

PSRC Coordinated Grant Program, 2010 Supplemental Application Information

Note: Completing Items I and II are required for all applications. Completing Item III is required if you are applying for JARC or New Freedoms funds. Items IV and V are optional. All supplemental information must be kept to two pages, Arial font, at least 10.5 point type and 1" margins. PSRC reserves the right to exclude information not contained in two pages.

Project Name: Expand mobility management efforts in King County to improve and expand mobility for people with special transportation needs.
Project Sponsor: Hopelink

REQUIRED

I. Funding

To which agency(ies) and for what type of funds are you applying?

	MARK WITH "X"
PSRC only	
Which type of PSRC Funds:	
Job Access and Reverse Commute (JARC)	
New Freedom	
Both	
PSRC and WSDOT	
Which type of PSRC funds:	
JARC	
New Freedom	
Both	X
WSDOT Consolidated Grant Program only	

II. Matching Funds

Federal Transit Administration (FTA) funds include the requirement of 20% match for capital projects and 50% match for operating. Projects will be funded at the required match.

MATCH	AMOUNT (IN \$)	MEETS REQUIRED MATCH? YES/NO
Secured Match	\$ 39,446	YES
Unsecured Match	\$ 0	

You may request the amount anticipated with full match; however, the amount awarded at contract execution will be based on providing the required match amount.

Do you intend to apply for matching funds to WSDOT? (enter Yes or No.)

No

Please describe how you will meet required match amounts if they are not secured at this time.

N/A

III. Eligibility

If applying for JARC funds, describe how your project is consistent with JARC eligibility requirements.

As required by JARC, this Mobility Management project would assist low-income individuals and families get access to jobs, training and childcare in several ways. This project would:

- Provide direct travel options assistance and high-visibility safety aids to low-income individuals to help them find ways to work, job training and childcare and get there safely;
- Train low-income individuals and families to ride transit, enabling them to use transit in the future to get to work, job training and childcare; and
- Identify and implement transportation solutions through coordination between human service agencies and transportation providers to improve mobility for low-income individuals and families in North and South King County.

Also, Hopelink is a private, nonprofit organization and is, therefore, eligible to receive JARC funds.

If applying for New Freedom funds, describe how your project is consistent with New Freedom eligibility requirements.

As required by New Freedom, this Mobility Management project would assist individuals with disabilities with transportation, including transportation to and from jobs and employment support services. This project would:

- Provide direct travel options assistance and high-visibility safety aids to people with disabilities;
- Identify and implement transportation solutions through coordination between human service agencies and transportation providers to improve mobility for people with disabilities in King County and its subregions;
- Coordinate with King County Metro Transit’s travel training program, which offers one-on-one and group transit training for older adults and people with disabilities; and
- Coordinate with King County Metro Transit’s Access Transportation service to connect eligible riders with their Paratransit service.

Hopelink is a private nonprofit organization and is, therefore, eligible to receive New Freedom funds. As required by New Freedom, this project was derived from our locally developed Coordinated Plan and is part of a coordinated effort to improve mobility for people with disabilities in King County.

OPTIONAL

IV. Use this space to describe your project with additional information not addressed in the main application which could be relevant to the PSRC recommendation and decision-making.

V. Regional Centers—Bonus points (Scoring criterion I)

Identify how the project will directly provide services or capital resources to one or more of the VISION 2040 adopted regional centers.

http://www.psrc.org/assets/466/CentersReferenceMap_1-25-08.pdf

JARC: Sponsor has identified how many jobs were/will be accessed within regional centers.

New Freedom: Sponsor identifies how many one-way trips were/will be arranged or provided to and from regional centers for non-ADA eligible individuals.



**Washington State
Department of Transportation**

**Public Transportation
State and Federal Consolidated Grant Program**

2011-2013 Application Form

2011-2013 Application Form

Applications must be received by WSDOT no later than 5 p.m. on December 10, 2010. Funding request for public transportation projects begin July 1, 2011, and end June 30, 2013. DO NOT use this application form for Transit Formula or FTA Section 5311(f) grant requests. Go to www.wsdot.wa.gov/transit/ for additional information.

SUMMARY SECTION

Complete one SUMMARY SECTION for each application type (operating, capital, and project development) per agency/organization.

I. General Organization Information

Legal Name of Organization:			
Federal ID Number:			
Mailing Address:			
Main Office Address (if different from mailing address):			
Payment Mailing Address (if different from mailing address):			
Contact Person:			
E-mail Address:			
Telephone Number:		Fax Number:	
Organization Director:			
E-mail Address:			
Legislative District(s):		Congressional Dist.(s):	

II. Type of Applicant (check one box only)

- | | | |
|---|--|---|
| <input type="checkbox"/> Rural Public Transit | <input type="checkbox"/> Small Urban Public Transit | <input type="checkbox"/> Large Urban Public Transit |
| <input type="checkbox"/> Private Non-Profit Organization* | <input type="checkbox"/> General - Local Government Agencies (State, City, County) | <input type="checkbox"/> Private for Profit |
| <input type="checkbox"/> Special District (i.e. School, Port) | <input type="checkbox"/> Tribal Government | <input type="checkbox"/> State Agency |

*Private non-profit applicants who have not previously applied for grant funding must attach a copy of the IRS Letter of Determination for 501(c) non-profit status.

III. Type of Application (check one box only)

- | | | |
|----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Capital | <input type="checkbox"/> Operating | <input type="checkbox"/> Program Development |
|----------------------------------|------------------------------------|--|

IV. Type of Funding

What type of funding is your organization willing to receive (state/federal)?

Federal funds Yes No

State funds Yes No

V. Management and Experience

Responses in this section are limited to the space provided.

1. What experience does your organization have with passenger transportation services?

2. Who will be the project staff for this grant? What type of experience do these individuals have with grant management?

- Federal Transit Administration funds
- State funds
- Other funds

VI. Organization Service Level Information

List the service level information requested below for **all transportation services your organization provides (not just this project)**:

Agency Wide Information	July 1, 2009, through June 30, 2010 (actual)	July 1, 2010, through June 30, 2011 (budgeted)	July 1, 2011, through June 30, 2013 (projected 24 months)
Revenue Vehicle Hours*			
Revenue Vehicle Miles**			
Passenger Trips***			
Volunteer Hours (transportation related)			

* *Total revenue hours for all vehicles used for the passenger transportation services provided by your organization.*

** *Include revenue miles from all vehicles used for passenger transportation services provided by your organization.*

*** *Passenger trips include each time a passenger boards a vehicle used for the passenger transportation services provided by your organization.*

Note: *Service level information specific to each project will be requested in the Project Section of this application.*

END OF SUMMARY SECTION



PROJECT SECTION

Complete one PROJECT SECTION for each project. If submitting multiple projects, please make additional copies of the entire PROJECT SECTION and submit one for each project.

I. Project Summary

- 1. Name of Organization:
- 2. Project Title. *This project title must be the same as the project title ranked by your local RTPO/MPO.*
- 3. Operating Capital Program Development
- 4. Amount Requested:

II. Coordinated Public Transit - Human Service Transportation Plans

Identify which regional Coordinated Public Transit - Human Services Transportation Plan(s) this project is included in and on which page it is referenced. This is a requirement.

- Benton-Franklin-Walla Walla RTPO / Benton Franklin Council of Governments, Page Number
- North Central RTPO / Wenatchee Valley Transportation Council, Page Number
- North East Washington RTPO, Page Number
- Lewis-Clark Valley MPO, Page Number
- Palouse RTPO, Page Number
- Peninsula RTPO, Page Number
- Quad County RTPO, Page Number
- Skagit-Island RTPO / Skagit MPO, Page Number
- Southwest Washington RTPO / Cowlitz-Wahkiakum Council of Governments, Page Number
- Thurston Regional Planning Council, Page Number
- Whatcom Council of Governments, Page Number
- Yakima Valley Conference of Governments, Page Number
- Puget Sound Regional Council, Page Number
- Spokane Regional Transportation Council, Page Number
- Southwest Washington Regional Transportation Council, Page Number
- Other , Page Number

III. Project Need

How does this project meet the needs of the community and the strategies addressed in the locally developed Coordinated Public Transit - Human Services Transportation Plan? Responses are limited to the space provided below, or may be expanded on the supplemental page if additional space is needed.

IV. Project Service Level Information

1. Provide the service level information requested below **for this specific project:**

Project Specific Information	July 1, 2009, through June 30, 2010 (actual)	July 1, 2010, through June 30, 2011 (budgeted)	July 1, 2011, through June 30, 2013 (projected 24 months)
Revenue Vehicle Hours*			
Revenue Vehicle Miles**			
Passenger Trips***			
Volunteer Hours (transportation related)			

* *Total revenue hours for all vehicles used for the passenger transportation services described in this specific project.*

** *Include revenue miles from all vehicles used for passenger transportation services described in this specific project.*

*** *Passenger trips include each time a passenger boards a vehicle used for the passenger transportation services described in this specific project.*

2. How were service-level estimates developed?

V. Type of Project

Describe the type of project by selecting one of the three options below. Remember to submit separate applications for capital, operating, and program development projects.

1. Operating

General assistance for agency services

Project specific assistance

1a. Service type (check all that apply)

Fixed route

Demand response service

Route deviated service

Vanpool

Volunteer driver

Employment options

Other (explain)

1b. Need for service: (Mobility management projects must be separate from other operating projects.)

Preserve existing service

Restore service to prior level

Expand service (Check all that apply):

Establish new service area

Extend hours of service

Reduce response time

Increase frequency

Provide new services

Mobility management

(describe):

(describe):

2. Capital (see Chapter 4, Section VII vehicle descriptions)

Fleet or equipment replacement

Fleet or equipment expansion

Replace bus

Reduce response time

Replace minibus

Add vehicles to fleet

Add wheelchair accessibility

Increase vehicle capacity

Replace van(s)

Extend hours of service

Replace other equipment

Provide new services (describe):

Purchase of service

Mobility management (describe):

3. Program Development:

Project development

Project planning

System planning

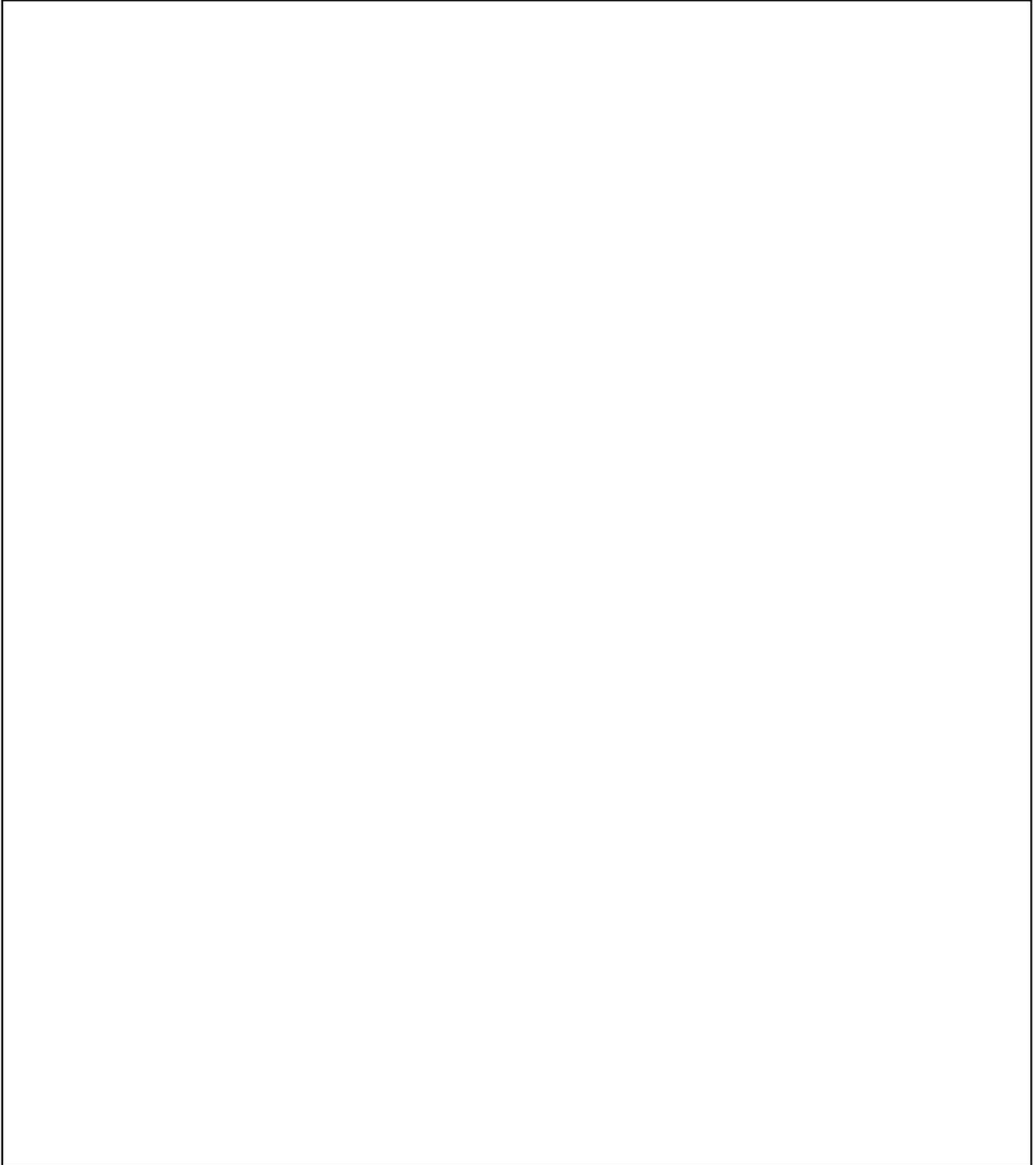
Mobility management planning

VI. Project Description

Responses in Section VI (Questions 1 through 6) are limited to the space provided, or may be expanded on the supplemental page if additional space is needed.

1. Provide a detailed description of the project.

2. How will you know if the project is successful and improves the efficiency and effectiveness of public or special-needs transportation? For continuing projects, please include information regarding the project's performance to date.



3. Explain your organization's commitment to continue with this beyond the availability of the requested grant funding.

4. Describe your efforts to leverage funds from other sources to support the implementation of this project.

5. Describe how this project relates to other services operated by your organization.

6. Is this project dependent on any other project submitted by your organization or other organizations within your region? If so, please identify the organization and describe the project and its relation to the project for which you request grant funding.

VII. Financial Information – For Operating and Program Development Grants

Complete the following information for **this project only**. If this is an existing project, identify the expenses related to and budgeted for this project over the last two years in the first two columns labeled Actual and Budgeted and total the two in the third column labeled Total. Use the *Supplemental Information* page to explain variances in your budget. **If this is a new project, leave the first three columns blank.** In the last column labeled Projected Expenses, identify the operating budget for this project over the 24-month grant period.

Expenses	July 1, 2009, through June 30, 2010 (12 months) Actual	July 1, 2010, through June 30, 2011 (12 months) Budgeted	2009-2011, Biennial Year (24 months) TOTAL	July 1, 2011, through June 30, 2013 (24 months) Projected Expenses
Direct Operating				
Labor & Benefits				
Fuel & Lubricants				
Insurance				
Vehicle Maintenance				
Depreciation (only on assets not paid for with state or federal grant funds)				
Other				
Contracted Services				
Subtotal				
Administrative				
Labor & Benefits				
Rent & Utilities				
Consultant Services				
Other				
Subtotal				
Total Gross Operating Expenses				
Less Passenger Fares and Donations				
Total Net Operating Expenses				

Complete the following information **for this project only**. If this is an existing project, identify the revenues used and anticipated to operate this project over the last two years in the first two columns labeled Actual and Budgeted and total the two in the third column labeled Total. **If this is a new project, leave these columns blank**. In the last column labeled Local Match & Projected Revenues, indicate all sources of funding you will use for matching the grant request and the total funds requested for this project.

Revenues	July 1, 2009, through June 30, 2010 (12 months)	July 1, 2010, through June 30, 2011 (12 months)	2009-2011, Biennial Year (24 months)	July 1, 2011, through June 30, 2013 (24 months)
Source	Actual	Budgeted	TOTAL	Local Match & Projected Revenues
Local Funds (list):				*
State Funds (list):				**
Federal Funds (list):				**
In-Kind (list):				
Other (list):				
Subtotal Operating Revenue				
Requested Operating/Development Grant:	N/A	N/A	N/A	
*** Total Operating Revenue				

* Do not include passenger fares or donations in local funds.

** Do not include any state or federal funds requested in this application in the Projected Revenue column.

*** This amount must be equal to **Total Net Operating Expenses** on the previous page.

VIII. Equipment Request

For Capital Projects Only

1. Identify your capital equipment request.

Please see Chapter 4, Section VIII for information about how to describe your vehicle. Please see Appendix A, Glossary of Terms for the definitions of *replacement* and *expansion*.

<i>Equipment Description (if vehicle, include length, approximate Gross Vehicle Weight and passenger capacity)</i>	<i>ADA Accessible (yes/no - if yes, WC capacity)*</i>	<i>Quantity</i>	<i>Replace (R) Expand (E)</i>	<i>Unit Cost</i>	<i>Fuel Type</i>	<i>Total Cost</i>
Sub Total						
Sales Tax						
Total Estimated Cost						
Less Local Matching Funds for this Project						
Total Equipment Request for this Project						

Note: Passenger service vehicles transporting fewer than 15 persons, including the driver, and used for special needs passenger transportation services are exempt from sales tax per RCW 82.08.0287. Rideshare plates are required to exercise this exemption.

*If not ADA accessible, how will you ensure system accessibility?

IX. Proposed Project Work Plan

List major project tasks and activities in the far left column. Identify the expected project expenditures under the appropriate columns. Indicate whether project tasks are for capital, operating, or development activities.

Tasks/Activities	July 11 - Dec 11 (6-months)	Jan 12 - June 12 (6-months)	July 12 – June 13 (12-months)
Totals:			

Supplemental Information

Supplemental Information is limited to one page per project. You may use this space to elaborate or expand on information provided in other sections of the application. Indicate the specific question number from this application when providing supplemental information. This space may also be used for any additional information that could be useful to the evaluators or to explain any variances in your project budget. Try to keep your comments brief. **WSDOT reserves the right to omit information exceeding one page.**

Attachments Checklist

(Applications submitted without the required attachments will be considered incomplete.)

- Public Transportation Management Rolling Stock, Equipment, and Facility form (**required** on all projects).
- Service area map (**required** for each project).
- Population density map that shows population density for each project (**required** for each project).
- Customer Complaint Process Guidelines (**required** for each project).
- Letters of acknowledgement from RTPOs in the geographic areas covered by the project but that have not ranked the project (**required** if applicable).
- Copy of organization's last financial report (**required** for each project).
- Letters committing matching funds (**required** on projects with financial partners).
- Indirect cost plan (**required** on operating grant projects).
- In-kind match valuation plan (**required** if in-kind match will be used).
- Letters of support (**optional**).

Note: All applicants must complete the Public Transportation Management Rolling Stock, Equipment, and Facility form.

- Existing grantees who have submitted this form annually may update that inventory and substitute that form for the one provided.

END OF PROJECT SECTION

Application Authority

I certify, to the best of my knowledge, that the information in this application is true and accurate and that this organization has the necessary fiscal, data collection, and managerial capability to implement and manage the projects associated with this application. *Marilyn Mason-Plunkett*

Applications submitted without the checkbox selected will be rejected by WSDOT and will not be considered for grant funding.

Applicant agency

Project title*

Name and title of person certifying application

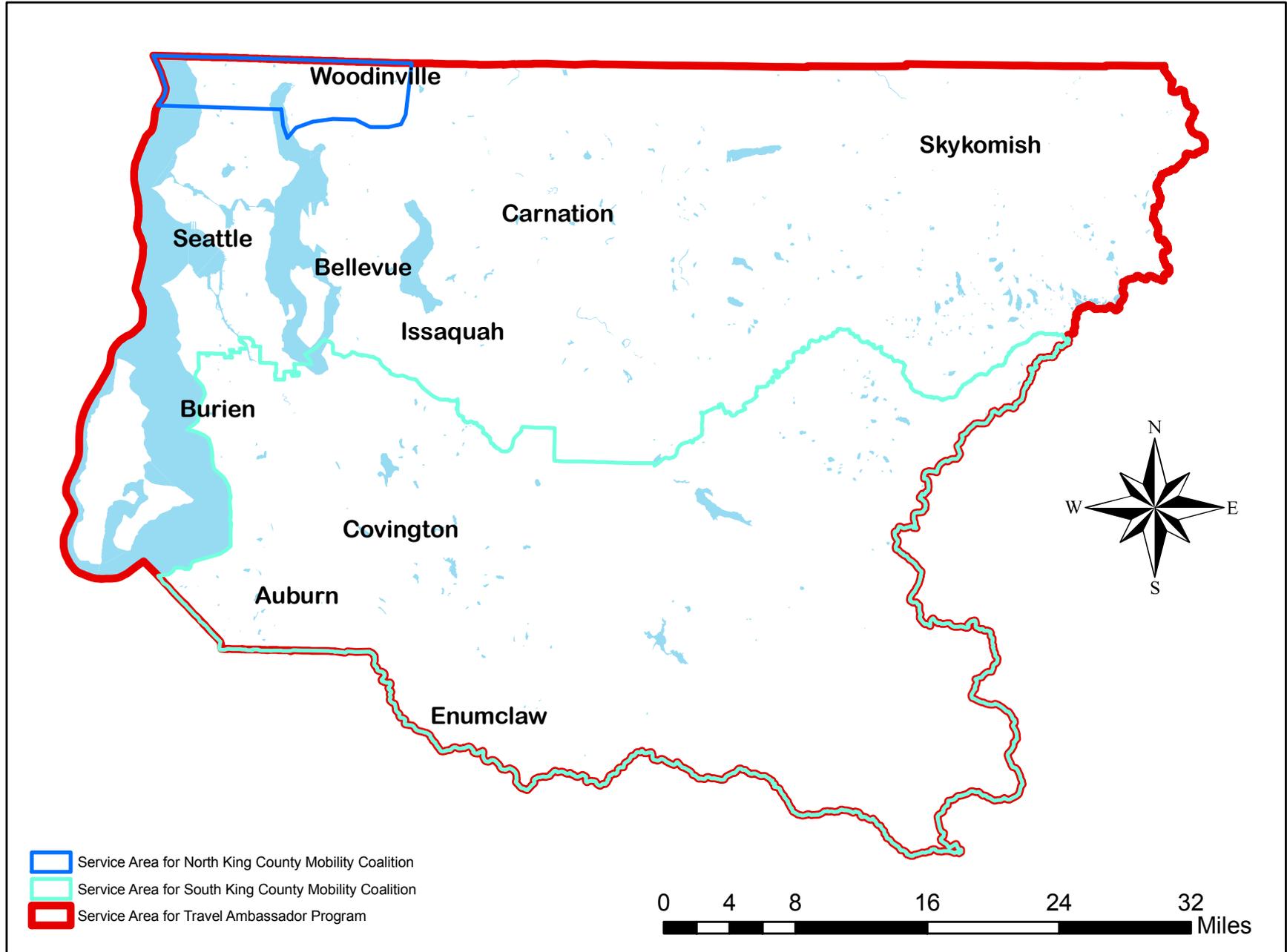
Date

***Note:** This application must be certified by someone authorized to sign contracts on behalf of your organization or has been delegated that authority, such as the board chairperson or chief executive officer.*

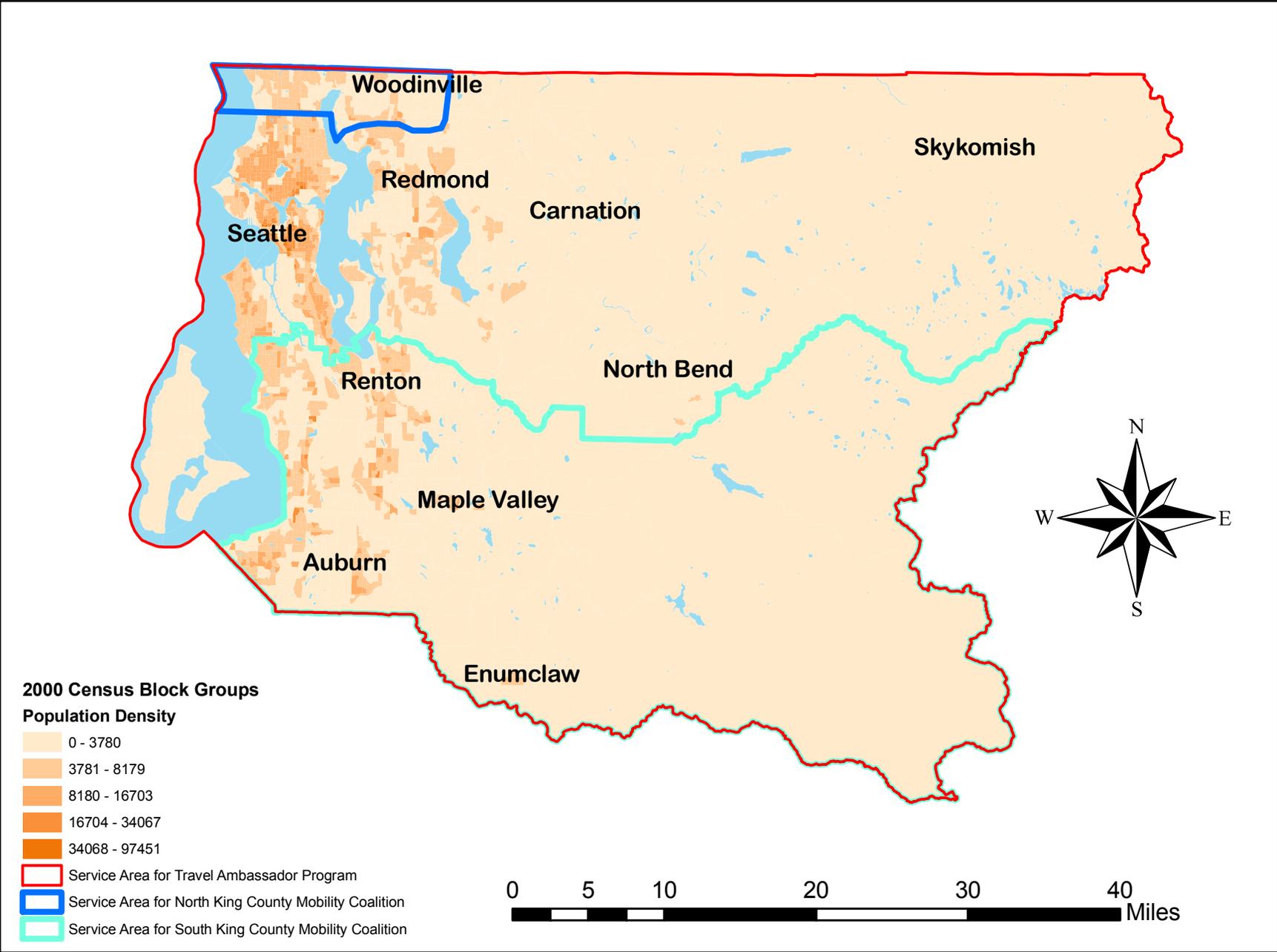
*** Note:** If the application contains more than one project, list the remaining projects below by the applicable project titles.

2. Expand mobility management efforts in King County to improve and expand mobility for people with special transportation needs.

Service Area for Project: Expand Mobility Management



Population Density for Project: Expand Mobility Management



Hopelink Customer Complaint Process Description September 2010

How Hopelink Addresses Customer Comments

Hopelink's Transportation customers may submit comments/complaints over the telephone by calling the agency's toll-free number. Hopelink also operates a toll-free TDD line for clients who are hearing or speech-impaired.

Comments/complaints are also accepted by mail and by fax. Finally, customers may submit their comments/complaints via email, which is included on Hopelink's website at: <http://www.hope-link.org/contact/>.

While most comments/complaints are filed with Customer Service Specialists in the call center, these may be submitted with any Hopelink staff who are responsible for ensuring that the comment is forwarded to the Transportation Division for processing.

Once a complaint is received in the Transportation Division, the process is simple and straightforward:

- 1) the comment is logged in a database,
- 2) the comment is forwarded to a responsible party for response,
- 3) the response is then reviewed by an independent party, and finally,
- 4) a response is issued to the customer.

More specifically, Hopelink manages two sets of comment databases, one for its Brokerage Operations and one for its Direct Operations. In the case of the Brokerage Operations, the Customer Service Center Manager is responsible for reviewing the comment for clarity and sufficiency of information, then forwarding to the responsible party for a response. The responsible party issues a response to the concern; this response is reviewed by the Ombudsperson to ensure that the response addresses the clients concerns, including any necessary corrective actions. Disagreements with any decision or a response are escalated to the Associate Director, the Director, and ultimately the agency's CEO for separate review. A client may also choose to request an administrative Fair Hearing with DSHS should they not agree with a decision made by Hopelink. These options are included in the response to the customer.

Responses to customers are typically issued within 14 business days of receipt of the comment, or less for high severity complaints. Customers receive a response to comments unless: 1) they have specifically indicated that a response is not required, or 2) they are submitting a commendation about the service. Customer comments are also reviewed by the Ombudsperson and Hopelink's management team for quality control purposes both at individual and aggregate levels.

In the case of Hopelink's Transportation Direct Operations, comments are either received directly from customers or forwarded from Metro's Customer Service

Center. These are logged in a database and then forwarded to a supervisor for investigation and review. The supervisor responds to the customer directly if a response has been requested. Comments may be escalated to the General Manager, Director, or CEO at the customer's request. Here also, Hopelink strives for a 14 day response time to customers.

Sample Comment Form

Hopelink's educational material about the Medicaid Brokerage contains the following invitation to customers:

For Complaints, commendations and comments regarding your trip please contact the Hopelink King County reservation line at 800-923-7433.

These brochures are distributed throughout the county at medical facilities and available online at Hopelink's website, www.hope-link.org. The brochure is available in English, Spanish, and Russian.

For services in contract with Metro for the King County DART program, customer comment guidelines are established by the Metro transit authority. Printed route schedules on board the bus provide information for contacting Metro's Customer Service department, including their website at <http://metro.kingcounty.gov/cs/services.html>

Formally Adopted Policies

In recent years, Hopelink's Transportation Division has adopted the 'A Complaint is a Gift' policy. This policy requires that all staff treat comments/complaints as opportunities to improve service to customers. Comments are therefore valuable and welcome feedback rather than problems to handle. Any indication of retribution against a customer for filing a comment is investigated with disciplinary action up to and including termination. Retribution against customers is absolutely not tolerated at Hopelink.

Options for Contacting Hopelink's Transportation Division

Customers of Hopelink's Transportation Division have several options for voicing their concerns:

- 1) Toll-free 1-800 number with live agents to receive the call 24 hours a day, seven days a week;
- 2) Fax line available 24 hours a day, seven days a week – these faxes are reviewed periodically during the day and processed within 24 hours;
- 3) Email to Ombudsperson at Hopelink. The email contact information is available on Hopelink's website. Hopelink is also developing an online form that clients could complete to submit their concerns directly to the Ombudsperson;
- 4) Mail, or direct delivery to one of over a dozen separate Hopelink facilities, which various addresses are included on Hopelink's internet site. An

interoffice delivery system ensures that all Transportation-related mail is promptly delivered to the Transportation facilities in Bellevue.

Customers are regularly educated on their right to file comments/complaints, and Customer Service representatives are trained to recognize and respond to customer concerns, including offering to log the concern for investigation and follow-up.



AYR *Resources for youth and families*

816 F Street SE • Auburn, Washington 98002-6121
phone: (253) 939-2202 • fax: (253) 735-1894

Marilyn Mason-Plunkett
Hopelink
14812 Main St.
Bellevue, WA 98007

Dear Ms. Mason-Plunkett:

Auburn Youth Resources supports Hopelink's grant application for the expansion of its mobility management program in King County. We are pleased to have been of assistance in evaluating the need for expanding the subregional mobility coalitions to South King County and support this project.

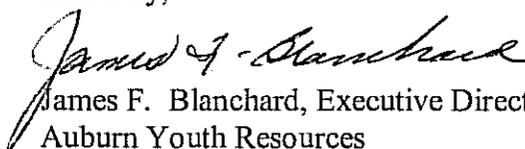
Hopelink has a strong history of implementing and sustaining programs designed to provide special needs transportation in King County. Their experience in mobility management and coordination position them well to help us better meet the transportation needs of South King County constituents. By building on Hopelink's successful programs, we can reach more people, strengthen relationships between transportation and human service providers, and look for ways to be more effective with existing resources in South King County.

This project supports Auburn Youth Resources' mission to support the children, youth and families of South King and North Pierce Counties. The clients enrolled in our programs at AYR have extremely limited resources and must rely heavily on the transportations systems in the area to get to their appointments at the agency as well as to be able to move around the area in their day to day requirements. An integrated efficient transportation system in our area is vitally important to this community. The proposed staffing for a South King County mobility coalition would enable us to address transportation issues specific to South King County, including cross-border coordination with services in Pierce County.

Auburn Youth Resources commits to providing up to \$2,000 per year in-kind matching funds to this project from July 1, 2011 to June 30, 2013 in the form of part-time office space at our site in Auburn for the Subregional Mobility Coordinator. Locating this position in South King County part-time will strengthen ties to the community and make it easier for this person to effectively promote coordination efforts here.

Thank you for considering our comments regarding Hopelink's application. Should you have any questions, please feel free to contact me at [your phone number].

Sincerely,


James F. Blanchard, Executive Director
Auburn Youth Resources



Board of Commissioners
NANCY HOLLAND-YOUNG, *Chair*
MICHAEL BROWN
DOREEN MARCHIONE
PETER ORSER

Executive Director: STEPHEN J. NORMAN



KING COUNTY

HOUSING AUTHORITY

September 7, 2010

Marilyn Mason-Plunkett
Hopelink
14812 Main St.
Bellevue, WA 98007

Dear Ms. Mason-Plunkett:

The King County Housing Authority supports Hopelink's grant application for the expansion of its mobility management program in King County. We are pleased to have been of assistance in evaluating the need for expanding the Travel Ambassador program to include the provision of safety aids to people with special transportation needs and support this project.

Hopelink has a strong history of implementing and sustaining programs designed to provide special needs transportation in King County, and in partnering with other agencies and organizations in the community to achieve these ends. Their programs are well tailored to meet the needs of King County constituents. Among these are the existing Mobility Management and Travel Ambassador Programs, which provide critical services in this time of economic uncertainty.

This project supports the King County Housing Authority's mission to provide quality affordable housing opportunities and build communities through partnerships. The safety aids and educational sessions will allow our elderly and disabled residents the opportunity to age in place, meet their special transportation needs, and assist them in living and moving around independently in their communities. King County Housing Authority commits to providing \$5,000 per year for the two-year grant period from July 1, 2011 to June 30, 2013 as matching funds for Hopelink's grant application.

Thank you for considering our comments regarding Hopelink's application. Should you have any questions, please feel free to contact me at 206- 574-1226.

Sincerely,

Linda Weedman
Director, Resident Services
King County Housing Authority



King County

Department of Transportation
Metro Transit
Paratransit/Rideshare Operations
Mail Stop YES-TR-0700
400 Yesler Way
Seattle, WA 98104-2628

September 22, 2010

Marilyn Mason-Plunkett
Hopelink
14812 Main St.
Bellevue, WA 98007

Dear Ms. Mason-Plunkett:

King County Metro Transit supports Hopelink's grant application for the expansion of its mobility management program in King County. We are pleased to have been part of the initial partnership that made this program possible and we support the expansion of the Travel Ambassador Program and Sub regional Mobility Coalitions as requested in the application.

Hopelink has a strong history of implementing and sustaining programs designed to provide special needs transportation in King County. Their programs are well tailored to meet the needs of King County constituents. Among these are the existing Mobility Management and Travel Ambassador Programs, which provide critical services in this time of economic uncertainty. By building on Hopelink's successful programs, we can reach more people and provide greater assistance at little additional cost.

This project supports Metro's Accessible Services mission to develop, maintain and promote safe, reliable, appropriate and sustainable alternatives to accessible fixed route service. Our commitment of staff support and technical assistance are ways we can assist the community efforts to fill some of the transportation gaps in the area.

King County Metro Transit has committed to providing up to \$11,000 per year for the two-year grant period from July 1, 2011 to June 30, 2013 as in-kind support for Hopelink's grant application to continue this program. We also commit to supporting the expansion of the program by providing up to \$3,500 per year of in-kind support in the form of contracted transportation services and mobile phones, by partnering to coordinate and strengthen both agencies' program, and by participating in the new sub regional mobility coalitions.

Marilyn Mason-Plunkett
September 29, 2010
Page 2

Thank you for considering our comments regarding Hopelink's application. Should you have any questions, please feel free to contact me at 206-205-6577.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Sahm', written in a cursive style.

Robert F. Sahm
Supervisor, Accessible Services
King County Metro Transit



September 30, 2010

Marilyn Mason-Plunkett
Hopelink
14812 Main St.
Bellevue, WA 98007

Dear Ms. Mason-Plunkett:

Sound Transit supports Hopelink's grant application for the expansion of its mobility management program in King County. We are pleased to have been part of the initial partnership that made this program possible and we support the expansion of the Travel Ambassador Program and Subregional Mobility Coalitions as requested in the application.

Hopelink has a strong history of implementing and sustaining programs designed to provide special needs transportation in King County. Their programs are well tailored to meet the needs of King County constituents. Among these are the existing Mobility Management and Travel Ambassador Programs, which provide critical services in this time of economic uncertainty. By building on Hopelink's successful programs, we can reach more people and provide greater assistance at little additional cost.

Sound Transit commits to supporting the expansion of the Travel Ambassador program by providing transit fare media for the proposed Ride Around the Sound program in the amount of \$2,500 annually, between July 1, 2011 and June 30, 2013, and by participating in the new subregional mobility coalitions.

Thank you for considering our comments regarding Hopelink's application. Should you have any questions, please feel free to contact Michael Miller at 206-689-4927.

Sincerely,

Michael S. Miller
Manager
Accessible Services and Customer Facilities

CHAIR

Aaron Reardon
Snohomish County Executive

VICE CHAIRS

Fred Butler
Issaquah Deputy Council President

Claudia Thomas
Lakewood Councilmember

BOARD MEMBERS

Claudia Balducci
Bellevue Councilmember

Richard Conlin
Seattle Council President

Dow Constantine
King County Executive

Jan Drago
King County Councilmember

Dave Enslow
Sumner Mayor

Jake Fey
Tacoma Deputy Mayor

Paula J. Hammond, P.E.
Washington State Secretary of Transportation

John Marchione
Redmond Mayor

Joe Marine
Mukilteo Mayor

Pat McCarthy
Pierce County Executive

Mike McGinn
Seattle Mayor

Julia Patterson
King County Councilmember

Larry Phillips
King County Councilmember

Paul Roberts
Everett Council President

Peter von Reichbauer
King County Councilmember

CHIEF EXECUTIVE OFFICER

Joni Earl



September 30, 2010

Marilyn Mason-Plunkett
Hopelink
14812 Main St.
Bellevue, WA 98007

Dear Ms. Mason-Plunkett:

Sound Transit supports Hopelink's grant application for the expansion of its mobility management program in King County. We are pleased to have been part of the initial partnership that made this program possible and we support the expansion of the Travel Ambassador Program and Subregional Mobility Coalitions as requested in the application.

Hopelink has a strong history of implementing and sustaining programs designed to provide special needs transportation in King County. Their programs are well tailored to meet the needs of King County constituents. Among these are the existing Mobility Management and Travel Ambassador Programs, which provide critical services in this time of economic uncertainty. By building on Hopelink's successful programs, we can reach more people and provide greater assistance at little additional cost.

Sound Transit commits to supporting the expansion of the Travel Ambassador program by providing transit fare media for the proposed Ride Around the Sound program in the amount of \$2,500 annually, between July 1, 2011 and June 30, 2013, and by participating in the new subregional mobility coalitions.

Thank you for considering our comments regarding Hopelink's application. Should you have any questions, please feel free to contact Michael Miller at 206-689-4927.

Sincerely,

Michael S. Miller
Manager
Accessible Services and Customer Facilities

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Indirect Cost Plan

Calculation Methodology for Hopelink's Indirect Cost Plan

Hopelink's Indirect Cost (Management and General Fee) includes the payroll and support expenses for the following departments: Administrative (includes President/CEO), Human Resources, Information Technology, Finance, and Communications.

The cost allocated to each program or service is based on the following indicator:

Administration - Individual program or service's percentage of employees in relationship to the total number of employees for all agency programs and services.

Human Resources - Individual program or service's percentage of employees in relationship to the total number of employees for all agency programs and services.

Information Technology - Individual program or service's percentage of IT support time in relationship to the total support time for all agency programs and services.

Finance - Individual program or service's percentage of employees in relationship to the total number of employees for all agency programs and services.

Communications – Individual program or service's percentage of designated revenue in relationship to the total designated revenue all agency programs and services.

Hopelink
Expand Mobility Management (FY2011-2013)
In-Kind Match Valuation Proposal
(page 1)

King County Metro, Auburn Youth Resources, and Sound Transit have committed to provide in-kind match for this project to expand Mobility Management in King County. The following identifies the organization, goods and/or services donated, the fair market value of each, and how the values were determined.

Total Committed for Project: **\$15,446.16**

King County Metro

King County Metro has committed to provide in-kind support in the form of mobile phones and contracted transportation services, as described below.

Mobile Phone:	Blackberry with data connection for Travel Ambassador Program Manager (quantity: 1)
Value of Device (one-time cost):	\$200
Monthly Cost per Device:	\$64.99
Total Value (FY2011-2013):	\$1,759.76

Contracted Transportation Services:	In-kind transportation services via contract for Ride Around the Sound participants and clients of the Community Travel Ambassador program.
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Value of Transportation Services per year:	\$2,500
Total Value (FY2011-2013):	\$5,000

Total Support (FY2011-2013): **\$6,759.76**

Auburn Youth Resources

Auburn Youth Resources has committed to provide in-kind support in the form of office space for the Subregional Mobility Coordinator in South King County, as described below.

Office Space:	Office Space for Subregional Mobility Coordinator in South King County (shared use)
Value of Space per month: ¹	\$768.00
Total Hours per Month Worked in Space by All Staff:	40
Staff Hours per Month Worked in Space by Mobility Coordinator	8
Total Value (FY2011-2013):	\$3,686.40

Hopelink
Expand Mobility Management (FY2011-2013)
In-Kind Match Valuation Proposal
(page 2)

Sound Transit

Sound Transit has committed to provide in-kind support in the form of contracted transportation services, as described below.

Contracted Transportation Services: In-kind transportation services via contract for Ride Around the Sound participants and clients of the Community Travel Ambassador program.

Value of Transportation Services per year: \$2,500

Total Value (FY2011-2013): **\$5,000**

¹ Value of Office Space based on average rental rates listed on CommercialMLS.com for the above listed area of King County, as of September 10, 2010, for a standard 64 sqft cubicle.

File location:

X:\TRANS\Special Needs\Competitive Selection\2010-2011 PSRC JARC & NF Selection\Applications Materials\Requests submitted by sponsors\Hopelink_10 11 12\Hopelink's Nov 19 revision to requested amts in all 3 proj.docx

From: Dick Callahan
To: 'Lynn Moody'
Subject: RE: Grant Applications

Sent: Monday, November 29, 2010 2:21 PM
Cc: Michelle Zeidman; Mary Pat Lawlor

Lynn,

Thanks you for the corrected information. We have updated the SNTC/TOC recommendation to reflect these corrected requested amounts for the three Hopelink projects. The updated information will be part of our remaining process to review and approve funds managed by PSRC to projects, and to WSDOT for use in its process for the funds it manages.

Dick Callahan PSRC 206.464.6171

From: Lynn Moody
To: Mary Pat Lawlor; Dick Callahan
Subject: Grant Applications

Sent: Friday, November 19, 2010 4:49 PM
Cc: Michelle Zeidman

Dear Mary Pat and Dick,

As we discussed, below are the items we need to correct for Hopelink's grant applications: [Dick note: changes to requested shaded in yellow]

Grant Title	Topic being corrected	Incorrect entry	Correct entry
Sustain mobility management efforts in King County Proj # 11	"Amount requested" (pg 4)	\$396,332	\$317,061
	"Requested Operating/Development Grant" (pg 13)	\$0	\$317,061
	"Total Operating Revenue" (pg 13)	\$79,271	\$396,332
Expand mobility management efforts in King County Proj # 12	"Amount requested" (pg 4)	\$197,163	\$157,717
	"Requested Operating/Development Grant" (pg 13)	\$0	\$157,717
	"Total Operating Revenue" (pg 13)	\$39,446	\$197,163
Transportation kiosks, major medical facilities Proj # 10	"Amount requested" (pg 4)	\$180,000	\$144,000

Section III. Type of Application (page 1)

We have reviewed WSDOT's grant application instructions again and have determined that the mobility management grants should remain classified as operating grants, under the new project type "Special Operating". These projects require a 20 percent match and are categorized as operating , as outlined on page 2-4 of *WSDOT's Public Transportation Consolidated Grant Application—2011-2013* (<http://www.wsdot.wa.gov/NR/rdonlyres/18BA5959-6F79-47FA-96CE-4E0F86188486/0/201113ApplicationPacket.pdf>).

Please let me know if you have any questions or concerns about this. Thank you for your consideration and assistance on this matter.

Lynn Moody
Director of Transportation and Interpreter Services
425.943.6764 www.hope-link.org

