



FTA Traditional Section 5310 Projects
*Enhanced Mobility of Seniors and
 Individuals with Disabilities*
Grant Application

Due to RTPA: December 1, 2014
 Due to Caltrans: February 2, 2015

NOTE: Please complete all sections of this application. Applications with incomplete and/or missing information will not be considered for funding. Available in alternate formats by request.

Agency (Applicant) Legal Name:	DUNS No.:
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Physical Address (No P.O. Box)	CAGE No.:
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City	County	Zip
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Contact Person (Grant Management)

Phone	FAX	E-Mail Address
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Name of Authorizing Representative certifying to the information contained in this application is true and accurate:

Printed Name: _____ Title: _____

Email Address: _____

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 (Authorizing Representative) _____

Service Area (Indicate all areas served by the project)

Regional Transportation Planning Agency (RTPA)

RTPA contact name, phone, and email address

California Department of Transportation
 Division of Rail & Mass Transportation (DRMT), MS 39
 P.O. Box 942874
 1120 N Street, Room 3300
 Sacramento, CA 95814
<http://www.dot.ca.gov/hq/MassTrans/5310.html>

APPLICANT CHECKLIST and TABLE OF CONTENTS

Applicants should use this checklist to ensure that all applicable parts of the application and attachments are completed and submitted.

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PART I –APPLICANT ELIGIBILITY

Coordinated Plan Certification

Reference: 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.” (Circular, 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. (Circular, 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. (Circular, V-7& V-8)

Lead agencies may develop a list of applicants for their region. The applicant will attach this list to the application in lieu of the required signature of lead agency. The list must include all information requested below including the signature of the lead agency representative.

Coordinated Plan Lead Agency

Name of Lead Agency responsible for preparation of the Coordinated Plan and certifying the project(s) were included in the Coordinated Plan.	
Title of Coordinated Plan	Date Plan Adopted
Agency Representative Name (Print)	Title
Signature	Date

Grant Applicant Certification

I certify that the project in this application is derived from the aforementioned Coordinated Plan:	
Agency (Applicant) Legal Name _____	
Authorizing Agency Representative (Print)	Title
Signature	Date

PART I –APPLICANT ELIGIBILITY

Current Grant Subrecipient - Compliance

If you are a **current** grant subrecipient and are not compliant with all FTA Section 5310 Elderly and Disabled Specialized Transit Program requirements you will not be eligible to apply for grant funds until compliance has been determined. You must be in compliance at time of application submittal.

The Section 5310 Elderly and Disabled Specialized Transit Program requires bi-annual reporting as stated in Exhibit D of the Standard Agreement below:

- 11. Bi-Annual Reporting. The CONTRACTOR shall submit a Bi-Annual Report of its use of PROJECT equipment within thirty (30) calendar days after the close of each federal reporting period. The federal reporting periods are: 1) October 1 – March 31; 2) April 1 – September 30. (Bi-Annual Reports are due no later than April 30, and October 30 of each calendar year.) The report shall contain information requested by the STATE to indicate the extent to which the CONTRACTOR is carrying out the PROJECED in accordance with the terms of this contract. Failure to meet these requirements shall be considered grounds for PROJECT Termination as described in Exhibit C of this Agreement.*

	Yes	No
Does your agency have active vehicles purchased with a 5310 grant?		
If yes, is your agency currently in compliance with their 5310 Standard Agreement?		
Attach a copy of the last bi-annual report and the current Certificate of Liability Insurance submitted to the Division of Mass Transportation Section 5310 office listing all vehicles and required data.		

PART I –APPLICANT ELIGIBILITY

Project Need

Title 49 U.S.C. 5310(a)(2) provides that a State may allocate apportioned funds to a private non-profit organization if public transportation service provided under Section 5310(a)(1) is unavailable, insufficient, or inappropriate.

All applicants must provide current documentation supporting the stated transportation needs. The documentation must be attached as an appendix and its relevance discussed within the narrative (e.g., testimony or findings from a Transportation Development Act (TDA) Article 8 hearing, recognized studies or the region's Coordinated Plan).

A. Check the appropriate box below as applicable. One box must be checked.

Unavailable

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

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.)

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.)

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.

PART I –APPLICANT ELIGIBILITY

Private Nonprofit Agency – Corporation Status Inquiry and Certification

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:

PART I –APPLICANT ELIGIBILITY

Public Agency Certification

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 the RTPA. 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 (shown in italics), under each specific item.

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 the RTPA, then proof of the scheduled public hearing date must be submitted to both Caltrans and the RTPA 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.
- b) ___ Approved by the State to coordinate services for elderly individuals and individuals with disabilities, including CTSAAs designated by the RTPA.
1. Submit current designation letter.

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:

PART I –APPLICANT ELIGIBILITY

General Certifications and Assurances Summary

The original “General Certifications and Assurances” shall be signed and dated in blue ink.

Use the legal name of your agency exactly as it appears on your California Secretary of State Status Inquiry form. If you are a public entity, attach as an appendix to the application, an authorizing resolution designating a person authorized to sign on behalf of the agency.

Legal 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 applicant assures that no person, on the grounds of race, color, 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 applicant receives Federal assistance funded by the Federal Transit Administration (FTA).
 - b. The applicant 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 imposed by or 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.
 - c. The applicant 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 applicant acknowledges receipt and awareness of the list of such 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. The applicant certifies that the contracting and procurement procedures that are in effect and will be used by the applicant for Section 5310 equipment are in accordance and comply with the significant aspects of FTA Circular 4220.1F, "Third Party Contracting Guidelines."
 - e. The applicant certifies that any proposed project for the acquisition of or investment in rolling stock is in conformance with FTA rolling stock guidelines.
 - f. The applicant certifies that it will comply with applicable provisions of 49 CFR Part 605 pertaining to school transportation operations which prohibits federally-funded equipment or facilities from being used to provide exclusive school bus service.
 - g. The applicant certifies that it will comply with Government Code 41 USC. 701 et seq, and 49 CFR, Part 32 in matters relating to providing a drug-free workplace.
- 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 applicant.

Certifying Representative

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

PART I –APPLICANT ELIGIBILITY

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 (<i>do not duplicate</i>)	Per FTA Circular, provide the percent of national origins served by your program. (Total 100%)
Number of elderly _____ Number of persons w/disabilities _____ Number of wheelchair/lift users _____ Total number of clients _____	American Indian & Alaska Native _____% Asian _____% Black or African American _____% Hispanic or Latino _____% Native Hawaiian & Other Pacific Islander _____% All Other _____%
Total number of wheelchair/lift users divided by clients _____%	Total must be 100% _____%

Briefly describe your agency's purpose and program. **Include the days and hours of the operation of your transportation program** and the service your agency currently provides or intends to provide.

Supporting documentation must be attached (e.g., agency brochure).

PART I –APPLICANT ELIGIBILITY

Agency Profile

Briefly describe the geographic area that will be served by your transportation program (include cities, counties, and regions within the service area).

An 8-1/2 x 11 map of the service area must be attached delineating service boundaries.

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 II – FUNDING REQUEST

Eligible Capital Expenses Reference: FTA C 9070.1G Section III, pages 9-11

5310 Eligible Capital Expenses listed on page 6 of Application Instructions.

Is your agency also applying for funding from another program (i.e. other FTA programs, Department of Health and Human Services, State/Local Funds, etc.) **for this proposed project(s)** (Vehicles and/or Other Equipment)?

Yes ___ No ___

If yes, please explain.

Vehicles

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. **No fixed route equipment will be funded**

Complete for vehicle(s) requested. (See Application Instructions pages 4 and 5)

Vehicles	Quantity Request	Estimated Unit Cost**	Total Cost
Vehicles			
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	

* 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.

PART II – FUNDING REQUEST

Eligible Capital Expenses Reference: FTA C 9070.1G Section III, pages 4 & 5

Other Equipment

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 grantee will purchase the other equipment, submit an invoice to Caltrans, and will be reimbursed for the federal share.

Complete for other equipment requested. (See Application Instructions page 5)

Minimum Grant Amount of \$1,000, not to exceed \$40,000.

Complete for Requesting Computer Equipment or Other Equipment (specify)			
Equipment	Quantity Request	Estimated Unit Cost	Total Cost
Computer Hardware			
Computer Software			
Other Eligible Equipment (describe)			
Complete for Requesting Communications Equipment:			
Base Station		\$2,500	
Mobile Radio		\$1,000	
TOTAL (cannot exceed \$40,000)			

TOTAL PROJECT COST (Vehicles and Other Equipment) (Maximum project cost not to exceed \$300,000*)	
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***If also requesting funding for Expanded 5310 projects, both applications (Traditional and Expanded) shall not exceed \$300,000.**

PART II – FUNDING REQUEST

Replacement/Service Expansion Vehicles

Questions apply to requests for vehicles. (See Scoring Worksheet, pages 4 and 5)

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.

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).*

Projected number of one-way passenger trips per day to be provided by each vehicle: _____

Other Equipment

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.

Equipment Type to be replaced	Quantity/Purchase Date of Existing Equipment within Agency		Quantity of Requested Equipment (from page 12)	Current Fleet Size
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.

PART III - SCORING CRITERIA

Ability of Applicant-

See Quantitative Scoring & Project Rating Worksheet Section I

Describe applicant's experience and history of providing efficient and effective transit services. The number of years of transportation service should reflect the number of years your agency has provided transportation services. 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.

1. Does your agency **currently** provide transportation? _____

If yes, how many years of transportation experience does your agency have? _____

If no, how many years of experience does your agency have in providing non-transit services to elderly persons and persons with disabilities? _____

Additional points can be obtained for applicants that have not previously been transportation providers by providing a letter of support from the RTPA or Coordinated Transportation Service Agency (CTSA).

Scoring Criteria for questions 2-12:

0 = Does not address question

1 = Addresses question without attaching relevant documentation.

2 = Addresses question completely and attaches relevant documentation to all questions 2-12

2. Describe your agency's driver training program by specifically discussing each of the following components indicating whether they will be performed in-house or under contract and the staff or position(s) responsible:

- New Driver Orientation and Training; including classroom and behind the wheel and testing. Including ongoing training.
- Sensitivity Training, Emergency Preparedness, First Aid and CPR.

PROPOSED BUDGET FOR TRANSPORTATION PROGRAM

See Page 7 of the Application Instructions for specific requirements in completing this page, attachments required.

10. Annual Operating Budget:

See Quantitative Scoring & Project Rating Worksheet Section I

Estimated Income:		
a. Passenger Revenue		\$
b. Other Revenues		\$
c. Total grants*, donations, subsidy from other agency funds		\$
TOTAL INCOME		\$
*Not including this grant request.		
Estimated Expenses:		
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) _____		\$
TOTAL EXPENSES		\$

11. Operating Fund Sources:

SOURCES	Prior Year	Current Year	NextYear
a.	\$	\$	\$
b.	\$	\$	\$
c.	\$	\$	\$
d.	\$	\$	\$
			\$
		TOTAL	

12. Local Match for this application.

The local share may be derived from other Federal programs that are eligible to be expended for transportation, other than DOT programs, or from DOT's Federal Lands Highway Program. Examples of types of programs that are potential sources of local match include: employment, training, aging, medical, community services, and rehabilitation services. Specific program information for other types of Federal funding is available at

www.unitedweride.gov

Identify Source(s) of Local Match:	AMOUNTS
Toll Credits	\$
	\$
	\$
TOTAL LOCAL MATCH - 11.47% of Total Project Cost	\$

PART III - SCORING CRITERIA

Coordinated Plan Requirements

See Quantitative Scoring & Project Rating Worksheet Section II

Scoring Criteria:

0 – Does not address question and/or does not include Coordinated Plan section or page number

3 – Addresses question & indicated Coordinated Plan section and/or page number

Per FTA C 9070.1G, Chapter V, FTA Section 5310 projects shall be included in a Coordinated Plan that minimally includes the following four elements and a level consistent with available resources and the complexity of the local institutional environment. The following questions address how this project is derived from Coordinated Plan for your area. (Only 0 or 3 points per question)

Element 1: An assessment of available services that identifies current transportation providers (public, private, and non-profit).

1. Generally describe the available non-profit, public transit or Paratransit, including fixed route, dial-a-ride, ADA complementary Paratransit services. (Indicate Coordinated Plan Section/Page Number.)

Element 2: An assessment of transportation needs for individuals with disabilities or older adults. This assessment may be based on the experience and perceptions of the planning partners or on more sophisticated data collection efforts, and gaps in service.

2. Describe the transportation needs of individuals with disabilities or elderly individuals to be served by the proposed project. (Indicate Coordinated Plan Section/Page Number.)

PART III - SCORING CRITERIA

Coordinated Plan Requirements – (Cont.) See Quantitative Scoring & Project Rating Worksheet Section II

Element 3: Strategies, activities, and/or projects to address the identified gaps between current services and needs, as well as opportunities to achieve efficiencies in service delivery.

3. How does this project(s) address one or more of the coordination strategies, activities, and/or projects and efficiencies identified in the Coordinated Plan for your area? (Indicate Coordinated Plan Section/Page Number.)

Element 4: Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities identified.

4. How does this project(s) address one or more of the implementation priorities identified in the Coordinated Plan for your area? (Indicate Coordinated Plan Section/Page Number.)

PART III - SCORING CRITERIA

Coordination –

See Quantitative Scoring & Project Rating Worksheet Section II

Use of Vehicles/ Equipment

Per FTA C 9070.1G, Chapter VI, FTA encourages maximum use of vehicles funded under the Section 5310 program. Coordination of vehicles and other transportation related activities where opportunities exist to coordinate are encouraged. Coordination of services include:

- Shared use of vehicles
- Dispatching or scheduling
- Maintenance
- Back-up transportation
- Staff training programs
- Procurement of services and supplies from funding sources other than Section 5310
- Active participation in local social service transportation planning process
- Client trip(s) with other agencies

To obtain points for questions 1 and/or 2, **a letter must be attached** from the Consolidated Transportation Service Agency (CTSA), or an agency with which you are coordinating services, substantiating the coordination activities described. For additional information contact your Regional Transportation Planning Agency (RTPA). If no CTSA exists in your service area or if you are the CTSA, a letter must be obtained from the RTPA.

1. Describe how vehicles in 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 another agency(s). Narrative must include:

- The name of the participating agency(s)
- Agency description, and usage of vehicle(s)
- Days and hours of use
- Number of passengers using service

2. Describe plan for coordinating use of **requested** vehicle(s) or equipment. Narrative must include:

- Name of the participating agency(s)
- Agency description, and usage of vehicle(s)
- Days and hours of use
- Numbers of passengers using service

OR

3. If unable to coordinate, explain why. Discuss any attempts the agency has made to coordinate. Provide supporting documentation letter from CTSA or RTPA confirming that no opportunities for coordination currently exist for requested equipment.

PART III - SCORING CRITERIA

Existing Transportation Services

See Quantitative Scoring & Project Rating Worksheet Section III

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.

See Application Instructions for information regarding each column entry below.

Answer the following questions and complete the chart below:

- A. Total miles traveled per day for all active vehicles in fleet (excluding the vehicles indicated as backup in Column 7) _____.
- B. Days of Service (e.g. Monday thru Sunday) _____.
- C. 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											

PART III - SCORING CRITERIA

Proposed Transportation Services

See Quantitative Scoring & Project Rating Worksheet Section III

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

- 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, etc. as shown on the Funding Request – Part II.
- 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:

D. **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							

PART III - SCORING CRITERIA

Other Equipment

See Quantitative Scoring & Project Rating Worksheet Section III

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 consistent with the chart on page 14. The equipment must be used to support your transportation operation, that is, the number of vehicles you operate in your transportation program.

1. How many vehicles in the existing Service Fleet (including back up)? _____ (Maximum 15 pts)	
2. Is the applicant currently using a manual system for scheduling, vehicle tracking, etc. and/or has no dispatch communication equipment? (Application page 14) 5 points	
OR	
3. Does the applicant need to replace inadequate equipment to improve efficiency? (Application page 14)	
Equipment more than 5 years old – 5 pts 3 to 5 years old – 3 pts Less than 3 years old – 0 pts	
Total (Maximum 20 Points)	