the third party contact with this application)
  
6. What is the operating period of the existing third party service contract?  
\_\_\_\_\_ through \_\_\_\_\_  
  - a. Is there a written option in the contact to extend beyond the base years?  
 Yes, Identify Page/Paragraph No. \_\_\_\_\_  
 No
  
7. Does your agency receive more than \$500,000 in federal funds from any federal department or program? (OMB Single Audit Requirement)?  
 Yes     No

**ATTACHMENT-A  
EXPANDED 5310  
OPERATING ASSISTANCE**

**PROJECT NARRATIVE**

Please provide a brief narrative to describe the project. Refer to the Project Scoring Criteria in the Application Instructions for additional guidance on each of the questions. To receive the maximum allowable points per question, each response will be reviewed and scored for clarity, completeness and accuracy. The project must address each of the following:

**A. Goals and Objectives (maximum 20 points)**

1. Briefly provide a detailed project description. **Please include project beginning and ending dates.**
2. Provide the following information as it pertains to this project:

a. Total population (number of persons) in your service area.	
b. Number of eligible persons with disabilities serviced by this project.	

3. Briefly describe how your proposed project is consistent with the goals and objectives of the 5310 grant program for Expanded 5310 Projects as stated in the Program Goals on Page 2 of the Application Instructions. Additional information on the goals and objectives of the program can be found in the FTA Circular 9070.1G <http://www.fta.dot.gov/4127.html>
4. Specify how your project addresses the gap(s) and/or barrier(s) identified through your locally developed human services transportation planning process (Coordinated Plan). You must indicate the section/page number in the Coordinated Plan addressing the gaps and/or barriers.
5. Explain how the project increases or enhances availability of transportation of the targeted population.
6. Explain how the project meets the program requirement of providing transportation related activities and/or services beyond those required by the Americans with Disabilities Act of 1990 (ADA).

**B. Project Implementation Plan (maximum 30 points)**

1. Describe your operational plan that includes defined routes, schedules, current/projected ridership, key personnel, and marketing strategies. Attach supporting documentation to substantiate this plan(s).
2. If this is a continuation project request, please describe how you met your prior performance goals and objectives. How is this project application different than the past award(s) and what do you intend to accomplish with the new funding?

**ATTACHMENT-A  
EXPANDED 5310  
OPERATING ASSISTANCE**

**C. Program Performance Indicators (maximum 20 points)**

1. Please provide the projected **performance measures and objectives** for this project below:

<b>5310 Operating Assistance (Check and complete applicable project category)</b>	
<b>Fixed/Flexible/Shuttle/Feeder Service</b> <input type="checkbox"/> Expanded Geographic Coverage <input type="checkbox"/> Extended Service Hours/Days <input type="checkbox"/> Improved System Capacity <input type="checkbox"/> Improved Access/Connections	Number of one-way trips per day: _____ Number and percentage of new miles (one-way) added to weekday route: _____ Number and percentage of new miles added to Weekend/Holiday route: _____
<b>Demand Response</b> <input type="checkbox"/> Expanded Geographic Coverage <input type="checkbox"/> Extended Service Hours/Days <input type="checkbox"/> Improved Access/Connections	Number of one-way trips per day (beyond service required by the ADA): _____
<b>ADA Paratransit Service to Improve Access/Connections</b> <input type="checkbox"/> Same Day <input type="checkbox"/> Door-to-Door/Door-through-Door <input type="checkbox"/> Volunteer Driver Program <input type="checkbox"/> User-side Subsidy/Vouchers <input type="checkbox"/> Aide/Escort Assistance	Number of one-way trips per day: _____ Number of one-way trips per day: _____
<b>Vanpool</b> <input type="checkbox"/> Improved system Capacity <input type="checkbox"/> Improved Access/Connections	Number of one-way trips per day: _____

2. Describe performance methodology and factors used to develop performance measures and objectives. Please attach supporting documentation (i.e., demographic materials, surveys, regional transportation plans, coordinated plans, etc.)

3. Performance Period: \_\_\_\_\_ through \_\_\_\_\_

**D. Communication and Outreach (maximum 20 points)**

1. List all stakeholders involved in the project. List should include, but not be limited to, Health and Human Services Agencies, public/private sector, non-profit agencies, transportation providers, and members of the public representing individuals with disabilities. Must attach three (3) letters of support from stakeholders to the grant application.

2. Describe how you will promote public awareness of the project and how you will keep stakeholders involved and informed throughout the project.



**ATTACHMENT-A  
EXPANDED 5310  
OPERATING ASSISTANCE**

**PROPOSED PROJECT BUDGET**

**Applicant:** \_\_\_\_\_

**Contractor (if applicable):** \_\_\_\_\_

**Project is funded for one year only. Project must be ready at time of application.**

**(1) Total Operating Expenses (Itemize)**

Total Direct Labor	\$	_____	
Total Equipment and Supplies	\$	_____	
Total Other Direct Costs	\$	_____	
Total Travel Costs	\$	_____	
<b>TOTAL OPERATING EXPENSES</b>	<b>\$</b>	<b>_____</b>	
<b>TOTAL *INDIRECT EXPENSE (Indirect Rate: ___%)</b>	<b>\$</b>	<b>_____</b>	
<b>TOTAL DIRECT &amp; INDIRECT EXPENSE</b>	<b>\$</b>	<b>_____</b>	<b>(1)</b>

\* Prior approval by Caltrans required

**(2) Less Other Revenue**

_____	\$	_____	
_____	\$	_____	
_____	\$	_____	
_____	\$	_____	
<b>TOTAL OTHER REVENUE</b>		<b>_____</b>	
<b>APPLIED AGAINST ELIGIBLE EXPENSES</b>	<b>\$</b>	<b>\$</b>	<b>_____ (2)</b>

**(3) Less Ineligible Expenses (within operating expense) \*\***

_____	\$	_____	
_____	\$	_____	
_____	\$	_____	
_____	\$	_____	
<b>TOTAL INELIGIBLE EXPENSES</b>	<b>\$</b>	<b>\$</b>	<b>_____ (3)</b>

**(4) NET PROJECT COST (Line 1 – Line 2 – Line 3)**

**\$ \_\_\_\_\_ (4)**

**BUDGET SUMMARY:**

FEDERAL SHARE: (50%)	\$	_____	<b>(5)</b>
Subtotal:	+	\$ _____	
LOCAL SHARE OVERMATCH: (if applicable)-itemized source	+	\$ _____	<b>(6)</b>
<b>NET PROJECT COST (Federal Share + Toll Credits+ Overmatch)</b>	<b>=</b>	<b>\$ _____</b>	<b>(7)</b>

\*\* Examples of ineligible expense may include lobbying, depreciation, contributions, inter-department salary, etc.

**ATTACHMENT-A  
EXPANDED 5310  
OPERATING ASSISTANCE**

**PROJECT BUDGET WORKSHEET (Subrecipient)**

The worksheet provides annual expense categories that applicants should use to calculate project eligible expenses for work done “in-house.” The information in this worksheet should be used in completing project budget from the previous page.

**1. Direct Labor**

<b>(Job Title/Classification)</b>	<b>Description of Task Performed</b>	<b>Hours</b>	<b>Hourly Rate</b>	<b>Total</b>

**2. Direct cost(s) for Employees (Except Labor)**

Equipment and Supplies (itemize) \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Sub Total \$ \_\_\_\_\_

**3. Other Direct costs (itemize)**

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Sub Total \$ \_\_\_\_\_

**4. Travel costs (itemize)**

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Sub Total \$ \_\_\_\_\_

**5. <sup>1</sup>Indirect cost(s) (Overhead and Fringe Benefits):**

Overhead Rate \_\_\_\_\_ % \$ \_\_\_\_\_

**6. Total Costs:**

\$ \_\_\_\_\_

<sup>1</sup> **Must have approved Indirect Cost Allocation Plan (ICAP)**

**ATTACHMENT-B  
EXPANDED 5310  
MOBILITY MANAGEMENT**

**GENERAL QUESTIONS**

1. Is the proposed project a request for project continuation from prior New Freedom award from Caltrans?  
 No  Yes If Yes, Standard Agreement No. \_\_\_\_\_
  
2. Indicate the type(s) of proposed transportation service for the project. (Check all that apply.)  

<input type="checkbox"/> Planning, development, implementation of coordinated transportation services	<input type="checkbox"/> Integration, coordination and promotion of access to transportation services
<input type="checkbox"/> Development and operation of one-stop call center	<input type="checkbox"/> Transportation brokerages
<input type="checkbox"/> Travel training/trip planning	<input type="checkbox"/> Operational planning to acquire IT technologies for coordinated systems
  
3. In the past 12 months, did your agency receive any other federal operating funds under SAFETEA-LU? (Check all that apply and provide standard agreement #s and dollar amount. )  
 No  
 5310 (Elderly and Disabled Specialized Transit Program) SA# \_\_\_\_\_ \$ \_\_\_\_\_  
 5316 (Job Access and Reverse Commute Program) Grant# or SA# \_\_\_\_\_ \$ \_\_\_\_\_  
 5317 (New Freedom Program) Grant# or SA# \_\_\_\_\_ \$ \_\_\_\_\_  
 5307 (Urbanized Area Formula Program) \$ \_\_\_\_\_  
 Other Federal funds. Specify: \_\_\_\_\_ \$ \_\_\_\_\_
  
4. Does your agency intend to use a third party contractor for the proposed project?  
 Yes (Attach the copy of the bid related documents/vendor selection process)  
 No
  
5. If you plan to use an existing third party contract, is your contract on file with Caltrans?  
 Yes  No (If No, attach copy of the third party contact with this application)
  
6. What is the performance period of the third party contract?  
\_\_\_\_\_ Through \_\_\_\_\_
  - a. Is there a written option in the contact to extend beyond the base years?  
 Yes, Identify Page/Paragraph No. \_\_\_\_\_  
 No
  
7. Does your agency receive more than \$500,000 in federal funds from any federal department or program? (OMB Single Audit Requirement)?  Yes  No

**ATTACHMENT-B  
EXPANDED 5310  
MOBILITY MANAGEMENT**

**PROJECT NARRATIVE**

Please provide a brief narrative to describe the project. Refer to the Project Scoring Criteria in the Application Instructions for additional guidance on each of the questions. To receive the maximum allowable points per question, each response will be reviewed and scored for clarity, completeness and accuracy. The project must address each of the following:

**A. Goals and Objectives (maximum 20 points)**

1. Briefly provide a detailed project description. Please include project beginning and ending dates.
2. Provide the following information as it pertains to this project:

a. Total population (number of persons) in your service area.	
b. Number of eligible persons with disabilities serviced by this project.	

3. Briefly describe how your proposed project is consistent with the goals and objectives for Expanded 5310 Projects as stated in the Expanded 5310 Project Goals on Page 2 of the Application Instructions. Additional information on the goals and objectives of the program can be found in the FTA Circular 9070.1G, <http://www.fta.dot.gov/4127.html>.
4. Specify how your project addresses the gap(s) and/or barrier(s) identified through your locally developed human services transportation planning process (Coordinated Plan). (Indicate the section/page number in the Coordinated Plan addressing the gaps and/or barriers.)
5. Explain how the project increases or enhances availability of transportation of the targeted population.
6. Explain how the project meets the program requirement of providing transportation related activities and/or services beyond those required by the Americans with Disabilities Act of 1990 (ADA).

**B. Project Implementation Plan (maximum 30 points)**

1. Describe your operational plan that includes defined routes, schedules, current/projected ridership, key personnel, and marketing strategies. Please refer to application instructions, Page 5, for specific requirements and information on Mobility Management projects. Attach supporting documentation to substantiate this plan(s).
2. If this is a continuation project request, please describe how you met your prior performance goals and objectives. How is this project application different than the past award(s) and what do you intend to accomplish with the new funding?

**ATTACHMENT-B  
EXPANDED 5310  
MOBILITY MANAGEMENT**

**C. Program Performance Indicators (maximum 20 points)**

1. Please provide the projected **performance measures and objectives** for this project below:

<b>5310 Mobility Management (Check and complete applicable project category)</b>	
<b>Mobility Management</b> ___ Improve Access/Connections	Number of customers contacts: _____ Number of one-way trips per day (if mobility manager also provides service): _____
<b>One-stop Center/Customer Referral</b> ___ Improve Customer Knowledge	Number of customer contacts: _____
<b>Trip/Itinerary Planning</b> ___ Improve Customer Knowledge	Number of customer contacts: _____
<b>One-on-One Travel Training</b> ___ Improve Customer Knowledge	Number of persons trained: _____
<b>Group Training</b> ___ Improve Customer Knowledge	Number of persons trained: _____
<b>Internet-based Information</b> ___ Improve Customer Knowledge	Number of web hits: _____
<b>Information materials/marketing</b> ___ Improve Customer Knowledge	Description of materials/distribution: _____ _____ _____ _____
<b>Driver Training</b> ___ Improve Customer Knowledge	Number of drivers trained: _____

2. Describe performance methodology and factors used to develop performance measures and objectives. Please attach supporting documentation (i.e., demographic materials, surveys, regional transportation plans, coordinated plans, etc.)

3. Performance Period: \_\_\_\_\_ through \_\_\_\_\_

**D. Communication and Outreach (maximum 20 points)**

1. List all stakeholders involved in the project. List should include, but not be limited to, Health and Human Services Agencies, public/private sector, non-profit agencies, transportation providers, and members of the public representing individuals with disabilities. Must attach three (3) letters of support from stakeholders to the grant application.



**ATTACHMENT-B  
EXPANDED 5310  
MOBILITY MANAGEMENT**

**PROPOSED PROJECT BUDGET-MOBILITY MANAGEMENT**

**Applicant:** \_\_\_\_\_

**Project Description:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Project is funded for one year only. Project must be ready at time of application.**

ITEM DESCRIPTION	COST
Total Direct Labor	\$ _____
Total Equipment & Supplies	\$ _____
Total Other Direct Expenses	\$ _____
Total Travel Costs	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>NET PROJECT COST:</b>	<b>\$ _____</b>

**BUDGET SUMMARY: Federal Share + Toll Credits+ Overmatch = Net Project Cost**

FEDERAL SHARE: (80%)	\$ _____
Subtotal:	\$ _____
OVERMATCH: (if applicable)-itemized source	\$ _____
<b>NET PROJECT COST:</b>	<b>\$ _____</b>

**ATTACHMENT-B  
EXPANDED 5310  
MOBILITY MANAGEMENT**

**PROJECT BUDGET WORKSHEET (Subrecipient)**

The worksheet provides annual expense categories that applicants should use to calculate project eligible expenses for work done “in-house.” The information in this worksheet should be used in completing project budget from the previous page.

**2. Direct Labor**

<b>(Job Title/Classification)</b>	<b>Description of Task Performed</b>	<b>Hours</b>	<b>Hourly Rate</b>	<b>Total</b>

**2. Direct cost(s) for Employees (Except Labor)**

Equipment and Supplies (itemize) \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Sub Total \$ \_\_\_\_\_

**3. Other Direct costs (itemize)**

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Sub Total \$ \_\_\_\_\_

**4. Travel costs (itemize)**

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Sub Total \$ \_\_\_\_\_

**5. <sup>2</sup>Indirect cost(s) (Overhead and Fringe Benefits):**

Overhead Rate \_\_\_\_\_ % \$ \_\_\_\_\_

**6. Total Costs:**

\$ \_\_\_\_\_

<sup>2</sup> **Must have approved Indirect Cost Allocation Plan (ICAP)**

**ATTACHMENT-C  
EXPANDED 5310  
CAPITAL – VEHICLE/OTHER EQUIPMENT**

**GENERAL QUESTIONS**

1. Indicate the type(s) of proposed transportation service for the project. (Check all that apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> New or expansion of paratransit service beyond the minimum requirements of ADA  | <input type="checkbox"/> Feeder service for intercity travel for which paratransit service is not available |
| <input type="checkbox"/> Purchasing vehicles to support accessible taxi, ride-sharing, and/or vanpooling.  | <input type="checkbox"/> New or expansion Volunteer Driver Program  |
| <input type="checkbox"/> Acquisition of vehicles and equipment designed to accommodate mobility aids that exceed dimensions and weight ratings established by ADAs |   |

2. In the past 12 months, did your agency receive any other federal operating funds? (Check all that apply and provide standard agreement #s and dollar amount.)

- No
- 5310 (Elderly and Disabled Specialized Transit Program) SA# \_\_\_\_\_ \$ \_\_\_\_\_
- 5316 (Job Access and Reverse Commute Program) Grant# or SA# \_\_\_\_\_ \$ \_\_\_\_\_
- 5317 (New Freedom Program) Grant# or SA# \_\_\_\_\_ \$ \_\_\_\_\_
- 5307 (Urbanized Area Formula Program) \$ \_\_\_\_\_
- Other Federal funds. Specify: \_\_\_\_\_ \$ \_\_\_\_\_

<b>Capital Equipment on State Procurement Contract</b>	<b>Number</b>	<b>Unit Cost **</b>	<b>Total Cost</b>
<b>Vehicles</b> (cost shown includes accessibility equipment †); standard seating capacity examples by vehicle type			
Minivan - 5 Ambulatory Passenger (AP) - Gas		\$46,000	
Small Bus - 8 AP; 2 Wheelchair (WC) –Gas*		\$60,000	
Medium Bus - 12 AP; 2 WC – Gas*		\$67,000	
Medium Bus - 12 AP; 2 WC –CNG***		\$93,000	
Large Bus - 16 AP; 2 WC – Gas*		\$73,000	
Large Bus - 16 AP; 2 WC – CNG***		\$97,000	
Larger Bus (Ford or International) 20AP; 2 WC*		\$105,000	

**ATTACHMENT-C  
EXPANDED 5310  
CAPITAL – VEHICLE/OTHER EQUIPMENT**

3. To complete the chart below, list all vehicles your agency currently owns or leases that provide passenger service to seniors and/or disabled persons. Include back up vehicles and those to be removed from service if a new vehicle is awarded.

Replacement vehicle requests are identified as those needing replacement in order for the applicant to continue their existing service. For each new vehicle requested, a current vehicle in active service must be placed in back up or sold. **Please identify replacement request in column 2.**

	*1	2	3	4	5	6	7	8	9	10	11
	List All VIN (last 5 digits)	Replacement Requests Vehicle Type and Disposition	Vehicle Yr/Make	Current Mileage	Passenger Capacity Ambulatory/ Wheelchair	# of fold down seats	Current Back Up (Y/N)	Registered Owner (not lientholder)	Vehicle Service Hours Per Day	Total One Way/Pasg. Trips Per Day	12 Month Maintenance & Repair Costs
Ex	12345	Van/BK	2003/Ford	100,000	6A/2W	2	N	Agency X	6	16	\$1,000
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

4. To complete the chart below for NEW or Service Expansion requests.

	Type of Request N – New Agency 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 lfit users)	Projected Mileage Per Day
Ex	12345	Van/BK	2003/Ford	100,000	6A/2W	2	N
1							
2							
3							
4							
5							
6							

Other Equipment includes: wheelchair restraints, radios and communication equipment, initial component installation costs: computer hardware and software (scheduling software); transit related intelligent transportation systems (ITS).

Applicant must attach 3 estimates of like-kind equipment with this application. The average of the 3 estimates will become the requested grant amount. Sole source justification will not be approved during the grant application review. **Minimum grant award \$1,000, not to exceed \$40,000.**

Equipment	Quantity Request	Estimated Unit Cost	Total Costs
Computer Hardware			
Computer Software			
Other Eligible Equipment (describe)			
<b>Complete for requesting Communication Equipment:</b>			
Base Station		\$2500	
Mobile Radio		\$1000	
GPS/AVL			
Cameras ( onboard security, back up, etc..)			
<b>TOTAL (cannot exceed \$40,000)</b>			<b>\$</b>
<b>TOTAL PROJECT COST (Vehicles and Other equipment) (Maximum project cost not to exceed \$300,000*)</b>			

**NOTE:** A completed IT/ITS Compliance Plan must be included with application. IT/ITS Compliance Form is available at, <http://www.dot.ca.gov/hq/MassTrans/Procurement-Grants-Management.new.html>.

## REPLACEMENT VEHICLES

**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.

**Applications for 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. *(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.)* **NEW for ALL replacement vehicle requests:** *Provide each vehicle's funding source. Include the Standard Agreement number for federally funded procurements.*

## 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, the type of service the vehicle(s) you are requesting will provide and how it relates to the needs assessment in the Coordinated Plan. *Related Documentation supporting this growth must be attached as an appendix and its relevance discussed within the narrative (e.g., current waiting list, reports of trips denied).*

**OTHER EQUIPMENT**

This category includes communication and computer equipment, hardware and/or software, or any other miscellaneous equipment (cameras, mobile radios, etc.). 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.

The applicant must submit 3 like-kind estimates of equipment with this application. The average of these 3 estimates will be the requested funding amount. The 3 like-kind estimate information and sole source request instructions are on page 12 of this application. **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. No fixed route equipment will be funded.**

**Agency Inventory (Required for ALL other equipment requests)**

1. Complete table for the requested other equipment, expand this table if necessary:
  1. Indicate equipment type to be replaced
  2. Indicate the quantity of existing equipment units by like kind.
  3. Indicate the age of the equipment.
  4. Indicate the requested number of units of additional equipment.
  5. Indicate the total number of vehicles in your transportation fleet.

<b>Equipment Type to be replaced</b>	<b>Quantity/Purchase Date of Existing Equipment within Agency</b>		<b>Quantity of Requested Equipment (from page 12)</b>	<b>Current Fleet Size</b>
Example: Computer	3	5-18-2005	6	10
	2	1-1-2001		
	4	6-15-2004		
Example: Mobile Radios	8	8-14-2007	4	15
	3	4-21-2002		
Example: Software	0	-	1	16

2. Describe the type of equipment you are requesting and specifically identify the components.

3. Discuss how the requested equipment will be used to support the transportation program. Include any expected improvements in service delivery or coordination, any reduction in the cost of providing service and the current method of collecting and tracking information.

What is your proposed method of procurement?

- State Vehicle Contracts
- Local Procurement (Attach RFP/IFB/RFQ and Bid Package to this application)
- Three-like kind bids/quotes (Attach three-like kind bids/quotes to this application)
- Non-Local Procurement/Piggyback (Attach assignability letter and \*Piggyback Worksheet to this application)
- Sole Source (Attach \*Sole Source Justification to this application)
- Other Specify: \_\_\_\_\_

\*Piggyback Worksheet and Sole Source Justification can be found at  
<http://www.dot.ca.gov/hq/MassTrans/Procurement-Grants-Management.html>

Fill out the proposed procurement schedule (Local Procurement ONLY):

<b>Procurement Schedule</b>	<b>Date</b>
Bid Package to Caltrans	
Issue Purchase Order to Vendor	
Delivery/Installation	
Place into Service	

Does your agency receive more than \$500,000 in federal funds from any federal department or program? (OMB Single Audit Requirement)

Yes       No

## **PROJECT NARRATIVE**

Please provide a brief narrative to describe the project. Refer to the Project Scoring Criteria in the Application Instructions for additional guidance on each of the questions. To receive the maximum allowable points per question, each response will be reviewed and scored for clarity, completeness and accuracy. The project must address each of the following:

### **A. Goals and Objectives (maximum 20 points)**

1. Briefly provide a detailed project description. **Please include project beginning and ending dates.**
2. Please provide the following information as it pertains to this project:

a. Total population (number of persons) in your service area.	
b. Number of eligible persons with disabilities serviced by this project.	

3. Briefly describe how your proposed project is consistent with the goals and objectives for Expanded 5310 Projects as stated in the Expanded 5310 Project Goals on Page 3 of the Application Instructions. Additional information on the goals and objectives of the program can be found in the FTA Circular 9070.1G, <http://www.fta.dot.gov/4127.html>.
4. Specify how your project addresses the gap(s) and/or barrier(s) identified through your locally developed human services transportation planning process (Coordinated Plan). (Indicate the section/page number in the Coordinated Plan addressing the gaps and/or barriers.)
5. Explain how the project increases or enhances availability of transportation of the targeted population.
6. Explain how the project meets the program requirement of providing transportation related activities and/or services beyond those required by the Americans with Disabilities Act of 1990 (ADA).

### **B. Project Implementation Plan (maximum 30 points)**

Describe your implementation plan that includes project tasks, timeframes, benchmarks, key milestones, key personnel, deliverables and estimated completion date. Describe the type of equipment you are interested in purchasing. Specifically identify the components. Discuss how the requested ancillary equipment will be used to support the transportation program. Discuss any expected improvements in service delivery or coordination and any reduction in the cost to provide service. If computer equipment is being requested, also describe current method of collecting and tracking information. **Attach supporting documentation to substantiate this plan(s).**

**C. Program Performance Indicators (maximum 20 points)**

1. Please provide the projected **performance measures and objectives** for this project below:

<b>5310 Capital Vehicle/Other Equipment (Check and complete applicable project category)</b>	
<b>Vehicles</b> Improved Access/Connections (service enhancement, door to door)	Number of one-way trips per day: _____ Number of vehicles: _____
<b>Vehicles for Agencies</b> __ Expanded Geographic Coverage __ Extended Service Hours/Days __ Improved System Capacity	Number of one-way trips per day: _____ Number of vehicles added beyond ADA requirement: _____
<b>Accessible Taxis</b> __ Expanded Geographic Coverage __ Extended Service Hours/Days __ Improved System Capacity	Number of one-way trips per day: _____ Number of vehicles added: _____
<b>Vanpool Vehicles</b> __ Improved System Capacity __ Improved Access/Connections	Number of one-way trips per day: _____ Number of vehicles added: _____
<b>Car-sharing</b> __ Expanded Geographic Coverage __ Improved System Capacity	Number of one-way trips per day: _____ Number of vehicles added : _____
<b>ITS-related software/hardware</b> __ Improved System Capacity __ Improved Access/Connections __ Improved Customer Knowledge	Describe service elements: _____ _____
<b>Large Capacity Wheelchair Lifts/Securement Added</b> __ Improved Access/Connections	Describe service elements: _____ _____

2. Describe performance methodology and factors used to develop performance measures and objectives. Please attach supporting documentation (i.e., demographic materials, surveys, regional transportation plans, coordinated plans, etc.)

**D. Communication and Outreach (maximum 20 points)**

1. List all stakeholders involved in the project. List should include, but not be limited to, Health and Human Services Agencies, public/private sector, non-profit agencies, transportation providers, and members of the public representing with disabilities. Much attach three (3) letters of support from stakeholders to the grant application.

