



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

Due to TDOT: December 16, 2015

NOTE: Please complete all sections of the application. Applications with incomplete or missing information will receive a lower score. Applications available in alternate formats by request.

		CAGE No.:
Agency (Applicant) Legal Name:		DUNS No.:
Physical Address (No P.O. Box)		Federal ID No.:
City	County	Zip
Executive Director		
Phone	Fax	E-Mail Address
Grant Contact Person		
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. (Agencies that have submitted signatory authority forms are not required to submit a resolution of authority)

Signature (Authorizing Representative) _____

Service Area (Indicate all counties served by this project)

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.

*If your agency applied for FY2013 Section 5310 Call for Projects in April 2015, then multiple sections of this application are not required to be completed. Current subrecipients that have submitted in the last six (6) months the below list of required documents as ***noted*** are not required to resubmit the information. Applicant must provide such a statement in the section of the application requesting the information.

PART I - APPLICANT ELIGIBILITY		Page
<input type="checkbox"/> COORDINATION EFFORTS		3
<input type="checkbox"/> CURRENT GRANT SUBRECIPIENT – COMPLIANCE		4
<input type="checkbox"/> PROJECT NEED		4
<input type="checkbox"/> PRIVATE NONPROFIT AGENCY - CORPORATION STATUS		5
<p>*Attach: Copy of Articles of Incorporation or letter from Secretary of State and a copy of 501(c)(3) status from the IRS</p> <p>*Attach: Copy of Board Member Names, Titles, Race, & Gender</p> <p>Agencies must inform TDOT with any changes to their agency’s governing body. (within 30 days of the change)</p>		5
<input type="checkbox"/> *PUBLIC AGENCY – CERTIFICATION OF NO READILY AVAILABLE SERVICE PROVIDERS		5
<input type="checkbox"/> SIGNATORY AUTHORITY FORM		
*Attach: See Attachment 6		
<input type="checkbox"/> AGENCY PROFILE		6
PART II - FUNDING REQUEST		
<input type="checkbox"/> ELIGIBLE CAPITAL – ROLLING STOCK		7
<input type="checkbox"/> REPLACEMENT/SERVICE EXPANSION VEHICLES		8
Attach: Vehicle Replacement Identification (Attachment 2)		
*Attach: Vehicle Fleet Inventory (Attachment 5)		
<input type="checkbox"/> CERTIFICATION OF EQUIVALENT SERVICE		9
*Attach: Completed Assessment and Form from Attachment 3		
PART III – APPLICANT PERFORMANCE		
<input type="checkbox"/> MAINTENANCE PLAN		
*Attach: See Attachment 4		10
<input type="checkbox"/> TECHNICAL CAPACITY		
*Attach: Audit Report		10

PART I –APPLICANT ELIGIBILITY

****Coordination Efforts***

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.”

Reference: FTA C 9070.1G Chapter V

Is the project part of a Coordinated Plan? Yes No

If yes, provide a copy of the coordinated plan.

Document the section and page in the coordinated plan that identifies the project or need your agency is fulfilling. Provide a brief summary of the project or need identified in the coordinated plan that your project is fulfilling.

Section _____ Page Number _____

Who is the lead agency for the coordinated plan?

Describe in detail the efforts your organization has undertaken to coordinate transportation services with other transportation providers within your service area.

If coordination is not possible, then please explain the reasons for it not to be possible and identify attempts your organization has made to coordinate transportation services.

PART I –APPLICANT ELIGIBILITY

If you are a current grant subrecipient and are not compliant with all TDOT and FTA Section 5310 requirements, then 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.

On-going compliance documents required to be submitted to TDOT from each 5310 grantee include 1) an asset inventory, 2) inspection reports, 3) monthly and quarterly reports, 4) maintenance logs, and 5) an approved written maintenance plan.

	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 Grant Agreement?		

Project Need

Provide a detailed narrative of the need to provide transportation for the elderly and/or people with disabilities in your service area.

Private Non-profit 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 attach a copy of the Articles of Incorporation or a current letter of good standing from the Secretary of State. 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 TDOT.

DO NOT submit bylaws or tax status documentation.

Private Non-Profits	
Legal Name of Private Non-Profit Applicant:	
State of Tennessee Articles of Incorporation Number:	
Date of Incorporation:	

Is your organization a 501(c)(3)? Yes No **If Yes, attach a copy of the IRS letter.**

***Attach a current list of your agency’s governing body. The list needs to include the names and titles of the members that govern your organization as well as their race and gender.**

Agencies must inform TDOT with any changes to their agency’s governing body. (within 30 days of the change)

Public Agency

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

PART I –APPLICANT ELIGIBILITY

Population Served

Provide the total number of clients currently served by the agency, and provide a breakdown of those clients who are elderly and disabled. **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.

Estimated Trips: Below, estimate the number of annual one-way passenger trips served to be provided from this grant project for seniors and / or individuals with disabilities.					
Seniors		Persons with Disabilities			
Percentage of type of trips to be provided (% of use should equal 100)					
Medical		Education		Nutrition	
Recreation		Shopping		Employment	
Other (describe below)					

Number of individuals' served _____

What is agency's service area population? _____

Agency Profile

Description of transportation service provided in relationship to this capital project request. (Include days and hours of operation, geographic area of service and the type of clientele and how vehicle or equipment will be used to support the mobility service for seniors and /or individuals with disabilities).

Title VI Requirements (Nondiscrimination): 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:

- 1) Date of Complaint/Lawsuit Received and/or Acted On
- 2) Description Status/Outcome
- 3) Corrective Action Taken
- 4) Date of Final Resolution - *to be eligible, the applicant must provide a written response. Not applicable (N/A) is not an acceptable response.*

PART II – FUNDING REQUEST

Eligible Capital Expense - Rolling Stock

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)?

Yes No

If yes, please detail the grant program, the amount requested, and the timeframe for the award.

Vehicle Menu

Select vehicle type and indicate quantity. Prioritize your vehicle request based on need.

Note: Private Non-Profit agencies may only select ADA accessible vehicles from the menu. Vehicles marked with an asterisk (*) in the vehicle menu are non-accessible vehicles and are not available to private non-profit agencies.

See Attachment 1 for the various vehicle floor plans available.

Vehicles	Quantity Request	Priority Ranking	Unit Cost	Total Cost
Vehicles				
Standard Rear Lift Conversion Van (4 + 2)			\$34,470	
Lowered Floor Minivan (6 + 1)			\$34,990	
Extended Length Raised Roof Conversion Van (5 + 2)			\$38,500	
Mobility Vehicle w/ADA Side Ramp (3 + 1)			\$43,765	
Small Medium Cutaway Bus (8 + 2)			\$41,400	
Medium Duty Cutaway Bus (12 + 2)			\$45,437	
Medium Duty Cutaway Bus (10 + 2)			\$42,784	
Medium Duty Cutaway Bus (16 + 2)			\$46,970	
*Center Aisle Raised Roof Passenger Van (10 Passengers)			\$28,008	
*Center Aisle Passenger Van (14 Passenger)			\$32,400	
*Small Medium Cutaway Bus (13 Passenger)			\$39,085	
*Passenger Bus (24 Passenger)			\$44,758	

PART II – FUNDING REQUEST

Replacement / Expansion Vehicles

TDOT does NOT allow agencies to place liens or have encumbrances on government funded vehicles.

REPLACEMENT VEHICLES (maintaining existing service levels)

Explain why the vehicle(s) need replacement in order to ensure continuance of existing services. Describe the service the vehicles will provide and describe the service area.

Note: Applicant must submit an attached list that identifies the vehicle(s) to be replaced. Include the type, make, VIN, year, funding source, and current mileage of the vehicle(s) to be replaced. See Attachment 2.

Note: Within 90 days of delivery of the replacement vehicle(s), your agency must initiate the disposal process through a public auction with TDOT approval for the vehicle(s) identified for replacement.

NEW SERVICE OR SERVICE EXPANSION VEHICLES

Provide a detailed description of the new service or service expansion. Explain how the current service will benefit from the new service or service expansion. Include the amount of service the service expansion vehicle is proposed to provide.

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.

***Existing Transportation**

Complete Vehicle Fleet Inventory (Attachment 5). List all vehicles your agency currently owns or leases. Include backup/spare 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 funding source (e.g. Section 5310, Department of Aging, city or county, etc.)**

PART III – APPLICANT PERFORMANCE

Technical Capacity

***CERTIFICATION OF EQUIVALENT SERVICE**

Applicants are required to perform an assessment and submit a Certificate of Equivalent Service to ensure that people with disabilities are receiving equivalent service. The template form is included in the application packet as Attachment 3. **For the application to be eligible for funding, applicants must have submitted the assessment and signed certification form in the past year. If not, the applicant must perform the assessment and attach it to the application.**

Describe applicant's experience and history of providing efficient and effective 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? Yes No

If Yes, how many years of experience does your agency have in providing transportation service? _____

If Yes, how many years of experience does your agency have in providing transportation service to the elderly and people with disabilities? _____

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

2. Describe your agency's driver training program by specifically discussing each of the following components and indicating whether they will be performed in-house or under contract as well as the staff or position(s) responsible:
- New Driver Orientation, Training, and Testing including classroom and behind the wheel
 - Passenger Sensitivity Training
 - Emergency Preparedness
 - First Aid
 - CPR
3. Describe your agency's system for dispatching vehicles and discuss training of staff in the dispatching function.

Financial Capacity

PROPOSED BUDGET FOR TRANSPORTATION PROGRAM

See Application Instructions for specific requirements in completing this page.

7. Annual Transportation Operating Budget:

Estimated Budget for Transportation:		
a. Passenger Fare Revenue		\$
b. Other Revenues (Describe)		\$
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) TDOT recommends budgeting at least \$200 per vehicle per year		\$
c. Fuels		\$
d. Casualty & Liability Insurance		\$
e. Administrative & General Expense		\$
f. Other Expenses (e.g., materials & supplies, taxes)		\$
g. Contract Services (specify) _____		\$
TOTAL EXPENSES		\$

8. Operating Fund Sources:

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

9. Local Match for this application.

Identify Source(s) of Local Match:	AMOUNTS
	\$
	\$
	\$
TOTAL LOCAL MATCH - 10% of Total Project Cost	\$

Successful applicants will enter into a standard contract agreement with TDOT and provide the local match at time of contract execution. If the grantee declines to accept the award after entering into a contract with TDOT, then TDOT will require official notice and justification for declining the award. In addition, TDOT may retain the grantee’s local matching funds.

Certification for Local Match and Operating Expenses Fund Sources

This is to confirm that _____ will provide the necessary
(Agency Name)

10% match when requested and will provide the necessary and appropriate funding for continued operating and maintenance expenses for Section 5310 vehicle/s.

Executive Director

Date