

Memorandum

Tab 59

To: CHAIR AND COMMISSIONERS

CTC Meeting: August 20, 2014

Reference No.: 4.4
Action

From: ANDRE BOUTROS
Executive Director

Subject: **AMENDED APPLICATION AND SCORING CRITERIA FOR THE FTA SECTION 5310 ENHANCED MOBILITY FOR SENIORS AND DISABLED INDIVIDUALS PROGRAM, RESOLUTION G-14-19, AMENDING RESOLUTION G-09-02**

ISSUE:

Should the Commission adopt the revised Project Application and Scoring Criteria for the Federal Transit Administration (FTA) Section 5310 Grant Program?

RECOMMENDATION:

Staff recommends that the Commission adopt the attached Project Application and Scoring Criteria, revised to incorporate the expanded Moving Ahead for Progress in the 21st Century Act (MAP-21) requirements for the Section 5310 Enhanced Mobility for Seniors and Disabled Individuals Program.

BACKGROUND:

FTA Section 5310 Grant Program (Program) was established in 1975 and has been administered by Caltrans since its inception. The Program provides annual grants to purchase transit capital equipment to meet the specialized needs of elderly and/or disabled persons for whom mass transportation services are unavailable, insufficient, or inappropriate.

As mandated by Assembly Bill 772 (1996), the Commission directs Caltrans on how to allocate funds for the Program. The Commission provides this direction by adopting the project application, evaluation criteria and forms used to score grant applications.

MAP-21 repealed the New Freedom Program (formerly FTA Section 5317) and merged it with the 5310 Program into the expanded Section 5310 Enhanced Mobility for Seniors and Individuals with Disabilities Program.

FTA Circular 9070.1G for the Section 5310 Program, issued on June 6, 2014, requires that at least 55% of Section 5310 funding be spent on Traditional 5310 Projects, and that no more than 45% of the Section 5310 funds be spent on the Other 5310 Projects. In addition, administration costs are to be deducted from the Other 5310 Projects funding portion.

The Section 5310 Advisory Committee, which consists of members from Regional Transportation Planning Agencies, the California Association for Coordinated Transportation, state and local social service agencies, Department and Commission staff, is convened when the application, criteria or forms require updates to incorporate new federal provisions.

Since the MAP-21 changes expand the scoring criteria for the 5310 Program, the Section 5310 Advisory Committee was convened in December 2013 to consider revisions to the applications and scoring criteria. The Advisory Committee determined that the existing applications and scoring criteria worked well, and recommended that no changes be made. However, to distinguish the applications for the two new 5310 components (Traditional and Other), the existing application and scoring criteria were renamed as the [1] Traditional 5310 Projects (55%) Application and Scoring Criteria and the [2] Expanded 5310 Projects (Other 45%) Application and Scoring Criteria.

The Advisory Committee was also convened in February 2014 to consider including a question in the 5310 applications requiring a cost/benefit analysis of providing taxi vouchers in lieu of purchasing paratransit vehicles. After a thorough discussion, the Committee unanimously agreed that the question should not be included in the 5310 applications. In their view, the scoring criteria does not favor vehicles over taxi vouchers, as both types of projects are eligible under the 5310 Program. Furthermore, local agencies are required to develop coordinated public transit-human services transportation plans (coordinated plan) through a process that includes representatives of the public, private (including taxi services), non-profit transportation and human service providers, as well as participation by members of the public. In order to be eligible for 5310 funding, RTPAs and MPOs certify in the application that all 5310 projects are included in the coordinated plan, and cost is one of the primary factors considered during the coordinated planning process.

The Section 5310 Advisory Committee met again in June 2014, after the final Circular 9070.1G was published. As the final Circular did not make changes that affected the application and scoring criteria, the Advisory Committee, in its interpretation of the Circular, determined eligible projects for the two 5310 Program components as follows:

Traditional 5310 Projects (55%) - Eligible recipients are limited to nonprofits; public agencies where no nonprofits are available; or public agencies that are approved by the State to coordinate services for seniors and individuals with disabilities. Continues funding for eligible projects such as:

- vehicle purchases, and
- equipment purchases

Other 5310 Projects (45%) - Eligible recipients include public agencies, nonprofit organizations, and public transportation operators that receive Section 5310 grants through a recipient. This component uses the Expanded Projects Application and Scoring Criteria to identify projects eligible for Other 5310 funding including:

- Section 5310 mobility management projects,
- operating expenses,
- purchasing vehicles to support accessible shared ride taxi service, ride-sharing, and/or vanpooling,
- voucher programs for transportation services such as volunteer driver program, taxi trips, and trips provided by human services agencies.

Attachments

CALIFORNIA TRANSPORTATION COMMISSION

QUANTITATIVE SCORING CRITERIA AND WORKSHEETS FOR THE FEDERAL TRANSIT ADMINISTRATION (FTA) SECTION 5310 ENHANCED MOBILITY FOR SENIORS AND INDIVIDUALS WITH DISABILITIES GRANT PROGRAM

Resolution G-14-19 Amending Resolution G-09-02

- 1.1 WHEREAS, Federal law (Title 49 U.S.C. Section 5310) provides grants for transportation services to meet the needs of seniors and persons with disabilities for whom public mass transportation services are otherwise *unavailable, insufficient, or inappropriate*; and
- 1.2 WHEREAS, up to 55% of Program funding is for capital grants for the purpose of assisting private non-profit corporations and under certain circumstances, public agencies in providing transportation equipment to meet the needs of seniors and persons with disabilities; and
- 1.3 WHEREAS, at least 45% of Program funding is for operating, mobility management, and capital grants to assist public agencies, private non-profit corporations, and under certain circumstances, public transportation operators in providing transportation services that exceed the Americans with Disabilities Act (ADA) of 1990 requirements; and alternatives to public transportation that assist people with disabilities with transportation; and
- 1.4 WHEREAS, State law, AB 772 (Chapter 669, Statutes of 1996), placed the following three mandates on the Commission regarding the Program:
 - direct Caltrans on how to allocate funds for the Program,
 - establish an appeals process for the Program,
 - hold at least one public hearing prior to approving its Program of projects; and
- 1.5 WHEREAS, Commission staff worked with a 15-member 5310 Advisory Committee made up of individuals from the Regional Transportation Agencies, state and local social service agencies, the California Association for Coordinated Transportation, and Caltrans staff, to develop a Program process that will provide for a statewide ranked list of projects to be adopted by the Commission and administered by Caltrans; and
- 1.6 WHEREAS, on November 7, 2001, the Commission approved Resolution G-01-34 to adopt the project selection process, as follows:

Regional Transportation Planning Agencies will score projects from their region utilizing the Commission's adopted project scoring criteria and send a scored list of their projects to Caltrans. Caltrans will forward the regional lists to the Statewide Review Committee. The Statewide Review Committee will compile a draft statewide prioritized list based on the project scores calculated by the regions and determine a "cut-off point" (score) on the draft

list, at which 110% of the estimated available program funding will be expended. The Statewide Review Committee will review the projects above the "cut-off point" on the draft list based on the Commission's adopted criteria. The committee will rescore any projects that are incorrectly scored by the regions and create a statewide-prioritized list of projects with a cost equal to 110% of the estimated available funds.

Ties in scoring that occur at the funding cut-off will be addressed as follows:

- First priority will be given to vehicle replacement projects with the vehicle having the greatest mileage, in excess of the minimum requirement for program participation, ranked higher.
- Second priority will be given to service expansion projects with the project serving the most persons ranked higher.
- Third priority will be given to other equipment projects with the highest ranking given to the equipment that will coordinate the greatest number of vehicles.

The Statewide Review Committee will hold a staff level conference for all stakeholders to discuss the statewide-prioritized list and hear any appeals on technical issues. Only appeals based on actions that occurred at the statewide level will be considered and the appealing agency will have to demonstrate, using documentation from their original application, that the Statewide Review Committee incorrectly followed the adopted criteria. Appeals regarding regional scoring will be heard by the responsible regional agencies prior to submitting their scored lists to Caltrans.

The Statewide Review Committee will submit a final statewide-prioritized list to the Commission. The Commission will hold a public hearing to discuss the prioritized list and overall program policy, after which the Commission will adopt the prioritized list as the annual Elderly and Disabled Transit Program. Caltrans will fund projects in priority order until all available funds are utilized; and

- 1.7 WHEREAS, in 2007, the application and evaluation criteria was updated to incorporate new federal provisions for the Section 5310 Program, including the coordinated public transit-human services transportation plan requirement and management mobility activities. Consequently, the Commission convened its Section 5310 Advisory Committee, which consists of members from Regional Transportation Planning Agencies, state and local social service agencies, the California Association for Coordinated Transportation, Caltrans and Commission staff; and
- 1.8 WHEREAS, on February 14, 2008, the Commission approved Resolution G-08-02, adopting the recommendations from the Section 5310 Advisory Committee updating the Application and Scoring Criteria to incorporate new federal requirements, including plans to coordinate public transit-human services transportation and management mobility activities; and
- 1.9 WHEREAS, on January 22, 2009, the Commission reconvened the Section 5310 Advisory Committee, and the Committee developed recommendations for minor updates to the scoring criteria and worksheet; and
- 1.10 WHEREAS, on February 19, 2009, the Commission approved Resolution G-09-02, adopting the recommendations from the Section 5310 Advisory Committee updating the Scoring Criteria and Worksheet to incorporate those minor updates; and

- 1.11 WHEREAS, in December 2013, the Commission again convened the Section 5310 Advisory Committee to revise the application and scoring criteria to reflect new federal provisions combining the Section 5310 Program with the repealed Section 5317 Program, making the combined Program the new Section 5310 Enhanced Mobility for Seniors and Individuals with Disabilities Program, the combined Program composed of two parts, Traditional 5310 Projects and Expanded 5310 Projects; and
- 1.12 WHEREAS, the existing Section 5310 application and scoring criteria are renamed as the Traditional 5310 Project Application and Scoring Criteria; and the repealed New Freedom application and scoring criteria are renamed as the Expanded 5310 Project Application and Scoring Criteria; and
- 1.13 WHEREAS, the existing procedure to break ties in scoring that occur at the funding cut-off will continue be used for Traditional 5310 Projects, the following procedure will be used for Expanded 5310 Projects to break ties in scoring that occur at the funding cut-off:
- First priority will be given to vehicle replacement projects with the vehicle having the greatest mileage, in excess of the minimum requirement for program participation, ranked higher;
 - Second priority will be given to existing or continuing operating projects or mobility management projects;
 - Third priority will be given to new expansion vehicles, new operating projects, or new mobility management projects;
 - Fourth priority will be given to new equipment.
- 2.1 NOW THEREFORE BE IT RESOLVED, that the Commission has determined that the 5310 Program process will utilize objective project scoring criteria and a Statewide Review Committee consisting of representatives from the State Departments of Rehabilitation, Developmental Services, Aging, and Transportation, with Commission staff acting in the role of facilitator.
- 2.2 BE IT FURTHER RESOLVED, that the Commission adopts the Traditional 5310 Project Application and Scoring Criteria, and the Expanded 5310 Project Application and Scoring Criteria, as described in the attachments of this resolution.
- 2.3 BE IT FURTHER RESOLVED, that Resolution G-09-02 is hereby amended.

Attachments



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

Due to MPO/RTPA*: February 2, 2015
Due to Caltrans: April 1, 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

Physical Address (No P.O. Box)

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) _____

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>Table of Contents:</u>	Page (s)	Checklist (Return Applicable Items to Caltrans)
COMPLETE THE REQUIRED SECTIONS		
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"/>
PART IV – Lawsuits/Complaints	8	<input type="checkbox"/>
PART V – Applicant Profile	9	<input type="checkbox"/>
PART VI – Applicant’s Annual Budget	10	<input type="checkbox"/>
COMPLETE THE APPLICABLE SECTION(S)		
PART VII – Funding Request – Small Urban	12	<input type="checkbox"/>
PART VIII– Funding Request – Non Urban (Rural)	13	<input type="checkbox"/>
ATTACHMENT A – Operating Assistance Information	14-19	<input type="checkbox"/>
ATTACHMENT B – Mobility Management	20-25	<input type="checkbox"/>
ATTACHMENT C – Capital-Vehicle/Other Equipment	26-36	<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 derived from 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, 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 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).

PART VI

APPLICANT'S ANNUAL BUDGET

1. Current Annual Budget:

Estimated Income:		
a. Passenger Revenue		\$
b. Other Revenues		\$
c. Total grants*, donations, and 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		\$

2. Fund Source(s):

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

FOR THE FOLLOWING PAGES:

Step 1:

Check and complete either the small urban and/or rural 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 \$600,000. If also requesting funding for Traditional 5310 projects, both applications (Expanded and Traditional) shall not exceed \$600,000.

- | | | |
|---|------------------|---------------|
| <input type="checkbox"/> EXPANDED 5310 – SMALL URBAN | PART VII | PG. 12 |
| <input type="checkbox"/> EXPANDED 5310 – NON URBAN (RURAL) | PART VIII | PG. 13 |

-
- | | | |
|--|---------------------|------------------|
| <input type="checkbox"/> OPERATING ASSISTANCE | ATTACHMENT-A | PG. 14-19 |
| <input type="checkbox"/> MOBILITY MANAGEMENT | ATTACHMENT-B | PG. 20-25 |
| <input type="checkbox"/> CAPITAL-VEHICLE/
OTHER EQUIPMENT | ATTACHMENT-C | PG. 26-36 |
| <input type="checkbox"/> | | |

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 - SMALL URBAN *****

Current Recipient of: 5307 5310 5311 New Freedom JARC

	Year 1	Year 2*	Year 3*	TOTAL
<input type="checkbox"/> Expanded 5310 - Small Urban Operating Assistance (Complete Attachment A) Project Title: _____ Project Title: _____ Project Title: _____	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Match Funds (overmatch, if applicable)	\$	\$	\$	\$
Total Cost of Project:	\$	\$	\$	\$
<input type="checkbox"/> Expanded 5310 - Small Urban Mobility Management (Complete Attachment B) Project Title: _____	\$	\$	\$	\$
Match Funds (overmatch, if applicable)	\$	\$	\$	\$
Total Cost of Project:	\$	\$	\$	\$
<input type="checkbox"/> Expanded 5310 - Small Urban Capital -Vehicle/Other Equipment (Complete Attachment C) Project Title: _____	\$	\$	\$	\$
Match Funds (overmatch, if applicable)	\$	\$	\$	\$
Total Cost of Project:	\$	\$	\$	\$

**PART VIII
EXPANDED 5310
FUNDING REQUEST**

***** EXPANDED 5310 - NON URBAN (RURAL) *****

Current Recipient of: 5307 5310 5311 New Freedom JARC

	Year 1	Year 2*	Year 3*	TOTAL
<input type="checkbox"/> Expanded 5310 - Rural Operating Assistance (Complete Attachment A) Project Title: _____ Project Title: _____ Project Title: _____	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Match Funds (overmatch, if applicable)	\$	\$	\$	\$
Total Cost of Project:	\$	\$	\$	\$
<input type="checkbox"/> Expanded 5310 - Rural Mobility Management (Complete Attachment B) Project Title: _____	\$	\$	\$	\$
Match Funds (overmatch, if applicable)	\$	\$	\$	\$
Total Cost of Project:	\$	\$	\$	\$
<input type="checkbox"/> Expanded 5310 - Rural Capital -Vehicle/Other Equipment (Complete Attachment C) 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 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 expansion of paratransit service beyond the minimum requirements of ADA Service enhancement (same day; door-to-door; escort)
 New 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. If your agency serves both rural and urbanized areas and receive FTA assistance from 5311, 5316/5317 (Rural) and/or 5307 and/or 5316/5317 (Small Urban), please describe the cost allocation methodology your agency uses to segregate rural service costs from urbanized service costs.

4. 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: _____ \$ _____

5. 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

6. 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)

7. 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

8. 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:

5310 Operating Assistance (Check and complete applicable project category)	
Fixed/Flexible/Shuttle/Feeder Service <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: _____
Demand Response <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): _____
ADA Paratransit Service to Improve Access/Connections <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: _____
Vanpool <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

NOTE: PLEASE COPY AND USE ADDITIONAL PAGES FOR EACH YEAR'S PROJECT (if applicable)

Applicant: _____

Contractor (if applicable): _____

Project Period: _____ to _____

(1) Total Operating Expenses (Itemize)

Total Direct Labor	\$		
Total Equipment and Supplies	\$		
Total Other Direct Costs	\$		
Total Travel Costs	\$		
TOTAL OPERATING EXPENSES	\$		
TOTAL *INDIRECT EXPENSE (Indirect Rate: ____%)	\$		
TOTAL DIRECT & INDIRECT EXPENSE		\$	(1)

* Prior approval by Caltrans required

(2) Less Fare box and Other Revenue

_____	\$		
_____	\$		
_____	\$		
_____	\$		
TOTAL FAREBOX AND OTHER REVENUE			
APPLIED AGAINST ELIGIBLE EXPENSES	\$	\$	(2)

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

_____	\$		
_____	\$		
_____	\$		
_____	\$		
TOTAL INELIGIBLE EXPENSES	\$	\$	(3)

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

\$ **(4)**

BUDGET SUMMARY:

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

** 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

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

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. ¹Indirect cost(s) (Overhead and Fringe Benefits):

Overhead Rate _____ % \$ _____

6. Total Costs:

\$ _____

¹ **Must have approved 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. If your agency serves both rural and urbanized areas and receive FTA assistance from 5311, 5316/5317 (Rural) and/or 5307 and/or 5316/5317 (Small Urban), please describe the cost allocation methodology your agency uses to segregate rural service costs from urbanized service costs.

4. 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: _____ \$ _____

5. 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

6. 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)

7. 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

8. 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 4, 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:

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

NOTE: PLEASE COPY AND USE ADDITIONAL PAGES FOR EACH YEAR'S PROJECT (if applicable)

Applicant: _____

Project Description: _____

Performance Period: _____ through _____

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

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

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

**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

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

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. ²Indirect cost(s) (Overhead and Fringe Benefits):

Overhead Rate _____% \$ _____

6. Total Costs:

\$ _____

² **Must have approved 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 expansion of paratransit service beyond the minimum requirements of ADA | <input type="checkbox"/> Service enhancement (same day; door-to-door; escort) |
| <input type="checkbox"/> New expansion of hours for paratransit service | <input type="checkbox"/> New or expansion Volunteer Driver Program |
| <input type="checkbox"/> Feeder service for intercity travel for which paratransit service is not available | <input type="checkbox"/> Voucher programs |

2. If your agency serves both rural and urbanized areas and receive FTA assistance from 5311, 5316/5317 (Rural) and/or 5307 and/or 5316/5317 (Small Urban), please describe the cost allocation methodology your agency uses to segregate rural service costs from urbanized service costs.

3. 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: _____ \$ _____

4. Indicate the type of the proposed vehicle purchase:

Vehicle Replacement (Go to question #5, then #6)

Service Expansion (Go to question #6)

5. List the current vehicle(s) that will be replaced:

Type (Bus, Van, Trolley, etc.)	Class (Type I, III, VII, etc)	Fuel Type	Length	Passenger Capacity	VIN #	Vehicle Age	Mileage

6. List the vehicle(s) your agency proposes to purchase (Go to question #8):

Quantity	Type (Bus, Van, Trolley, etc.)	Class (Type I, III, VII, etc)	Fuel Type	Length	Passenger Capacity	Unit Cost	Total Cost

Note: Manufactured vehicles shall not exceed the Original Equipment Manufacturers Gross Vehicle Weight Rating.

7. List the equipment your agency proposes to purchase:

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

Quantity	Description of the Equipment (fareboxes, AVL, GPS, etc.)	Unit Cost	Total Costs

NOTE: Request for Information Technology (IT)/Intelligent Transportation Systems (ITS) Equipment requests (i.e. Hardware, Software, fareboxes, GPS, AVL, Smart Cards, and Vehicle Maintenance System, 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>.

8. What is the need for this vehicle/equipment? How did you select the project?
 - a) Describe what service improvements would be addressed by acquiring the equipment and/or vehicles?
 - b) If your agency is requesting vehicle(s) replacement, explain why the vehicle(s) replacement is needed.
 - c) If the request for vehicle(s)/equipment is for service expansion, how was the need for the expansion determined?
 - d) If funding for this project is approved, how will the surrounding community benefit?

9. Does your agency have the experience, and staffing level to administer and implement the project, and to submit required reports correctly and on time?
 Yes No

10. Does your agency have the resources to bring about successful completion of the project?
 Yes No

11. 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>

ATTACHMENT-C
EXPANDED 5310
CAPITAL – VEHICLE/OTHER EQUIPMENT

12. Fill out the proposed procurement schedule:

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

13. Is your agency planning on using your own labor force to carry out the proposed project?

Yes No

14. Is the total cost of your project \$100,000 or more, and include your own labor?

Yes (Attach your agency's force account plan to this application. If there is no force account plan in place, your agency must develop a plan before the project can be included in the grant application to FTA.)

No

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

Yes No

ATTACHMENT-C
EXPANDED 5310
CAPITAL – VEHICLE/OTHER EQUIPMENT

CHECKLIST for SUBRECIPIENT’S VEHICLE MAINTENANCE PLAN

Answer the following questions regarding the vehicle maintenance plan:

1. Does your agency have a written vehicle maintenance plan for FTA funded rolling stock?
 Yes No
2. Does the vehicle maintenance plan include goals and objectives? (Page _____)
 Yes No
3. Does your agency have a preventive maintenance checklist for all FTA funded rolling stock?
 Yes No
4. Are the maintenance plan and preventive maintenance checklist consistent with the current operating fleet?
 Yes No
5. Are the maintenance plan and preventive maintenance checklist consistent with manufacturer’s minimum maintenance requirements under warranty?
 Yes No
6. How does your agency track the manufacturer’s recommendations and updates on requirements?
7. What is your agency’s schedule for vehicle preventive maintenance? Are they completed on time?
8. Does your agency’s vehicle maintenance plan address maintenance procedures for wheelchair lifts and other accessibility features? (Page _____)
 Yes No
9. Do maintenance records indicate that accessibility features are maintained in operative condition?
 Yes No

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

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).

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

C. Program Performance Indicators (maximum 20 points)

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

5310 Capital Vehicle/Other Equipment (Check and complete applicable project category)	
Vehicles for Individuals Improved Access/Connections	Number of one-way trips per day: _____ Number of vehicles loans provided/subsidized: _____
Vehicles for Agencies __ Expanded Geographic Coverage __ Extended Service Hours/Days __ Improved System Capacity	Number of one-way trips per day: _____ Number of vehicles added beyond ADA requirement: _____
Accessible Taxis __ Expanded Geographic Coverage __ Extended Service Hours/Days __ Improved System Capacity	Number of one-way trips per day: _____ Number of vehicles added: _____
Vanpool Vehicles __ Improved System Capacity __ Improved Access/Connections	Number of one-way trips per day: _____ Number of vehicles added: _____
Car-sharing __ Expanded Geographic Coverage __ Improved System Capacity	Number of one-way trips per day: _____ Number of vehicles added : _____
ITS-related software/hardware __ Improved System Capacity __ Improved Access/Connections __ Improved Customer Knowledge	Describe service elements: _____ _____
Large Capacity Wheelchair Lifts/Securement Added __ 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.
2. Describe how you will promote public awareness of the project and how you will keep stakeholders involved and informed throughout the project.

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

Capital Equipment on State Procurement Contract	Number	Unit Cost **	Total Cost
Vehicles (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	

* **Rear-side wheelchair lift floor plan**

† Unit cost is an estimated cost of vehicle, equipment and related charges and it is 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 to your agency.

Other Capital Equipment

Applicant must attach three (3) estimates of equipment **with** this application. The average of the 3 estimates will be the requested grant amount. If equipment is to be sole sourced, written justifications must be attached. Other eligible equipment includes: wheelchair lifts and 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.

Equipment	Number	Unit Cost	Total Cost
Computer Hardware			
Computer Software			
Other Eligible Equipment (describe)			
Communications Equipment	Number	Unit Cost	Total Cost
Base Station			
Mobile Radio			

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

PROPOSED PROJECT BUDGET

NOTE: PLEASE COPY AND USE ADDITIONAL PAGES FOR EACH YEAR'S PROJECT (if applicable)

Subrecipient: _____

Project Description: _____

ITEM DESCRIPTION	COST
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
NET PROJECT COST:	\$

BUDGET SUMMARY: Federal Share + Toll Credits+ Local Share = Net Project Cost	
FEDERAL SHARE: (80%)	\$
TOLL CREDITS: (20%)	\$
Subtotal:	\$
LOCAL SHARE OVERMATCH: (if applicable)-itemized source	\$
NET PROJECT COST:	\$

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

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

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

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. ³Indirect cost(s) (Overhead and Fringe Benefits):

Overhead Rate _____% \$ _____

6. Total Costs:

\$ _____

³**Must have approved ICAP**



Funding Request

Applicant Name: _____

Project Title: _____

Small Urban: _____

Rural: _____

TOTAL SCORE: _____ **Rater's Name:** _____ **Date:** _____

General Questions - Were all questions answered completely?	
--	--

Comments:

Project Narrative Scoring

A. Program Goals and Objectives (Maximum 20 points)

Score

<p>Exceptional (15-20 points): Applicant exceeds minimum standards set for demonstrating that the project is consistent with the overall 5310 program goals and objectives and meets all consideration factors.</p>	
<p>Satisfactory (7-14 points): Applicant meet minimum standards set for demonstrating that the project is consistent with the overall 5310 program goals and objectives and meets some of the consideration factors.</p>	
<p>Unsatisfactory (0-6 points): Applicant fails to meet minimum standards set for demonstrating that the project is consistent with the overall 5310 program goals and objectives and either does not or narrowly meet the consideration factors.</p>	

Comments:

B. Project Implementation Plan - (30 points):

Score

<p>Exceptional (21-30 points): Applicant exceeds minimum standards set for providing a well-defined and detailed operations plan with defined routes, schedules, current/projected ridership, key personnel, and marketing strategies with supporting documentation for carrying out the project.</p>	
<p>Satisfactory (11-20 points): Applicant meet minimum standards set for providing a well-defined and detailed operations plan with defined routes, schedules, current/projected ridership, key personnel, and marketing strategies with supporting documentation for carrying out the project.</p>	
<p>Unsatisfactory (0-10 points): Applicant fails to meet minimum standards set for providing a well-defined and detailed operations plan with defined routes, schedules, current/projected ridership, key personnel, and marketing strategies with supporting documentation for carrying out the project.</p>	
<p>Comments:</p>	

C. Program Performance Indicators - (20 points):

Score

<p>Exceptional (15-20 points): Applicant exceeds minimum standards set for identifying clear measurable outcome-based performance measures and indicators and includes a logical, reasonable and quantifiable methodology to track the effectiveness of the project.</p>	
<p>Satisfactory (7-14 points): Applicant meets minimum standards set for identifying clear measurable outcome-based performance measures and indicators and includes a methodology to track the effectiveness of the project.</p>	
<p>Unsatisfactory (0-6 points): Applicant fails to meet minimum standards set for identifying clear measurable outcome-based performance measures and indicators and includes a vague or non-realistic methodology, or does not include a methodology to track the effectiveness of the project.</p>	
<p>Comments:</p>	

D. Communication and Outreach - (20 total points):**Score**

<p>Exceptional (15-20 points): Applicant exceeds minimum standards set for communication and outreach to target populations that benefit from the 5310 program. Applicant provides detail on their extensive efforts made and accomplishments in the coordination with other community transportation and/or social services resources in the project area. Communication goals and strategies are clearly identified. Include three (3) support letters from stakeholders.</p>	
<p>Satisfactory (7-14 points): Applicant meet minimum standards set for communication and outreach to target populations that benefit from 5310 program. Applicant provides minimal information on their efforts made and accomplishments in the coordination with other community transportation and/or social services resources in the project area. Communication goals and strategies are identified. Include two (2) support letters from stakeholders.</p>	
<p>Unsatisfactory (0-6 points): Applicant fails to meet minimum standards set for communication and outreach to target populations that benefit from 5310 program. Applicant provides insufficient or no information on their efforts in the coordination with other community transportation and/or social services resources in the project area. Communication goals and strategies are not identified. Does not include any or includes one (1) support letter from stakeholder.</p>	
<p>Comments:</p>	

E. Emergency Planning and Preparedness - (10 total points):**Score**

<p>Exceptional (7-10 points): Applicant exceeds minimum standards set for emergency planning and preparedness. Emergency planning and drill activities are clearly identified in detail. Applicant is included in the County OES response plan</p>	
<p>Satisfactory (4-6 points): Applicant meet minimum standards set for emergency planning and preparedness. Emergency planning and drill activities are simply identified without much detail. Applicant is not included in the County OES response plan but provides details on the efforts made to be included in the response plan.</p>	
<p>Unsatisfactory (0-3 points): Applicant fails to meet minimum standards set for emergency planning and preparedness. Emergency planning and drill activities are not identified. Applicant is not included in the County OES response plan and does not provide information on efforts made to be included in the response plan.</p>	
<p>Comments:</p>	



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

Due to RTPA: February 2, 2015
Due to Caltrans: April 1, 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

Physical Address (No P.O. Box)

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: _____

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.

PART I - APPLICANT ELIGIBILITY	Page
<input type="checkbox"/> COORDINATED PLAN CERTIFICATION	3
<input type="checkbox"/> CURRENT GRANT SUBRECIPIENT – COMPLIANCE	4
<input type="checkbox"/> PROJECT NEED	5
Private Or Public Agency	
<input type="checkbox"/> PRIVATE NONPROFIT AGENCY - CORPORATION STATUS	6
<ul style="list-style-type: none"> • Attach: Corporation status inquiry 	
<input type="checkbox"/> PUBLIC AGENCY - CORPORATION CERTIFICATION	7
<ul style="list-style-type: none"> • Attach: Public agency hearing contact letter 	
<ul style="list-style-type: none"> • Attach: Public agency resolution 	
<ul style="list-style-type: none"> • Attach: Public agency designation letter or proof of public hearing AND agency findings resolution 	
<input type="checkbox"/> GENERAL CERTIFICATIONS AND ASSURANCES SUMMARY	8
<input type="checkbox"/> AGENCY PROFILE	9/10
<ul style="list-style-type: none"> • Attach: Supporting documentation (i.e.map of service area, brochure, Title VI documentation) 	
PART II - FUNDING REQUEST	
<input type="checkbox"/> ELIGIBLE CAPITAL EXPENSES	11
<ul style="list-style-type: none"> • Attach: 3 like-kind estimates for other equipment requests (non vehicles) 	
<input type="checkbox"/> REPLACEMENT/SERVICE EXPANSION VEHICLES	13
<ul style="list-style-type: none"> • Attach: Photograph of replacement vehicle 	
<input type="checkbox"/> OTHER EQUIPMENT	14
PART III - SCORING CRITERIA	
<input type="checkbox"/> ABILITY OF APPLICANT	15
<ul style="list-style-type: none"> • For maximum points, attachments required for each question 	
<input type="checkbox"/> COORDINATED PLAN REQUIREMENTS	19
<input type="checkbox"/> COORDINATION – USE OF VEHICLE / EQUIPMENT	21
<input type="checkbox"/> EXISTING TRANSPORTATION SERVICES TABLE	22
<input type="checkbox"/> PROPOSED TRANSPORTATION SERVICES TABLE	23
<input type="checkbox"/> OTHER EQUIPMENT	24

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 PROJEC D 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 CTSA’s 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 \$600,000*)	
---	--

***If also requesting funding for Expanded 5310 projects, both applications (Traditional and Expanded) shall not exceed \$600,000.**

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)	



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

**Quantitative Scoring
 & Project Rating Worksheets**

CONTENTS

		Page	Maximum Points
Section I	Ability of Applicant	2	32
Section II	Coordination Planning	3	18
	Coordinated Plan Requirements (12 pts)		
	Coordination - Use of Vehicles/Equipment (6 points)		
Section III	Transportation Service		20
	Replacement.....	4	
	Service Expansion.....	5	
	Other Equipment	6	
Section IV	Service Effectiveness	7	30
	Project Scoring Form	8	
Maximum Total Per Requested Project			100

Scored by: (RTPA Name and Phone Number)
Agency submitting Application:
Signature of Person Verifying Eligibility of Applicant and Scoring

Quantitative Scoring & Project Rating

(See Application Part III – Pg. 15-18)

Evidence of an applicant’s experience and history of providing efficient and effective transit services.

SECTION – I
Ability of Applicant

Score

<p>1a. Applicant has experience providing existing specialized transportation services for elderly or individuals with disabilities for:</p> <p style="text-align: right;">More than 5 years = 4 ____ 3 to 5 years = 3 ____ 1 to < 3 years = 2 ____ Less than 1 year = 0 ____</p> <p style="text-align: center;">OR</p> <p>1b. Applicant has experience in providing social services (non-transportation) for elderly or individuals with disabilities:</p> <p style="text-align: right;">Applicant demonstrates support from the local RTPA or CTSA (attach letter) = 2 ____ And applicant has provided social services for More than 3 years = 2 ____ 1 to 3 years = 1 ____ Less than 1 year = 0 ____</p>	
<p>Scoring criteria for the following questions: 0 = Does not address question 1 = Addresses question without attaching relevant documentation. 2 = Addresses question completely and attaches relevant documentation</p> <p>2. Driver training program: New and continuing driver training, including classroom and road testing = 2 ____ Sensitivity Training, Emergency Preparedness, First Aid, and CPR = 2 ____</p> <p>3. Dispatching Plan: Description of dispatching plan with ongoing training = 2 ____</p> <p>4. Maintenance plan including the following: Daily Pre- and post- trip inspection description with inspection forms = 2 ____ Preventative and routine maintenance description, with maintenance schedule and forms = 2 ____ Contingency plans for when equipment is not available for service = 2 ____</p> <p>5. California Highway Patrol (CHP) Inspections Inclusion of satisfactory CHP or Caltrans inspection or documentation that such an inspection is not required = 2 ____</p> <p>Annual Budget/Fund Sources: 6. Agency describes other funding received or why other funding is not available = 2 ____ 7. Qualified audit for agency included with no instances of non-compliance = 2 ____</p> <p>Emergency Operations and Response Planning: 8. Emergency planning and drill activities, and county coordination. = 2 ____ 9. Identified available accessible vehicles (including capacity) to the county for use in emergency evacuations. = 2 ____</p> <p>Proposed Budget for Transportation Program: 10. All sources of estimated income are identified for proposed project. = 2 ____ 11. Budget for applicant agency includes prior, current, and budget year. = 2 ____ 12. Appropriate funding source for local match is identified. = 2 ____</p>	
<p>Total Points Maximum 32</p>	

Quantitative Scoring & Project Rating

(See Application Part III – Pg. 19 and 20)

**SECTION – II
Coordination Planning**

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

COORDINATED PLAN REQUIREMENTS Maximum 12 points (3 points per question)

<p><i>Element 1: An assessment of available services that identifies current transportation providers (public, private, and non-profit).</i></p> <p>1. Generally describes available non-profit, public transit or Paratransit, including fixed route, dial-a-ride, and ADA complementary Paratransit services as contained in the Coordinated Plan by section and/or page number.</p>	
<p><i>Element 2: An assessment of transportation needs for individuals with disabilities, older adult. This assessment can be based on the experiences and perceptions of the planning partners or on more sophisticated data collection efforts, and gaps in service.</i></p> <p>2. Describes transportation needs of individuals with disabilities or elderly individuals to be served by the proposed project as contained in the Coordinated Plan by section and/or page number.</p>	
<p><i>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.</i></p> <p>3. Identifies coordination strategies activities and/or efficiencies by name. Accurately describes <u>how this project addresses strategies, activities and/or efficiencies.</u> Includes section and/or page number of Coordinated Plan.</p>	
<p><i>Element 4: Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities identified.</i></p> <p>4. Identifies the Coordinated Plan’s implementation priorities. Accurately describes <u>how this project addresses them.</u> Includes section and/or page number of Coordinated Plan.</p>	
Total Planning Score Maximum 12	

COORDINATION – USE OF VEHICLES/EQUIPMENT Maximum 6 points (3 points each)

(See Application Part III – Pg. 21) Verify required letters are attached for 1 and 2 or 3.

<p>1. Clearly describes how vehicles, equipment or services in agency’s existing fleet are used to provide coordinated service for another agency’s clients or how these vehicles are shared with another agency(s).</p>	
<p>2. Clearly describes plan for coordinating use of requested vehicle(s) or equipment. (1 point per type of coordination or sharing of resources, up to 3 points.) Examples:</p> <ul style="list-style-type: none"> • Shared use of vehicles • Dispatching or scheduling • Maintenance • Back up transportation • Staff training programs • Joint procurement of services and supplies from funding sources other than Section 5310 • Active participation in local social service transportation planning process • Coordination of client trip(s) with other transportation agencies • Other – please describe 	
OR	
<p>3. Clearly identifies attempts the agency has made to coordinate. Explains why coordinating isn’t possible. Provides supporting documentation letter from CTSA or RTPA confirming that no opportunities for coordination currently exist for requested equipment.</p>	
Total Coordination of Vehicles Score Maximum 6	

Quantitative Scoring & Project Rating

(See Application Part III – Pg. 22 Existing Services)

SECTION – III

Existing Transportation Services

REPLACEMENT – Vehicles to be replaced that are currently in Active Service.

VEHICLE USEFUL LIFE CRITERIA

TYPE OF VEHICLE	EXISTING VEHICLE MILES AND AGE	SCORE
Minivan, Modified Van	175,000 to 200,000 or 8 years	..... 20
	150,000 to 174,999 or 7 years	..... 15
	125,000 to 149,999 or 6 years	..... 10
	100,00 to 124,999 or 5 years	..... 5
	Less than 100,000 miles or 4 years old not eligible	..... 0
Bus Type I, IA, IB, II, III	225,000 - 250,000 or 9 years	..... 20
	200,000 – 224,999 or 8 years	..... 15
	175,000 – 199,999 or 7 years	..... 10
	150,000 – 174,999 or 6 years	..... 5
	Less than 150,000 or 5 years not eligible	..... 0
Bus Type VII	275,000 – 300,000 or 11 years	..... 20
	250,000 – 274,999 or 10 years	..... 15
	225,000 – 249,999 or 9 years	..... 10
	200,000 – 224,999 or 8 years	..... 5
	Less than 200,000 or 7 years not eligible	..... 0
Bus Type VIII	425,000 – 449,999 or 14 years	..... 20
	400,000 – 424,999 or 13 years	..... 15
	375,000 – 399,999 or 12 years	..... 10
	350,000 – 374,999 or 11 years	..... 5
	Less than 350,000 or 10 years not eligible	..... 0

Replacement: Determination that an applicant’s vehicle needs to be replaced in order to continue its existing transportation services. For each new vehicle requested a vehicle currently in **active service** will be removed and sold or placed into backup service. Sedans and SUV’s are no longer eligible as replacement vehicles.

Active Service: Vehicle is providing service throughout the agency’s normal days and hours of operation.

Excessive Maintenance: Vehicle does not meet minimum useful life but needs to be replaced due to excessive maintenance. Requests must have prior approval from Branch Chief of the Elderly and Disabled Specialized Transit Program.

Use the chart below to score each replacement vehicle.

Maximum 20 points each

Type of Vehicle	VIN - last 5 numbers	Disposition: Sell or Backup	Mileage	Age	Score

* If requesting new system (base station and mobile radios) score under **Other Equipment**.

Quantitative Scoring & Project Rating
 (See Application Part III – Pg. 23 Proposed Services)

SECTION – III
Proposed Transportation Services

NEW OR SERVICE EXPANSION – Determination that requested additional equipment would be fully utilized (days and hours, passenger trips, service area) including usage of vehicle by another agency through a coordination plan.

Use the chart below to score each new or service expansion vehicle.
Round to the nearest whole number.

Score

Projected service hours per week to be provided with requested vehicle will increase total existing service hours by:		
> 38 = 7 points	27 to 29 = 3	
36 to 38 = 6	24 to 26 = 2	
33 to 35 = 5	20 to 23 = 1	
30 to 32 = 4	< 20 hours = 0 points	
AND Projected number of daily one-way Passenger Trips divided by Proposed total vehicle service hours:		
> 7 per service hour = 7 points	4 = 3	
7 = 6	3 = 2	
6 = 5	2 = 1	
5 = 4	< 2 per service hour = 0 points	
AND Projected number of miles for proposed vehicle per day is:		
> 105 miles per vehicle = 6 points		
91 to 105 = 5	46 to 60 = 2	
76 to 90 = 4	30 to 45 = 1	
61 to 75 = 3	< 30 miles per vehicle = 0 points	

Maximum 20 Points

Proposed New or SE Vehicle	Total Score Each Vehicle

OTHER EQUIPMENT - Determination that ancillary equipment will provide critical support to the applicant’s transportation program.

Use the chart below to score each equipment request.

Criteria	Points	Score
1. Equipment will coordinate fleet of 10 or more vehicles (app. page 22 or 23) 10	15	
	13	
	11	
	8	
	9	
	7	
	6	
	5	
4		
1-3 vehicles	1	

2. Applicant is currently using manual system for scheduling, vehicle tracking, etc. And/or has no dispatch communication equipment. (Application page 14)	5	
OR		
3. Applicant needs to replace inadequate equipment to improve efficiency. (Application page 14)		
More than 5 years	5	
3 to 5 years	3	
Less than 3 years	0	
	Total(Maximum 20)	

Other Equipment: - Computer system, Software, Maintenance equipment, Communication system or other.

Describe and Score **each** request

Maximum Points 20

Equipment Requested	Score

Quantitative Scoring Criteria & Project Rating

(See Application Part III – Pg.22, 23 Transportation Services)

SECTION – IV

Service Effectiveness

Determination that existing fleet is fully utilized (days and hours, passenger trips and service area) including usage of vehicle(s) by another agency through a coordination plan.

Round to the nearest whole number.

<p>Existing transportation provider: Total service hours per week divided by number of vehicles (excluding vehicles in back up service):</p> <p style="text-align: center;">OR</p> <p>First-time transportation provider: Total projected service hours per week divided by number of vehicles (excluding vehicles in back up service):</p>		SCORE
Over 36 hours per week = 10 35 to 36 = 9 33 to 34 = 8 31 to 32 = 7 29 to 30 = 6	27 to 28 = 5 25 to 26 = 4 23 to 24 = 3 20 to 22 = 2 0-19 hours per week = 0	
<p>AND Existing transportation provider: Sum of the total one-way passenger trips per day divided by total service hours per day (excluding backup service):</p> <p style="text-align: center;">OR</p> <p>First-time transportation provider: Projected number of daily one-way passenger trips divided by total vehicle service hours:</p>		SCORE
Over 8 passengers per service hour = 10 7 to 8 = 8 5 to 6 = 6	3 to 4 = 4 1 to 2 = 2 no passenger per service hour = 0	
<p>AND Existing transportation provider: Total miles per day divided by number of vehicles (excluding backup vehicles):</p> <p style="text-align: center;">OR</p> <p>First-time transportation provider: Projected number of miles for requested vehicle per day:</p>		SCORE
Over 102 miles per vehicle = 10 95 to 102 = 9 87 to 94 = 8 79 to 86 = 7 71 to 78 = 6 63 to 70 = 5	55 to 62 = 4 47 to 54 = 3 39 to 46 = 2 30 to 38 = 1 0-29 miles per vehicle = 0	
<p>Additional Points Possible -Total cannot exceed 30 points</p>		
<p>Existing transportation provider: Current wheelchair/lift users as a percentage of current total users:</p> <p style="text-align: center;">OR</p> <p>New or expanded transportation provider: Projected wheelchair/lift users as a percentage of current total users:</p>		SCORE
More than 65% = 10 61 to 65% = 9 56 to 60% = 8 51 to 55% = 7 46 to 50% = 6	41 to 45% = 5 36 to 40% = 4 31 to 35% = 3 26 to 30% = 2 20 to 25% = 1 0-19% = 0	
		<p>Total Score Maximum 30</p>

Project Rating Worksheet

Agency: _____ RTPA: _____

	Project Request	If Replacement Vehicle - VIN	Sect 1 (Max 32pts)	Sect II (Max 18pts)	Sect III (Max 20pts)	Sect IV (Max 30pts)	Total (Max 100pts)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							