

***SECTION 5310***

***APPLICATION PACKET***

***FOR***

***VEHICLES AND COMMUNICATIONS EQUIPMENT***

***FOR THE HUNTINGTON, WV-KY-OH***

***URBANIZED AREA***







***GRANT APPLICATION PACKET***

***Section 5310 Grant Application Packet***

***APPLICATION FORMAT***

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This application packet has been assembled in a very specific format which TTA hopes will reduce the amount of preparation time and aid in the fair evaluation of each application. ***Applications received by TTA that do not******follow this format will be returned for revision to the submitting organization******which may jeopardize your organization's Section 5310 funding.***

***Please use the checklist provided for each type of application (vehicle or communications equipment) to ensure that all documentation is submitted correctly. Documentation should be submitted in the order provided in the checklist.***

As soon as possible, an applicant should contact their Regional Planning and Development Council or Metropolitan Planning Organization to request a Local Intergovernmental Review. Planning organizations need 30-45 days to review your application. It is the responsibilityof applying agencies to make sure that an intergovernmental review is provided on your proposed project and not the responsibility of TTA. ***Applications will not be accepted without a positive Local Intergovernmental Review and completed sign-off documentation. The Local Intergovernmental Review must be submitted with your application on or before May 31, 2017.***

**Paul Davis (TTA), Section 5310 Program Administrator,** is available to answer any questions concerning this application packet and may be reached at **(304) 529-6094 or** **by email at pdavis@tta-wv.com. Pay particular attention to the Application** **Calendar provided on the next page.**

**On or before close of business on May 31, 2017, please submit one (1) original of your agency's application to TTA, with a copy to KYOVA, at the following addresses. Please submit the Letter of Intent no later than close of business May 15, 2017.**

**Tri-State Transit Authority KYOVA Interstate Planning Commission**

**Attn: Section 5310 Program Application Attn: Section 5310 Program Application**

**1120 Virginia Avenue, West 400 Third Avenue**

**PO Box 7965 PO Box 939**

**Huntington, WV 25779 Huntington, WV 25712**

**Phone: (304) 529-6094 (304) 523-7434**

# **APPLICATION TIMELINE FOR FY 2016/2017 SECTION 5310 GRANT**

This timeline has been provided for use as a guide in planning the completion and submission of your application. TTA and KYOVA reserve the right to modify the schedule depending on number of applicants and available funding. Applicants should adhere to the dates as outlined, unless otherwise notified, in order to ensure proper completion and timely submission of their applications. TTA and KYOVA have the right to modify this calendar based on required application process required by FTA and the funding balance allocated to the Huntington, WV-KY-OH Urbanized Area TMA.

|  |  |
| --- | --- |
| **DATE** | **ACTIVITY** |
| April 1, 2017 | Application cycle opens |
| April 1, 2017 | Applications available. Visit [www.kyovaipc.org](http://www.kyovaipc.org) and click Transit Tab. |
| April 15, 2017 | Letters of Intent to be received by TTA and KYOVA |
| April 28, 2017 | If requesting an expansion vehicle, all transit provider sign-offs should have been mailed out by grant applicant. |
| May 1, 2017 | Applications should be submitted to Local Planning and Development Council or Metropolitan Planning Organization for review. |
| May 3, 2017 | 5310 Applicant Workshop at KYOVA Office, 400 Third Avenue, Huntington, WV. Time: 10:00 a.m. to 12 noon. |
| May 15, 2017 | Last date for TTA to pre-check applications for any missing sign-off documentation and local intergovernmental reviews\*. |
| May 22, 2017 | All sign-offs not returned are considered non-objectionable. If an objection is received during the 30-day period, the applicant must send a letter offering the transit provider an opportunity to submit a proposal on how they could provide the service. Transit provider has 15-days to submit their proposal to the Local Planning and Development Council or Metropolitan Planning Organization. |
| May 31, 2017 | Last day for applications to be submitted to TTA with copy to KYOVA. |
| June 5-16, 2017 | Committee reviews applications, objections are resolved, if any, and projects are selected for inclusion in the 5310 FY 16/17 Application to FTA. |
| June 19-23, 2017 | Transit providers to receive award letters. |
| July 2017 | TTA prepares Consolidated Application and submits to FTA. |

\*A positive Local Intergovernmental Review must be included with application when submitted.

# **VEHICLE APPLICATION CHECKLIST**

\_\_\_\_\_ Project Overview & Attachment A, B, or C

\_\_\_\_\_ Letter of Intent

\_\_\_\_\_ Title Page

\_\_\_\_\_ Attachment 1: Authorizing Resolution ***(Signed in Blue Ink)***

\_\_\_\_\_ Attachment 2: Verification Certification ***(Signed in Blue Ink)***

\_\_\_\_\_ Attachment 3: Articles of Incorporation ***(IRS tax Exemption letter is not acceptable)***

\_\_\_\_\_ Attachment 4: Coordination and Sign-Off to include:

* List of ALL public, private, and paratransit providers, including taxi companies ***(If requesting expansion vehicle)***
* Sign-Off Letters (Include a copy of all letters sent, sign-offs returned completed and all return mail receipts for any agency not responding) ***(Mandatory at time of submission – if requesting expansion vehicle)***
* Signed Coordination/ Service Agreement ***(Mandatory at time of submission – if required – see Section J)***

\_\_\_\_\_ Attachment 5: Positive Local Intergovernmental Review ***(Mandatory at time of submission)***

\_\_\_\_\_ Attachment 6: Certifications ***(Signed in Blue Ink)***

\_\_\_\_\_ Attachment 7: Section 5310 Full Program Application for Vehicle

\_\_\_\_\_ Attachment 8: Summary of Project Costs

\_\_\_\_\_ Attachment 9: Operating Budget of Vehicle Requested

\_\_\_\_\_ Attachment 12: ***Notarized*** Proof of Necessary Local Matching and Operating Funds

\_\_\_\_\_ Title VI Non-discrimination and Limited English Proficiency (LEP)

\_\_\_\_\_ Maintenance Invoices for vehicles to be replaced (If applicable)

# **COMMUNICATIONS EQUIPMENT APPLICATION CHECKLIST**

\_\_\_\_\_ Project Overview & Attachment A, B, or C

\_\_\_\_\_ Letter of Intent

\_\_\_\_\_ Title Page

\_\_\_\_\_ Attachment 1: Authorizing Resolution ***(Signed in Blue ink)***

\_\_\_\_\_ Attachment 2: Verification Certification ***(Signed in Blue ink)***

\_\_\_\_\_ Attachment 3: Articles of Incorporation (IRS Tax Exemption letter is not acceptable.)

\_\_\_\_\_ Attachment 5: Positive Local Intergovernmental Review

**(MANDATORY AT TIME OF SUBMISSION – MUST APPROVE COMMUNICATION EQUIPMENT PURCHASE)**

\_\_\_\_\_ Attachment 10: Application for Communication Equipment (Questions 1 - 17) – **Include Equipment Specifications**

\_\_\_\_\_ Attachment 11: Certifications ***(Signed in Blue ink)***

\_\_\_\_\_ Attachment 12: ***Notarized*** Proof of Necessary Local Matching Funds

\_\_\_\_\_ Title VI Nondiscrimination and Limited English Proficiency

# Tri-State Transit AuthorityC:\Users\Terri Sicking\AppData\Local\Microsoft\Windows\INetCacheContent.Word\kyova logo New 2016.jpg**Section 5310 Program Application**

# **SECTION I – Project Overview**

|  |
| --- |
| **SECTION 1: APPLICANT INFORMATION** |
| **APPLICANT NAME**      |
| **LEGAL NAME OF BUSINESS**      |
| **DOING BUSINESS AS (IF APPLICABLE)**      |
| **ADDRESS**      | **CITY**      |
| **ZIP**      | **PHONE NUMBER**      | **FAX NUMBER**      |
| **AGENCY E-MAIL**      |
| **CONTACT PERSON FOR APPLICATION**      |
| **PHONE NUMBER**      | **FAX NUMBER**      |
| **CONTACT E-MAIL**      |
| **FEDERAL TAX ID**      | **DUNS#**      |
| **IS THERE A PUBLIC TRANSIT SYSTEM IN YOUR AREA?** **[ ]  YES** **[ ]  NO** |
| **SERVICE AREA (PRIMARY AREA – CITY, COUNTY, ETC.) PROJECT WILL SERVE**       |
| **DESTINATIONS OF TRIPS OUTSIDE PRIMARY SERVICE AREA**       |

**REFERENCES**

New applicants: Please fill out the table below with references from up to three of your current funders. By filling out this table you are allowing West Virginia Department of Highways (WVDOH), Kentucky Transportation Cabinet (KYTC), Ohio Department of Transportation (ODOT), KYOVA Interstate Planning Commission (KYOVA) and Tri-State Transit Authority (TTA) to contact these references.

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **ORGANIZATION** | **PHONE NUMBER** | **EMAIL** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**PROJECT NEED (10 POINTS)**

Provide a brief description of your project, making sure to address the questions below. You may attach an additional page to provide detailed information.

|  |
| --- |
| 1. **What type of services does your agency provide?**

      |
| 1. **What is the service area of your agency?**

      |
| 1. **What is your governing structure? Is there a Board of Directors for your agency, and how are they appointed?**

      |
| 1. **What is the organizational structure for your agency? Include an organizational chart showing staff and line responsibilities.**

      |

Provide a brief description of your project, making sure to address the questions below. You may attach an additional page to provide detailed information.

|  |
| --- |
| 1. **What is the source of funding that is being used for the program(s) that will be supported by the Section 5310 funds?**

      |
| 1. **What are the goals for the program that will be supported by the Section 5310 funds?**

      |
| 1. **Describe the use of the requested vehicles/equipment.**

 |

|  |  |
| --- | --- |
| **Is the project included in the KYOVA Human Services Public Transportation Coordination Plan? If you are unsure please visit** [**http://www.kyovaipc.org**](http://www.kyovaipc.org) **>Transit KYOVA’s website for a copy of the TMA Coordinated Public Transit-Human Services Transportation Plan.** | [ ]  Yes[ ]  No |
| **Please Explain:**       |
| 1. **Is the project included in the list of projects that address gaps in service as identified by the KYOVA Human Services Public Transportation Coordination Plan?**
 | [ ]  Yes* + - * 1. [ ]  No
 |
| **Please describe the gap in service the proposed project will address:**      |
| 1. **Does any public transportation exist in the area that is served by the proposed project?**
 | [ ]  Yes[ ]  No |
| **If yes, explain why it cannot be used in place of the proposed project**.      |

**FISCAL MANAGEMENT CAPABILITY (10 POINTS)**

|  |
| --- |
| 1. **Describe your organization’s experience with providing transportation to seniors and persons with disabilities.**

      |
| 1. **What is the source of local match?**

      |
| 1. **What is the source(s) of operating and maintenance funding? Successful applicants will be required to perform preventative maintenance according to the manufacturer’s schedule.**

      |

**UTILIZATION (10 POINTS)**

|  |
| --- |
| 1. **What are the projected days and times of service for the vehicles/equipment?**

      |
| 1. **What are the projected numbers of trips to be provided annually using proposed vehicles/equipment?**

      |
| 1. **What are the projected numbers of annual vehicle hours and miles to be operated by vehicle(s) being applied for? (if applicable)**

      |

**Please use Attachments A-C (as relevant to your project) to complete Project Overview**

## **Attachment A – Vehicle Request Form**

##

Note: There may be some changes in the currently available vehicles. Please contact KYOVA at 304-523-7434 for an updated listing of vehicles. If your agency operates multiple vehicles, your fleet must be at least 50% accessible before a non-accessible vehicle will be approved. The accessibility percentage will be determined by the Vehicle Request Form in this section.

**Available Vehicle Types**

|  |
| --- |
| Cutaway (12+2) |
| Narrow Body Cutaway (8+1) |
| 12-Passenger Van\* |
| ADA Accessible Mini-Van (3+1) |
| Mini-Van (7 passenger)\* |

If the vehicle is a non-ADA accessible vehicle, the driver is counted as a passenger.

Fill out the table below. You may only apply for up to three vehicles.

|  |  |
| --- | --- |
|  | **Complete one column for each requested** |
| **VEH1** | **VEH2** | **VEH3** |
| Type of vehicle requested |  |  |  |
| Number of days per week vehicle will be operated |  |  |  |
| Estimated passenger trips to be provided per year |       |       |       |
| Estimated mileage per year |       |       |       |
| Estimated hours per year |       |       |       |
| Replacement or new?  |  |  |  |

## **Attachment B – Computer Hardware/Software Request Form**

Computer hardware and software is only available to applicants who have previously participated in the program and have five or more vehicles; and must primarily be used for serving the transportation needs of the elderly and individuals with disabilities. Computers are purchased by the requesting agency and provided 80% reimbursement after submission of invoices. Purchases by the agency may only occur after receiving written approval from TTA.

Computer hardware/software will be used for (check all that applies):

[ ]  Billing

[ ]  Scheduling/Dispatching

[ ]  Driver Scheduling

[ ]  Maintenance Records

[ ]  Reports

Number of vehicles hardware/software will be used for.

|  |  |  |  |
| --- | --- | --- | --- |
| **Hardware/Software Requested (be specific)** | **Unit Cost** | **Quantity** | **Total Costs** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|  | Total Project Cost |       |
| Federal Share (80%) |       |
| Local Share (20%) |       |

## **Attachment C – Communications Equipment Request Form**

Communications equipment is purchased by the requesting agency and provided 80% reimbursement after submission of invoices. Purchases by the agency may only occur after receiving TTA written approval.

|  |  |  |  |
| --- | --- | --- | --- |
| **Hardware/Software Requested (be specific)** | **Unit Cost** | **Quantity** | **Total Costs** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|  | Total Project Cost |       |
| Federal Share (80%) |       |
| Local Share (20%) |       |

Use the space below to provide an explanation of how the communications equipment will be utilized and benefit the agency, including improvements in service delivery, coordination, reduction in cost, etc.

## ***LETTER OF INTENT***

A Letter of Intent will be required from all prospective Section 5310 applicants. **These letters are due to TTA with a copy sent to KYOVA Interstate Planning Commission by April 15, 2017**. A sample *Letter of Intent* has been included on the following page. Letters of Intent must be typed on your agency’s letterhead.

***SAMPLE LETTER OF INTENT***

***TO BE TYPED ON YOUR AGENCY’S LETTERHEAD***

Date

General Manager and CEO

Tri-State Transit Authority

PO Box 7965

Huntington, WV 25779

Dear Manager:

The\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is hereby applying or capital assistance under the Section 5310

 **(NAME OF AGENCY)**

Program to purchase \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(type of vehicle or communication equipment or both)**

and we plan to: **(agencies should state the appropriate choice from the following)**

**- Purchase a Section 5310 vehicle and sell a non-Section 5310 vehicle**

**- Purchase a Section 5310 vehicle and retain a non-Section 5310 vehicle as a spare which expands the agency’s fleet**

**- Purchase a Section 5310 vehicle and retain a previously acquired Section 5310 vehicle as a spare which expands the agency’s fleet**

**- Purchase a Section 5310 vehicle and sell a previously acquired Section 5310 vehicle**

**- Purchase a Section 5310 vehicle to expand fleet**

It is my understanding that failure to submit a positive Local Intergovernmental Planning Review with the application and all necessary sign-off documentation on or before September 30, 2106, will mean that my organization will not be considered for funding, and it is understood that Tri-State Transit Authority will not be responsible for any late, lost, or misdirected mail.

All correspondence and questions may be directed to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**(name of contact person who has been designated to represent the applicant in this matter)**

He/she may be reached at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

  **(address, telephone, agency name, fax number, and email address)**

Thank you,

**(Name and Address)**

cc: KYOVA Interstate Planning Commission

**FY 2016-17 SECTION 5310 PROGRAM**

**APPLICATION PACKET**

## ***TITLE PAGE***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Complete this page by filling in the necessary blanks. It is not necessary to retype this page as this sheet will be the first page of your application.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name of your agency)

Located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Street Address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City) (State) (Zip)

Is hereby applying for funding under the Section 5310 Capital Assistance Grant Program.

Person(s) Completing the Application:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Title) (Phone)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Title) (Phone)

DUNS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FEIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **SECTION II – Attachments**

**FY 2016-17 SECTION 5310 PROGRAM**

**APPLICATION PACKET**

## ***Attachment 1 – AUTHORIZING RESOLUTION***

On the following two (2) pages is a statement authorizing you to file a grant application on behalf of your organization. Complete all blanks and place it directly after the cover page in your application. (Do not retype). ***Sign the resolution using a blue pen***.

***AUTHORIZING RESOLUTION CERTIFICATE***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do herby certify that I am the duly qualified and acting

 (Name of Certifying Officer)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and as such, I am the

 (Title of Certifying Officer) (Name of Applicant)

keeper of the seal, records, and files of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (Applicant Name)

I do further certify that a regularly constituted meeting of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name of Applicant)

of the Board of Directors, Executive Committee, etc., \_\_\_\_\_\_\_\_\_\_\_\_held on the \_\_\_\_\_day of \_\_\_\_\_\_\_\_,

\_\_\_\_\_\_, at which a quorum of all of the members were present and voting, a certain resolution was

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(or)** *(Check one of the blanks)* adopted in full conformance

 **(**Unanimously) (By Majority Vote)

and authority with the \_\_\_\_\_\_\_\_\_\_ Bylaws of the Applicant or \_\_\_\_\_\_\_\_\_ Statutes of the State of

WV/KY/OH *(check one of the blanks)* as made and provided, and that the following is a complete and

true copy of the pertinent provisions of said Resolution:

1. That an application be made to Tri-State Transit Authority for Federal grant under the Section

5310 Program to acquire funds to provide (brief description of project).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. That \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name of Authorized Individual) (Name of Applicant)

is authorized to furnish such additional information as may reasonable be required by the

Federal Transit Administration or Tri-State Transit Authority in connection with aforesaid

application for said grant.

***FY 2016-17 SECTION 5310 PROGRAM***

***APPLICATION PACKET***

***AUTHORIZING RESOLUTION CERTIFICATE***

***(Continued)***

I further certify that the original of the complete said Resolution is on file in the records

of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in my custody.

 (Name of Applicant)

I do further certify that the foregoing Resolution remains in full force and effect and has not been rescinded, amended, or altered in any manner since the date of its adoption.

IN WITNESS WHEREOF, I have affixed my official signature and the seal (if appropriate) of the

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, this day of \_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_.

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Certifying Officer Signature

***SEAL***

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Title

## ***Attachment 2 – VERIFICATION CERTIFICATION***

**FY 2016-17 SECTION 5310 PROGRAM**

**APPLICATION PACKET**

*(Sign the following certification* ***using a blue pen)***

I am an officer of the applicant corporation herein and am authorized to make this verification on its behalf. The statements in the foregoing application and its exhibits are true to the best of my knowledge.

I declare that the following is true and correct.

Executed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date) (City and State)

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(Signature of Officer) (Title)

## ***Attachment 3 – ARTICLES OF INCORPORATION***

**FY 2016-17 SECTION 5310**

**PROGRAM APPLICATION PACKET**

Submit a copy **(must be on 8 ½” X 11” size paper)** of your organization’s articles of incorporation. The Articles of Incorporation should be inserted directly following the Verification Assurance when submitting your application.

*Note: A tax exempt statement from the IRS is not acceptable.*

## ***Attachment 4 – COORDINATION and SIGN-OFF SECTION***

**FY 2016-17 SECTION 5310 PROGRAM**

**APPLICATION PACKET**

***SIGN-OFFS/COORDINATION PROCEDURES***

The Federal Transit Administration requires TTA to sign an assurance that they are providing for the "maximum feasible coordination" of services under the Section 5310 Program. During the application cycle, the sign-off process is used to determine that TTA can sign the required certification.

Also, the Older Americans Act now has provisions that affect community transportation services. There is strengthened language describing expectations for coordination of senior oriented and public transportation services under the Title III-B‖ supportive services and senior centers program.

The sign-off process ensures that all transportation providers in an area have been notified that an agency is applying for a Section 5310 Grant. If requesting an expansion vehicle, agencies are required to seek sign-offs from all organizations, both private and public, including head start providers, which provide transportation services in their proposed service area. This allows the existing transportation providers a fair and timely opportunity to participate, to the maximum extent feasible, in the development of the transportation program and in the provision of any special transportation services for seniors and individuals with disabilities.

A listing of known transportation providers by county is available on the web by state. An agency should never consider this the only source for the names of transportation providers but it is a good place to start.

The request for **completed sign-off forms** must be sent certified mail. Copies of all letters sent, completed sign-off forms and all certified mail receipts must be included in your agency's application submittal, including any additional correspondence with **ALL** **public, private and paratransit operators, including the head start provider, in** **your proposed service area**.

Should an agency have a complaint filed against them or pending before the Public Service Commission (PSC), TTA considers this to be an objection to the application. An application cannot be considered for funding unless the issue is resolved prior to the **May 31, 2017,** deadline.

In order to meet the grant application deadline, **May 31, 2017**, **sign-off letters should be sent to all transit providers on or before April 28, 2017**. This allows anapplicant ample time to resolve any objections they may receive.

Agencies funded by the Section 5310 Program are required to provide transportation services to seniors and individuals with disabilities as proposed in their Section 5310 Application. Transportation services are to be provided as stated in your agency’s signoff letters mailed to all transportation providers in the proposed service area. **TTA is to be notified prior to any changes being made in a** **Section 5310 vehicle’s service area.**

***NO APPLICATION IS SCORED WITHOUT THE CORRECT SIGN-OFF AND COORDINATION DOCUMENTATION***

***FY 2016-17 SECTION 5310***

***PROGRAM APPLICATION PACKET***

***SIGN-OFF LETTER – SAMPLE***

***If requesting an expansion vehicle, this letter must be on your agency's letterhead and sent certified mail. All providers, including the head start provider, must be given 30 days to respond.***

Dear **(Transit Provider)**:

The **(Name of Organization)** intends to apply for a capital assistancegrant under the Section 5310 Program of the Federal Transit Act, as amended, for the purchase of a **(type of vehicle)** which will be used to provide transportation services for seniors and individuals with disabilities in **(Service Area).**

We plan to **(agencies should state appropriate choice)**:

**-Purchase a Section 5310 vehicle and retain non-Section 5310 vehicle as spare which expands agency's fleet**

**-Purchase a Section 5310 vehicle and retain previously acquired**

**Section 5310 vehicle as a spare which expands agency's fleet**

**-Purchase a Section 5310 vehicle to expand fleet**

The **(Name of Applicant)** plans to initiate/continue **(Describe Agency Service Area and Specific Routes; Number and** **Type of Persons to be Transported; Number of Days per Week;** **Types of Activities).**

This service is necessary because **(Features precluding the provision of such services by existing carriers or operators.).**

Please complete and return the attached form by **(Within 30 days of mailing)**.

Should you have any questions, objections, or propose any restrictions to this project, please contact **(Name)** at **(Phone)** to discuss this proposal further.

Sincerely,

**COORDINATION OF TRANSPORTATION SERVICES**

***PLEASE COMPLETE THE CHART BELOW***

**List all public, private and paratransit providers including Head Start, taxi companies, transit authorities, and social service agencies that provide transportation services in your proposed service area.**

***ALL PROVIDERS MUST BE GIVEN 30 DAYS TO RESPOND!* Do not include county boards of education or Greyhound.**

**ALL CORRESPONDENCE MUST BE SENT CERTIFIED MAIL**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **NAME & ADDRESS OF PROVIDER** | **DATE****SIGN-OFF****REQUESTED** | **DATE****CERTIFIED****MAIL RECEIPT****RETURNED** | **DATE****SIGN-OFF****RECEIVED** | **DATE****OBJECTION****RECEIVED** | **NO****RESPONSE****RECEIVED** |
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**SECTION 5310 SIGN-OFF FORM**

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Requesting Organization’s Name) (Requesting Organization Address)

Request a sign-off from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who

 (Name and address of organization for sign-off)

 (check one):

1. \_\_\_\_ supports the Section 5310 Application.
2. \_\_\_\_ supports the Section 5310 Application with the following restrictions:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_ objects to the Section 5310 Application for the following reasons:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_ is interested in providing this proposed service and/or participating in the coordination of this service by: (Please describe your interest)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date) (Authorizing Signature)

***Organizations making any objections, requesting any restriction or having an interest in providing or participating in the coordination of this service, should send a copy of this form to:***

**Tri-State Transit Authority**

**1120 Virginia Avenue, West**

**PO Box 7965**

**Huntington, WV 25779**

**FAILURE TO REPLY TO THIS REQUEST SHALL INDICATE THAT YOUR AGENCY HAS NO OBJECTIONS TO THE PROJECT AS PROPOSED**

***ALL PROVIDERS HAVE 30 DAYS TO RESPOND FROM DATE OF RECEIPT***

## ***Attachment 5 –*** ***LOCAL INTERGOVERNMENTAL REVIEW – ALL APPLICANTS***

All Applicants must complete the Intergovernmental Review. Please see instructions below as the process for West Virginia and

**West Virginia and Ohio Applicants**

As soon as your organization has completed its application, immediately submit a copy of the application to the appropriate Regional Planning and Development Council or Metropolitan Planning Organization and request a local intergovernmental review for your application**.** It is not necessary for your local planning organization to submit your local intergovernmental review to the State Clearinghouse. TTA will do this for you. **TTA and the Federal Transit** **Administration will not accept any applications that do not have a positive local intergovernmental review**.

**Kentucky Applicants**

The Kentucky State Clearinghouse has been designated as the state Single Point of Contact (SPOC) and is charged with providing state and local input to the appropriate federal agency. At the state level this task is accomplished by identifying those state agencies that should be involved in the planning and development of activities by Executive Order 12372, and providing these agencies with the opportunity to evaluate proposals in a timely, effective fashion. All federal applications are subject to EO 12372 Intergovernmental Review Process unless the application specifically states not subject to EO 12372.

The Kentucky State Clearinghouse processes the Intergovernmental Review Applications through an e-clearinghouse at the Kentucky Department for Local Government (DLG). All information and forms may be found at: <https://kydlgweb.ky.gov/FederalGrants/eClearinghouse.cfm>. If you have any questions or need assistance completing the forms, contact KYOVA Interstate Planning Commission. DLG will provide a letter of review to the applicant, which will serve as the required documentation for the Intergovernmental Review Process for the Section 5310 application.

**All Applicants**

Because of the responsibilities of public transportation providers under the Americans with Disabilities Act (ADA), TTA is reluctant to accept any applications for the expansion of services in counties that currently have public transit providers. Should an agency want to expand services in one of these counties, they should submit a one-page description of the project prior to the annual grant application cycle for review by TTA. Additionally, they will need to provide a letter of support for the project from the local public transit provider.

***A positive local intergovernmental review must accompany your application when submitted to TTA on or before May 31, 2017, or it will not be considered for funding. Your agency is responsible for ensuring that a local intergovernmental review is forwarded to TTA (for West Virginia and Ohio) and through the Department for Local Government – Kentucky State Clearinghouse (Kentucky).***

It is the applicant’s responsibility to ensure that it allows the local planning organizations and Kentucky DLG adequate time to review the application**. Most planning organizations and the Kentucky DLG may take 30 to 45 days to review an application.**

## ***Attachment 6 – CERTIFICATIONS***

Read and sign the following certifications using a **blue pen**. Failure to sign these certifications will mean that your agency will not be considered for funding.

***CERTIFICATIONS***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby certify that the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

(Name)(Name of Applicant)

**1. CERTIFICATION OF PROVISION OF NECESSARY LOCAL MATCHING FUNDS**

shall provide the total amount of local match from non-Federal sources, or if applicable, allowable Federal sources required for the purchase of vehicle(s) or communication equipment within fifteen (15) days of receipt of written notification from TTA of the actual amount needed. It is my understanding that failure to comply with this stipulation will result in TTA's cancellation of the purchase order that is required in order to obtain my agency's vehicle(s) or communication equipment. I further understand that this cancellation will cause my agency to be delayed in the receipt of any vehicle(s) or communication equipment for approximately one (1) year.

**2. MAINTENANCE CERTIFICATION**

The Federal Transit Administration (FTA), realizing the potential problems of operability, safety, and reliability of the vehicle(s) or communication equipment, if it is not properly maintained, has instituted a requirement that all Section 5310 grantees must certify that a vehicle(s) or communication equipment purchased under the program will be maintained in accordance with the detailed maintenance and inspection schedules provided by the manufacturer. Also, see the Section 5310 Project Guide. Failure of a private non-profit agency to maintain vehicle(s) or communication equipment in accordance with their certification will preclude additional FTA assistance to that agency. I certify that I understand the FTA maintenance and inspection requirements and that the agency will comply.

**3. CIVIL RIGHTS**

Agree that the applicant will comply with the following requirements:

(1) Nondiscrimination. In accordance with Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. § 2000d, et seq., Section

4 of the Age Discrimination Act of 1975, as amended, 42 U.S.C. § 6101, et seq., Section 102 of the Americans with Disabilities Act of 1990, 42 U.S.C. § 12101, et seq. and Federal transit law at 49 U.S.C. § 5332, as amended by MAP 21, the APPLICANT agrees that it will not discriminate against any employee or applicant for employment because of race, color, national origin, religion, sex, age, or disability. In addition, the APPLICANT agrees to comply with any other applicable Federal statutes that may be signed into law or regulations that may be promulgated.

(2) Equal Employment Opportunity. The following equal employment opportunity requirements apply to this Project:

(a) Race, Color, National Origin, Religion, Sex, Disability or Age. In accordance with Title VII of the Civil Rights Act of 1964, as amended, 42 U.S.C. § 2000e, and Federal transit laws at 49 U.S.C. § 5332, the APPLICANT agrees to comply with all applicable equal employment opportunity requirements of U.S. Department of Labor (U.S. DOL) regulations, ―Office of Federal Agreement Compliance Programs, Equal Employment Opportunity, Department of Labor, 41 C.F.R. Parts 60 et seq., (which implement Executive Order No. 11246, ―Equal Employment Opportunity,‖ as amended by Executive Order No. 11375, ―Amending Executive Order 11246 Relating to Equal Employment Opportunity, ― 42 U.S.C. § 2000e note), and with any applicable Federal statutes executive orders, regulations, and Federal policies that may in the future affect construction activities undertaken in the course of the Project. The APPLICANT agrees to take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, creed, national origin, sex, disability or age. Such action shall include, but not be limited to, the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. In addition, the APPLICANT agrees to comply with any implementing requirements FTA may issue.

(b) Sex. APPLICANT agrees to comply with all applicable requirements of Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. §§ 1681-1683, 1685-1688, with U.S. DOT regulations, ―Nondiscrimination on the Basis of Sex in Education Programs or Activities Receiving Federal Financial Assistance, 49 C.F.R. Part 25, and with any implementing directives that U.S.DOT or FTA may promulgate, which prohibit discrimination on the basis of sex.

(c) Age. In accordance with the Age Discrimination Act of 1975, as amended, 42 U.S.C. §§ 6101 et seq. and implementing regulations, the APPLICANT agrees to refrain from discrimination against present and prospective employees for reason of age. In addition, the APPLICANT agrees to comply with any implementing requirements FTA may issue.

(d) Disabilities. In accordance with Section 102 of the Americans with Disabilities Act, as amended, 42 U.S.C. § 12112, the

APPLICANT agrees that it will comply with the requirements of U.S. Equal Employment Opportunity Commission, ―Regulations to

Implement the Equal Employment Provisions of the Americans with Disabilities Act, ‖29 C.F.R. Part 1630, pertaining to employment of persons with disabilities. In addition, the APPLICANT agrees to comply with any implementing requirements FTA may issue.

(3) APPLICANT also agrees to include these requirements in each sub-agreement financed in whole or in part with Federal assistance provided by FTA, modified only if necessary to identify the affected parties.

**4. ENERGY CONSERVATION**

APPLICANT agrees to comply with, and obtain the compliance of its subcontractors, with mandatory standards and policies relating to energy efficiency contained in applicable state energy conservation plans issued in compliance with the Energy Policy and Conservation Act, 42 U.S.C. §§ 6321 et seq.

**5. CERTIFICATION OF SPECIAL EFFORTS TO PROVIDE TRANSPORTATION THAT DISABLED PERSONS CAN USE**

The applicant hereby certifies that special efforts are being made in its service area to provide transportation that disabled persons, including wheelchair users and semi-ambulatory persons can use. The transportation resulting from these special efforts is reasonable in comparison to the transportation provided to the general public and meets a significant fraction of the actual transportation needs of such persons within a reasonable time.

**6. LITIGATION CERTIFICATION**

As the authorized representative for the applicant, I hereby certify that to the best of my knowledge there is no litigation pending or threatened which might affect the performance of this Project.

**7. FISCAL AND MANAGERIAL CAPABILITY CERTIFICATION**

As the authorized representative for the applicant, I hereby certify that, based on my experience with the applicant and a review of the applicant’s records that the applicant has the requisite fiscal and managerial capability to carry out this Project.

**8. APPLICATION OF FEDERAL, STATE AND LOCAL LAWS AND REGULATIONS**

The agency hereby certifies that it will comply with changing federal, state and local requirements, the APPLICANT shall note that federal, state and local requirements may change and the changed requirements will apply to this Project as required.

Federal Regulation Changes - APPLICANT shall at all times comply with all applicable FTA regulations, policies, procedures and directives, including without limitation those listed directly or by reference in the current FTA Master Agreement between TTA and FTA, as they may be amended or promulgated from time to time during the term of this Project. The APPLICANT’S failure to so comply shall constitute a material breach of this Project.

**9. INSPECTION**

The agency hereby certifies that it shall permit TTA, the Comptroller General of the United States and the Secretary of the United States Department of Transportation, or their authorized representatives, to inspect all vehicles, facilities and equipment used by the Agency as part of the Project to verify compliance with the requirements of the Section 5310 Program. All records of the transportation services rendered by the Agency, including maintenance records, records verifying usage of the vehicle, and all relevant Project records shall also be available for inspection. The Agency shall also permit the above named persons or agencies to audit the records and accounts of the Agency pertaining to the Project.

**10. COORDINATION**

As the authorized representative for the applicant, I hereby certify that to the best of my knowledge the agency has coordinated, to the maximum extent feasible, with other transportation providers and users, regardless of their funding source.

**11. EFFECTS ON PRIVATE MASS TRANSPORTATION COMPANIES**

The applicant as required by 49 U.S.C. 5323(a) (1) (C) or 5323 (a) (2) (B), certifies that before it acquires property or an interest in property of a private mass transportation company or operates mass transportation equipment or a facility in competition with or in addition to transportation service provided by an existing mass transportation company it has or will have:

A. Provided for the participation of private mass transportation companies to the maximum extent feasible; and

B. Paid or will pay just compensation under state or local law to a private mass transportation company for its franchises or property acquired.

**12. NO FEDERAL GOVERNMENT OBLIGATIONS TO THIRD PARTIES**

The applicant acknowledges and agrees that, notwithstanding any concurrence by the Federal Government in or approval of the solicitation or award of the underlying Project, absent the express written consent by the Federal Government, the Federal Government is not a party to this Project and shall not be subject to any obligations or liabilities to TTA, APPLICANT, or any other party (whether or not a party to the Project) pertaining to any matter resulting from the underlying Project.

**13. PROGRAM FRAUD AND FALSE OR FRAUDULENT STATEMENTS OR RELATED ACTS**

As the authorized representative for the applicant, I certify the applicant acknowledges that the provisions of the Program Fraud Civil Remedies Act of 1986, as amended, 31 U.S.C. §§ 3801 et seq. and U.S. DOT regulations, ―Program Fraud Civil Remedies, 49 C.F.R. Part 31, apply to its actions pertaining to this Project. Upon execution of the underlying Project, the APPLICANT certifies or affirms the truthfulness and accuracy of any statement it has made, it makes, it may make, or causes to be made, pertaining to the underlying Project or the Federal Transit Administration (FTA) assisted Project for which the Project work is being performed. In addition to other penalties that may be applicable, the APPLICANT further acknowledges that if it makes, or causes to be made, a false, fictitious, or fraudulent claim, statement, submission, or certification, the Federal Government reserves the right to impose the penalties of the Program Fraud Civil Remedies Act of 1986 on the APPLICANT to the extent the Federal Government deems appropriate.

**14. SENSITIVE SECURITY INFORMATION**

The applicant, if selected for funding, must protect, and take measures to ensure that its sub agreement at each tier protect,―sensitive security information‖ made available during the administration of any agreement or any sub agreement to ensure compliance with 49 U.S.C. Section 40119(b) and implementing DOT regulations, ―Protection of Sensitive Security Information,‖ 49 CFR Part 15, and with 49 U.S.C. Section 114(s) and implementing Department of Homeland Security regulations, ―Protection of Sensitive Security Information,‖ 49 CFR Part 1520.

**15. ACCESSIBILITY**

The applicant, if selected for funding, agrees that products and services provided shall be in accordance with the 42 U.S.C. Sections

12101, et seq. and DOT regulations, ―Transportation Services for Individuals with Disabilities (ADA), 49 CFR Part 37; and Joint ATBCB/DOT regulations, ―American with Disabilities (ADA) Accessibility Specifications for Transportation Vehicles, 36 CFR Part 1192 and 49 CFR Part 38.

**16. TRAFFICKING IN PERSONS**

The applicant, if selected for funding, agrees to comply with, and assures the compliance of each sub recipient with, the requirements of the subsection 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA), as amended, 22 U.S.C. § 7104(g), and the provisions of the Trafficking in Persons subsection of the current FTA Master Agreement.

The applicant also agrees to inform TTA of any information it receives from any source alleging a violation of a prohibition in the Trafficking in Persons subsection of the current FTA Master Agreement.

**17. ACCESS TO SERVICES FOR PERSONS WITH LIMITED ENGLISH PROFICIENCY**

To the extent applicable and except to the extent that FTA determines otherwise in writing, any approved applicant agrees to facilitate compliance with the policies of Executive Order No. 13166, ―Improving Access to Services for Persons with Limited English Proficiency, 42 U.S.C. § 2000d-1 note, and with the provision of U.S. DOT Notice, ―DOT Policy Guidance Concerning Recipients’ Responsibilities to Limited English Proficiency (LEP) Persons, 70 Fed. Reg. 74087, December 14, 2005.

**18. ENVIRONMENTAL JUSTICE**

Any approved applicant agrees to facilitate compliance with the policies of Executive Order No. 12898, ―Federal Actions to Address

Environmental Justice in Minority Populations and Low-Income Populations, 42 U.S.C. § 4321 note, except to the extent that the Federal Government determines otherwise in writing.

**19. CHARTER SERVICE**

The applicant, if selected for funding, may not engage in charter service operations except as permitted by 49 U.S.C. §5323(d), and FTA regulations, ―Charter Service, 49 C.F.R. Part 604, and any amendments thereto that may be issued. Any charter service agreement entered into under these regulations is incorporated into any future Project Grant Agreement by reference.

**20. SEAT BELT USAGE**

Pursuant to Executive Order No. 13043, April 16, 1997, 23 U.S.C. § 402, any approved applicant, is encouraged to adopt on-the-job seat belt use policies and programs for its employees when operating company-owned, rented, or personally-operated vehicles and include this provision in third party contracts, third party subcontracts, and sub-agreements entered into under this Project.

**21. DISTRACTED DRIVING, INCLUDING TEXT MESSAGING WHILE DRIVING**

Pursuant to Executive Order No. 13513, ―Federal Leadership on Reducing Text Messaging While Driving, October 1, 2009, 23 U.S.C. § 402 note and DOT Order 3902.10, ―Text Messaging While Driving, the RECIPIENT is encouraged to reduce text messaging while driving and avoid distracted driving. This Special Condition is to be included in each third party sub-agreement at each tier financed with Federal funds.

**22. AUDITS**

Any approved applicant agrees to report any audit findings that involve Section 5310 funded equipment immediately to TTA.

I declare that the foregoing certifications are true and correct.

Executed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (Date) (City and State)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature of Official) (Title)

***CERTIFICATION OF EQUIVALENT SERVICE***

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Applicant)

certifies that its demand responsive service offered to individuals with disabilities, including individuals who use wheelchairs, is equivalent to the level and quality of service offered to individuals without disabilities. Such service, when viewed in its entirety, is provided in the most integrated setting feasible and is equivalent with respect to:

(1) Response time;

(2) Fares;

(3) Geographic service area;

(4) Hours and days of service;

(5) Restrictions on trip purpose;

(6) Availability of information and reservation capability; and

(7) Constraints on capacity or service availability.

In accordance with 49 CFR 37.27, public entities operating demand responsive systems for the general public which receive financial assistance under Sections 5310 or 5311 of the Federal Transit Act, as amended, must file this certification with the appropriate state program office before procuring any inaccessible vehicle. Such public entities not receiving Federal Transit Act funds shall also file the certification with the appropriate state program office. Such public entities receiving Federal Transit Act funds under any other Section of the Federal Transit Act must file the certification with the appropriate Federal Transit Administration regional office. This certification is valid for no longer than one year from its date of filing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Typed Name & Title of Authorized Official

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

***ASSURANCE CONCERNING NONDISCRININATION ON THE BASIS OF DISABILITY IN FEDERALLY-ASSISTED PROGRAMS AND ACTIVITIES RECEIVING OR BENEFITING FRM FEDERAL FINANCIAL ASSISTANCE IMPLEMENTEING THE REHABILITATION ACT OF 1973, AS AMENDEND, AND THE AMIRICANS WITH DISABILITIES ACT OF 1990 (FEDERAL TRANSIT ADMINISTRATION)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (the "Recipient"/Applicant) agrees that as a condition to the approval or extension of any Federal financial assistance from the Federal Transit Administration (FTA) to construct any facility, obtain any rolling stock or other equipment, undertake studies, conduct research or to participate in or obtain any benefit from any program administered by the FTA, no otherwise qualified person with a disability shall, solely by reason of his or her disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives or benefits from Federal financial assistance administered by the FTA or any entity within the United States Department of Transportation (DOT).

Specifically, the Recipient GIVES ASSURANCE that it will conduct any program or operate any facility so assisted in compliance with all applicable requirements imposed by DOT regulations implementing the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act of 1990 (any subsequent amendments thereto) set forth at 49 C.F.R. Parts 27, 37, and 38, as well as all applicable regulations and directives issued pursuant thereto by other Federal departments or agencies.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date) (Legal Name of Applicant)

BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature of Authorized Official)

***FEDERAL TRANSIT ADMINISTRATION (FTA)***

***CIVIL RIGHTS ASSURANCE***

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HEREBY CERTIFIES THAT, as a condition

(Name of Applicant)

of receiving Federal financial assistance under the Federal Transit Administration (FTA) Transportation Act of 1964, as amended, it will ensure that:

1. No person on the basis of race, color, or national origin will be subjected to discrimination in the level and quality of transportation services and transit related benefits.
2. The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will compile, maintain, and submit in
	* + - 1. (Name of Applicant)
3. a timely manner Title VI information required by FTA Circular 4702.1B and in compliance with the Department of Transportation’s Title VI regulation, 49 C.F.R. Part 21.9.
4. The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will make it known to the public that
	* + - 1. (Name of Applicant)

those person or persons alleging discrimination on the basis of race, color, or national origin as it relates to the provision of transportation services and transit-related benefits may file a complaint with the Federal Transit Administration and/or the U.S. Department of Transportation.

The person or persons whose signature appears below are authorized to sign this assurance on behalf of the grant applicant or recipient.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Typed Name/Title of Authorized Official) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature of Authorized Official)

***TITLE VI REPORT***

1. List any active lawsuits or complaints naming the applicant which allege discrimination on the basis of race, color, or natural origin with respect to service or other transit benefits. The list should include: date the lawsuit or complaint was filed; a summary of the allegation; and the status of the lawsuit or complaint; including whether the parties to a lawsuit have entered into a consent decrees. **If none, please state.**
2. A description of all pending applications for financial assistance and all financial assistance currently provided by other federal agencies. **If none, please state.**
3. A summary of all civil rights compliance review activities conducted in the last three years. The summary should include: the purpose or reasons for the review; the name of the agency or organization that performed the review; a summary of the findings and recommendations of the review; and a report on the status and/or disposition of such findings and recommendations. **If none, please state.**

***SCHOOL TRANSPORTATION OPERATIONS AGREEMENT***

**Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. As required by 49 U.S.C. 5323 (f) and FTA regulations, ―School Bus Operations, at 49 CFR 605.14, the Applicant agrees that it will:
2. 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. 5323(f), and implementing regulations, and:
3. Comply with the requirements of 49 CFR Part 605 before providing any school transportation using equipment or facilities acquired with Federal assistance authorized by 49 U.S.C. Chapter 53 or Title 23 U.S.C. awarded by FTA for transportation projects.

B. The Applicant understands that the requirements of 49 CFR Part 605 will apply to any school transportation it provides, the definitions of 49 CFR Part 605 apply to this 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.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (Typed Name & Title of Authorized Official)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (Signature)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (Date)

***CERTIFICATION OF PRIMARY PARTICIPANT REGARDING***

***DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS***

The Primary Participant (applicant for an FTA grant or cooperative agreement, or potential contractor for a major third party contract), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (NAME OF APPLICANT) certifies to the best of its knowledge and belief, that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
2. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity

(Federal, State or local) with commission of any of the offenses enumerated in paragraph (2) of this certification; and

1. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

If the primary participant (applicant for an FTA grant, or cooperative agreement, or potential third party contractor) is unable to certify to any of the statements in this certification, the participant shall attach an explanation to this certification.)

THE PRIMARY PARTICIPANT (APPLICANT FOR AN FTA GRANT OR COOPERATIVE AGREEMENT, OR POTENTIAL CONTRACTOR FOR A MAJOR THIRD PARTY CONTRACT), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, CERTIFIES OR AFFIRMS THETRUTHFULNESS AND ACCURACY OF THE CONTENTS OF THE STATEMENTS SUBMITTED ON OR WITH THIS CERTIFICATION AND UNDERSTANDS THAT THE PROVISIONS OF31 U.S.C. SECTIONS 3801 ET SEQ. ARE APPLICABLE THERETO.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature and Title of Authorized Official)

# ***ATTACHMENTS 7-12 – INSTRUCTIONS***

***Please complete the appropriate application & attachments for your project.***

***ATTACHMENTS 7-9: VEHICLE APPLICATION***

***ATTACHMENT 10-11: COMMUNICATION EQUIPMENT APPLICATION***

***ATTACHMENT 12: NOTARIZED PROOF OF NECESSARY LOCAL MATCHING FUNDS***

***– ALL APPLICANTS***

## ***Attachment 7 – VEHICLE APPLICATION***

**AGENCY NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***DELINEATION OF VEHICLE NEEDS***

1. Please check the description that best fits your plan for the proposed vehicle(s).
2. \_\_\_\_\_ Purchase of Section 5310 vehicle with previously acquired Section 5310 vehicle

 being retained as a spare which expands agency’s fleet **(sign-offs required)**

1. \_\_\_\_\_ Purchase of Section 5310 vehicle with previously acquired Section 5310 vehicle being

 Sold

1. \_\_\_\_\_ Purchase of Section 5310 vehicle to expand fleet **(sign-offs required)**
2. \_\_\_\_\_ Purchase of Section 5310 vehicle with non-Section 5310 vehicle being sold
3. \_\_\_\_\_ Purchase of Section 5310 vehicle with non-Section vehicle being retained as a spare

 which expands agency’s fleet **(sign-offs required)**

**NOTE:** All vehicle(s) to be **replaced**, must have at least 90,000 miles of service at the time of application submission.

**NOTE:** TTA will allow one spare vehicle for agencies that have a fleet size of 1-5 and two spare vehicles for agencies that have a fleet size of 6-12.

**Describe in detail:**

How existing transportation services are unavailable, insufficient or inappropriate for your clients:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How will the requested vehicle overcome these shortcomings?:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Steps the applicant will take to ensure that this project does not duplicate any existing service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***SERVICE AREA***

1. The "transportation service area of the Project is intended to include the geographic area over which the Project is operated and the area whose population is served by the Project, including adjacent areas affected by the Project." Please answer these questions using 2010 Census information for each county in your service area.

Description of Service Area: (State exactly where requested vehicle is going to be utilized. From what location (center) will the vehicle be dispatched into what areas?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Total population of service area\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Source of information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Total disabled population of service area \_\_\_\_\_\_\_\_\_\_\_\_\_

Source of information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Senior population of service area \_\_\_\_\_\_\_\_\_\_\_\_

Source of information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Number of total clients within the following groups:

 \_\_\_\_\_Black \_\_\_\_\_Asian or Pacific Islander \_\_\_\_\_Hispanic \_\_\_\_\_American Indian or Alaskan Native

7. Is your agency a minority organization? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Does your agency provide assistance to minority communities?

 Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

 Describe your assistance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Are any other local transit systems and/or authorities (excluding Boards of Education or Greyhound) operating within the area delineated in Question #2? Check appropriate blank.

Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

10. Are taxi companies operating within the area delineated in Question #2? Check appropriate blank.

Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

11. Are other private non-profit organizations currently providing transportation services within the area delineated in Question #2? Check appropriate blank. (Do not include your agency.)

Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

12. Check the statement which best describes the type of transportation services within the area delineated in Question #2?

\_\_\_\_\_\_\_a. Seniors and individuals with disabilities within your service area will depend almost entirely upon your agency for their transportation in addition to that required for them to utilize and/or participate in the services and activities of the agency.

\_\_\_\_\_\_\_b. Seniors and individuals with disabilities within your service area will be provided transportation by your agency only to the extent necessary for them to utilize and/or participate in the service activities of your agency.

13. Type of clients served:

Non-Disabled Senior \_\_\_\_\_ % Physically Disabled Senior \_\_\_\_\_%

Mentally Disabled Senior \_\_\_\_\_ % Physically Disabled Non Senior \_\_\_\_\_%

Mentally Disabled Non Senior \_\_\_\_\_ % Other \_\_\_\_\_%

14. Number of both senior and non-senior disabled individuals to be **served weekly** by the **vehicle(s) you have requested**? \_\_\_\_\_\_\_\_\_\_

15. Number of senior individuals to be **served weekly** by the vehicle(s) you have requested? **(**Do not count an individual twice - an individual is either disabled or senior, not both.)**\_\_\_\_\_\_\_\_\_\_**

16. Total number of persons **served weekly** by **all of the vehicles in your current fleet**? \_\_\_\_\_\_\_\_\_\_

17. Check the days of the week and indicate the hours of operation of your agency's **transportation program**.

|  |  |  |
| --- | --- | --- |
| **Day of Week** | **Check if operating** | **List hours of operation** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

***VEHICLE UTILIZATION***

18. How many hours per day will the **vehicle(s) requested** actually be in operation?

 Vehicle #1\_\_\_\_\_\_\_ Vehicle #2\_\_\_\_\_\_\_ Vehicle #3\_\_\_\_\_\_\_

19. How many vehicles does your organization **currently** own and/or lease?

 Own\_\_\_\_\_\_\_ Lease\_\_\_\_\_\_\_

20. How many vehicles are **currently** used for the transportation of seniors and/or persons with disabilities? \_\_\_\_\_\_\_\_\_\_

21. How many spare vehicles does your agency have? \_\_\_\_\_\_\_\_\_\_\_

22. Have satisfactory procedures been established to provide "back-up" transportation when regular vehicles are out of service?

Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

Describe your procedures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

23. Indicate by percentages what type of transportation will be provided with the **vehicle being requested**.

\_\_\_\_\_\_\_% Adult Day Care \_\_\_\_\_\_\_% Mental Health

\_\_\_\_\_\_\_% Education \_\_\_\_\_\_\_% Nutrition

\_\_\_\_\_\_\_% Employment \_\_\_\_\_\_\_% Shopping/Personal

\_\_\_\_\_\_\_% Medical \_\_\_\_\_\_\_% Social/Recreation

\_\_\_\_\_\_\_% Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

24. How many runs (one way trips) will be made daily with the **vehicle being requested** to bring clients into your agency’s site? \_\_\_\_\_\_\_

25. How many runs (one way trips) will be made daily with the **vehicle being requested** to take clients home from your agency’s site? \_\_\_\_\_\_\_

26. Anticipated daily mileage for **vehicle being requested**? \_\_\_\_\_\_\_\_\_\_\_

27. List the serial number(s) and mechanical condition of the vehicle(s) that will be replaced.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Make/Model** | **Serial Number/s** | **Year** | **Mileage** | **Condition** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

28. Average yearly mileage of **current fleet**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

29. Average age of **current fleet**? \_\_\_\_\_\_\_\_\_\_

*The Americans with Disabilities Act of 1990 requires that persons with disabilities receive the same level of service from a transportation provider as a non-disabled person.*

30. If you do not have lift-equipped vehicles in your inventory, do you have a written agreement with another provider in your service area to provide a lift-equipped vehicle when needed?

Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_ If yes, please provide the following:

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency Name** | **Contact** | **Address** | **Phone** |
|  |  |  |  |
|  |  |  |  |
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***CURRENT VEHICLE INVENTORY***

Complete the following Current Vehicle Inventory Chart. List all of your agency’s vehicles that are used to provide transportation services. Attach additional sheets if necessary.

***CURRENT VEHICLE INVENTORY***

*(Please List Each Vehicle Separately)*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Vehicle Make/Model** | **Vehicle Serial****Number** | **Model Year** | **Current Mileage** | **Seating Capacity** | **Special Equipment (Lift or Ramp)** | **Funding Source For Purchase** | **Spare Vehicle****(Yes/No)** | **Utilized In What****County/State** |
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31. What procedures do persons with disabilities (persons who use wheelchairs, have visual impairments, hearing impairments, communication disabilities, etc.) use to access your agency's transportation service? Are these procedures different than for a non-disabled person?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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32. Has your agency ever received a request for transportation services from a person who uses a wheelchair, has a visual impairment, hearing impairment, communication disability, etc.? If yes, how did you provide this service? Be specific.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***COORDINATION EFFORTS***

33. Does your agency currently participate in a cooperative/coordinated effort in your area?

Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

If yes, please describe the arrangement and specify the type of trips shared; number of clients served; and any other cooperative activities, such as; joint training; joint purchasing; joint grant writing, etc.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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34. Will the **vehicle requested** be used to provide transportation services for Welfare to Work Programs?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe services to be provided.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***COORDINATION WITH OTHER FEDERAL PROGRAMS***

The U.S. Department of Transportation (U.S. DOT) signed an interagency agreement with the U.S. Department of Health and Human Services (DHHS) in 1996 to improve the coordination of programs funded by the two departments. States are to encourage their Section 5310 recipients to participate in coordinated systems at the local level, along with recipients of funds from the programs of DHHS. TTA must sign an assurance that the consolidated program of projects submitted for funding provides for maximum feasible coordination of transportation services assisted under Section 5310 with transportation services assisted by other Federal sources.

Also, the Older Americans Act now has provisions that affect community transportation services. There is strengthened language describing expectations for coordination of senior-oriented and public transportation services under the “Title III-B” supportive services and senior centers program.

35. Describe the processes that your agency undertakes to ensure that the proposed transportation services are or will be coordinated to the maximum extent possible with other federally funded agencies and private transportation providers in the proposed service area? Refer to the Transportation Providers Directory for your county and specifically address how you have coordinated with providers in your service area.

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***LOCALLY DEVELOPED COORDINATED PUBLIC***

***TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN***

All projects funded by the Enhanced Mobility of Seniors and Individuals with Disabilities Formula Program (Section 5310) must be part of a ―locally developed coordinated public transit-human services transportation plan. This plan was required to be developed through a process that included representatives of public, private, and nonprofit transportation service providers, human services transportation providers and the general public.

All known transportation agencies were notified that any agency planning on applying for funding under the Section 5310 Program, anytime within the next four years, had to ***PARTICIPATE IN THE PLAN DEVELOPMENT AND ATTEND THE DEVELOPMENT MEETINGS!***

Regional Planning and Development Councils facilitated the development of the Coordinated Public Transit-Human Services Transportation Plans for each region and continue to update the plans periodically. The Councils held meetings in your Region, surveyed agencies and ask for input.

36. Did someone from your agency attend focus group meetings facilitated by the Regional Planning and Development Councils or Metropolitan Planning Organizations?

Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_

Name of person(s) attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location(s) of meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

37. Was your agency requested to complete a survey in regards to the plan?

Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_

38. Did your agency complete the survey? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

39. Is your agency involved in any new coordination activities as a result of these efforts?

Yes \_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_ If yes, please describe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***FISCAL AND MANAGERIAL CAPABILITIES***

40. Indicate the statement which describes the availability of local funds to defray your operating expenditures. The funds required by this organization to operate your existing and proposed new vehicles **over the next five years** are:

a.\_\_\_\_\_ A certainty because of the stability of the income source.

b.\_\_\_\_\_ Reasonably secure but because several of the sources are subject to variation, the operational expenses are not guaranteed.

c.\_\_\_\_\_ Fairly uncertain because all funding sources are not reliable or guaranteed.

***OPERATING PLAN***

41. **Maintenance Program**: Do you have a vehicle maintenance plan which at least meets the minimum recommendations of the vehicle manufacturer?

Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

42. Is there a daily pre-trip vehicle inspection program in place? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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43. Are deficiencies noted in pre-trip inspections repaired in a timely manner and properly reviewed by management?

Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

44. If you utilize vehicles which have tie-down mechanisms for wheelchairs/ramps, how often are these checked to ensure proper operation?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

45. If you utilize vehicles that are lift/ramp equipped, how often is it being cycled even when it is not used?

Daily\_\_\_\_\_\_\_ Weekly\_\_\_\_\_\_\_ Monthly\_\_\_\_\_\_\_ Never\_\_\_\_\_\_\_

46. Maintenance Facilities (Check **the one** that best describes your program)

a.\_\_\_\_\_ You have your own maintenance facilities and personnel that can handle any repairs required on the vehicles.

b.\_\_\_\_\_ You have facilities and personnel that can handle routine maintenance and tune-ups. Major repairs would be contracted out on an as needed basis.

c.\_\_\_\_\_ You have a maintenance contract which provides the required maintenance for all of your agency’s vehicles.

d.\_\_\_\_\_ You will contract out, on an as needed basis, for required maintenance.

47. Storage: Where will the vehicle you are applying for be stored? (Check **only one**.)

a.\_\_\_\_\_ The vehicle will be stored at an indoor facility located at

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

b.\_\_\_\_\_ The vehicle will be stored at an outside but secured area located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

c.\_\_\_\_\_ The vehicle will be stored at the home of the driver.

d.\_\_\_\_\_ No special storage provisions have been made at this time.

e.\_\_\_\_\_ Other (Please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

48. Driver Selection (check all that apply)

When selecting your drivers, does your agency:

a.\_\_\_\_ Check their driving record? (valid, appropriate vehicle operator’s license, eligible for insurance coverage?)

b.\_\_\_\_ Require a physical examination?

c.\_\_\_\_ Require driving experience with vehicles similar to those operated for your agency or satisfactory completion of a training program prior to actual passenger transportation?

d.\_\_\_\_ Require a pre-employment drug/alcohol test?

49. Driver Training: Describe your agency’s driver orientation program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

50. List the types and amount of driver training your agency has provided within the last two years:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

51. Describe any safety training your agency has provided within the last two years (evacuation procedures, safety plans):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

52. What type of safety materials does your agency provide to its drivers?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

53. Does your agency have an ongoing driver safety program? \_\_\_\_\_ Yes \_\_\_\_\_\_No

54. The Americans with Disabilities Act requires training of all drivers. Please list all drivers from your organization who have had Passenger Service and Safety Training (PASS) and are still driving. Attach additional sheets if necessary. **Please provide copies of training certificates.**

Name of Driver(s) Still Employed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_Y\_\_\_ \_\_N\_\_\_ (Circle One)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_Y\_\_\_ \_\_N\_\_\_ (Circle One)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_Y\_\_\_ \_\_N\_\_\_ (Circle One)

55. Please list all drivers from your organization who **have not** had PASS training. Attach additional sheets if necessary.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

56. Have your drivers received Operation Lifesaver Training (Railroad Crossing

Awareness Training)? \_\_\_\_\_ Yes \_\_\_\_\_ No

57. Has your agency prepared a transportation safety plan or yearly update?

\_\_\_\_\_ Yes \_\_\_\_\_ No

58. Does your agency have a communication system?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please check type:

Mobile Radios \_\_\_\_\_ CB \_\_\_\_\_ Pager \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Other \_\_\_\_\_ (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain dispatch procedures used with communication equipment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

59. If your agency does not have a communication system, please check the appropriate choice below:

a.\_\_\_\_ One person will be assigned as dispatcher and he/she will handle van schedules and assign drivers. The dispatcher will also be responsible for assigning replacements for drivers failing to report to work.

b.\_\_\_\_ The dispatcher will be a part time job assigned to one of our staff members.

c.\_\_\_\_ No one has been assigned, the job will be handled on an as needed basis.

60. Why should this application be funded?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

61. **If your agency is selected for funding, list below your agency’s name and phone number as it should appear on the side of an approved vehicle.** Should your agency not want its name or phone number on the side of an approved vehicle, please state so below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

62. If your agency is selected for funding, would it prefer one or two tie down spaces for wheelchairs in the vehicle? (See Section Q for more details)

\_\_\_\_\_ One Tie-Down \_\_\_\_\_ Two Tie-Downs

63. If your agency is selected for funding, would it prefer cloth or vinyl passenger seats (if available)? \_\_\_\_\_ Cloth \_\_\_\_\_ Vinyl

64. If your agency is selected for funding, would you like a child restraint seat provided with your vehicle (if available)? \_\_\_\_\_ Yes \_\_\_\_\_ No

65. If your agency is selected for funding, would you like a security camera system, including playback system, for inside the van (if available) for your van request? The estimated cost is $5,000 per van with your estimated 20% being $1,000.

\_\_\_\_\_ Yes \_\_\_\_\_ No

## ***Attachment 8 – SUMMARY OF PROJECT COSTS***

***TOTAL PROJECT COSTS MAY BE MORE OR LESS THAN PROJECT ESTIMATE***

AMOUNT

A. Total Estimated Vehicle Cost (See Section Q for choices) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. Contingencies (5% of A) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C. Storage and Security Costs ($150 x # of vehicles) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D. Total Estimated Cost (A + B + C) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E. Federal Grant Request (80% of D) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

F. Local Contribution (20% of D) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sources and amounts of Non-Federal 20% local share, or if applicable, allowable federal sources for the project costs being requested:

SOURCE AMOUNT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach documentation of vehicle match funds immediately behind this page. Proof may consist of, but not be limited to: written statements from county commissions, state agencies, city managers, mayors, town councils, organizations, accounting firms and financial institutions.

**All of the above must be notarized and show the date that these funds become available.**

**PLEASE NOTE: These funds must be from non-Federal sources, or if applicable, eligible Federal sources!**

## ***Attachment 9 - OPERATING BUDGET OF VEHICLE REQUESTED***

ANNUAL COST

A. Salaries and Fringe Benefits $ \_\_\_\_\_\_\_\_\_\_\_\_

B. Overhead (Rent and other) \_\_\_\_\_\_\_\_\_\_\_\_

C. Fuel, Lubricants and Tires \_\_\_\_\_\_\_\_\_\_\_\_

D. Maintenance \_\_\_\_\_\_\_\_\_\_\_\_

E. Insurance \_\_\_\_\_\_\_\_\_\_\_\_

F. Contract Service \_\_\_\_\_\_\_\_\_\_\_\_

G. Administrative and Reporting Costs \_\_\_\_\_\_\_\_\_\_\_\_

H. Other \_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL ESTIMATED ANNUAL COST $ \_\_\_\_\_\_\_\_\_\_\_**

Sources and amounts of proposed annual operating budget for the requested vehicle(s).

SOURCE AMOUNT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

## ***Attachment 10 – COMMUNICATIONS EQUIPMENT APPLICATION***

***APPLICATION FOR COMMUNICATION EQUIPMENT INSTRUCTIONS***

When applying for communication equipment (two-way radio), an agency is required to provide the information shown on the previous checklist. This information is to be provided based on the instructions given in the application packet. Also, an agency applying for communication equipment is required to provide the following additional items:

1. Projected cost of equipment.
2. Equipment specifications - **The applying agency is required to obtain from a communication equipment vendor and submit**.
3. Proof that the equipment will not interfere with current communication facilities in agency's service area (i.e. - interference to television, radio station, or ambulance radio equipment.)

An agency is required to follow the same time frame as applicants applying for vehicles. Applications for funds to purchase communication equipment are due on or before **May 31, 2017**

***Citizen's band radios, cellular phones and AM and/or FM radios***

***ARE NOT ELIGIBLE FOR FUNDING***

***APPLICATION FOR COMMUNICATION EQUIPMENT***

**Agency Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Service Area:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Service Area **(check only one)**

a. \_\_\_\_\_ Predominantly Urban

b. \_\_\_\_\_ Predominantly Rural

c. \_\_\_\_\_ Mixed

3. Service Area **(check only one)**

a. \_\_\_\_\_ Countywide

b. \_\_\_\_\_ Localized

4. Number of agencies (including your own) providing transportation to seniors and individuals with disabilities in your service area:

a. \_\_\_\_\_ 1-2

b. \_\_\_\_\_ 3-5

c. \_\_\_\_\_ 6 or more

5. Number of taxi companies in your service area:

a. \_\_\_\_\_ 0

b. \_\_\_\_\_ 1

c. \_\_\_\_\_ 2 or more

6. Is there a public transit system in your service area?

a. \_\_\_\_\_ YES

b. \_\_\_\_\_ NO

7. Most recent funding under a Section 5310 grant:

a. \_\_\_\_\_ 2012

b. \_\_\_\_\_ 2011

c. \_\_\_\_\_\_2010 or earlier

8. Dispatching **(check only one)**

a. \_\_\_\_\_ One person will be assigned as dispatcher and will handle vehicle scheduling and driver assignments.

b. \_\_\_\_\_ Dispatcher will be a part-time job assigned to one or more staff members.

c. \_\_\_\_\_ No dispatcher will be assigned. The job will be handled on an as-needed basis.

9. Number of Vehicles in Your Fleet\_\_\_\_\_\_\_\_\_\_\_

10. Number of Radios Requested\_\_\_\_\_\_\_\_\_\_\_\_

11. Explain why communication equipment (radios) is needed by your agency.

Attach additional sheet if necessary.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. What is the estimated cost of the communication equipment requested?

Include all costs (i.e. radios, base stations, towers, license fees, repeater service, hookups, etc.) **(Agencies should determine what their operating** **cost such as monthly access fees, etc. will be.)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. **SUMMARY OF PROJECT COSTS**

**TOTAL PROJECT COSTS MAY BE MORE OR LESS THAN THE PROJECT ESTIMATES**

A. Total Estimated Radio Equipment Costs (from Question #12) $ \_\_\_\_\_\_\_\_\_\_\_

B. Contingencies (5% of A) \_\_\_\_\_\_\_\_\_\_\_

C. Total Estimated Cost (A + B) \_\_\_\_\_\_\_\_\_\_\_

D. Federal Grant Request (80% of C) \_\_\_\_\_\_\_\_\_\_\_

E. Local Contribution (20% of C) \_\_\_\_\_\_\_\_\_\_\_

1. Sources and amounts of non-Federal 20% local share, or if applicable, allowable federal sources for the radio equipment being requested:

SOURCE AMOUNT

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

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

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

 TOTAL $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Attach notarized proof of local match and operating funds. Proof may consist of, but not be limited to: written statements from county commissions, state agencies, city managers, mayors, town councils, organizations, accounting firms and financial institutions.

**All proof must be notarized and show the date when these funds will be available.**

**NOTE: These funds must be from non-Federal sources, or if applicable, allowable federal sources!**

1. Attach communication equipment specifications prepared by a communication equipment vendor.

17. Attach statement from communication equipment vendor verifying that your requested equipment will not interfere with current communication facilities in agency’s service area (i.e. interference to television, radio station, or ambulance radio equipment.)

## ***Attachment 11 – COMMUNICATION EQUIPMENT MAINTENANCE CERTIFICATION***

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agrees to maintain

(Agency Name)

and operate in good working condition any communication equipment purchased with

Section 5310 funds.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date) (Authorizing Signature/Title)

## ***Attachment 12 – NOTARIZED PROOF OF NECESSARY MATCHING FUNDS***

***Attach notarized documentation of local operating support immediately following Attachment 9 if applying for vehicle and immediately following Attachment 11 if applying Communications Equipment.***

# **SECTION III – TITLE VI NON-DISCRIMINATION AND LIMITED ENGLISH PROFICIENCY (LEP)**

***TITLE VI NONDISCRIMINATION***

***AND***

***LIMITED ENGLISH PROFICIENCY***

***REQUIREMENTS***

This information must be completed and returned as part of your application packet.

**The Title VI Plan is good for three years. Please make reference in application.**

***Title VI Program***

***[Insert agency name here]***

***Adopted Date***

***TITLE VI PROGRAM QUESTIONNAIRE***

*The Federal Transit Administration (FTA) requires all recipients of FTA assistance to develop a*

*Title VI program. This is a new requirement.*

*Each grantee must have its own program. To help you develop a Title VI program, TTA has provided this questionnaire, after which reviewed and accepted by TTA, will become your Title VI program.* ***Prior to submitting with 5310******Application, you will be required to submit the completed questionnaire to your Board or******council for approval and then provide evidence of the approval (copy of Board or council******minutes approving and adopting plan) to TTA.***

**NOTICE TO THE PUBLIC**

*FTA requires that each grantee notify the public of its rights under Title VI and include the notice and where it is posted in the Title VI program. The notice must include:*

* *A statement that the agency operates programs without regard to race, color, and national origin*
* *A description of the procedures that members of the public should follow in order to request additional information on the grantee’s nondiscrimination obligations*
* *A description of the procedures that members of the public should follow in order to file a discrimination complaint against the grantee*

*The notice can be a separate document, such as a posted sign, a statement that is in another document, or a stand-alone document, such as a Title VI brochure.*

***Section III Attachment A*** *presents two notices, a longer “stand-alone” statement and a shorter statement that can be included in documents, such as a service brochure or as a placard in the van. TTA will supply copies of the notices that should be placed in your vehicles.*

*An agency should post the longer Title VI notice on its website and in the reception area or public meeting spaces of its offices. We recommend that you post the longer notice in your office in an inexpensive frame.*

1. Please provide a copy of ***your*** Title VI notice(s).
2. Where are the notices posted?
3. Have you posted a Title VI notice on your website and in the reception area or the public meeting spaces of your office? If posted on website, please provide website address.

**COMPLAINT INSTRUCTIONS AND FORM**

*FTA requires each grantee to have instructions for the public to follow and a form for the public to use for filing a Title VI complaint. TTA has provided for you the form and procedures for filing a Title VI complaint.* ***Section III Attachment B*** *presents the sample form and procedures.*

4. *Please provide a copy of* ***your*** *agency’s complaint form and procedures.*

***TITLE VI COMPLAINTS, INVESTIGATIONS AND LAWSUITS***

*FTA requires that the Title VI program include a list of transit-related Title VI complaints, investigations, and lawsuits. TTA obtains this information with grant applications. Please note that EEO and ADA complaints are not Title VI complaints so do not list them. If you are part of a city, county, or human service agency, only list Title VI complaints, investigations, or lawsuits related to transportation services.*

1. Have you had any Title VI complaints, investigations, or lawsuits related to your transportation services? If yes, please complete the following table:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type** | **Date** | **Summary** | **Status** | **Action(s) Taken** |
| Complaints |  |  |  |  |
| Investigations |  |  |  |  |
| Lawsuits |  |  |  |  |

***PUBLIC PARTICIPATION ELEMENT***

*FTA requires that the Title VI program include a public participation plan that includes an outreach plan to engage minority and limited English proficient (LEP) populations. The plan may include other constituencies that are traditionally underserved, such as people with disabilities, low-income populations, and others. Applicants to TTA for FTA assistance are required to comply with several requirements that help meet this Title VI requirement. These requirements include the published notice of intent to apply to TTA for FTA assistance and participation in the public transit-human services transportation coordinated plan development. Other public participation methods include open Board/ council meetings, council meetings of cities and counties that provide local funding, advisory committees, public involvement efforts for transportation services, passenger surveys, marketing efforts, such as booths at fairs, and presentations to service and other organizations.*

6. Are Board/council meetings open to the public?

7. How do you publicize the dates, times, and locations of Board/council meetings?

8. Where are Board/council meetings held?

9. Is the location accessible to persons with disabilities?

10. Is the location served by your agency’s transportation services during the hours Board/council meetings are held? If yes, please describe. If not, do you offer transportation to the meetings upon request?

11. What other efforts do you undertake to ensure that transportation riders or clients can attend

Board/council meetings?

12. Do you rely on any counties or cities for funding? If yes, please describe how interested parties can comment on your budget and services at city and town council meetings.

13. Discuss any other outreach efforts, including transportation advisory committees, procedures for soliciting comments for service changes, passenger surveys, public involvement for transportation services, presentations, etc.

***LIMITED ENGLISH PROFICIENCY (LEP) ELEMENT***

*FTA requires that the Title VI program include a plan for providing language assistance to LEP persons. An LEP person is someone who speaks English less than very well. To document what languages are spoken by LEP persons and to help determine what language assistance efforts you should undertake, FTA requires that you analyze the following four factors:*

1. *the number and proportion of LEP persons served or encountered in your service area*
2. *the frequency with which LEP individuals come into contact with your transportation service*
3. *the nature and importance of your transportation service*
4. *the language assistance resources potentially available to assist LEP persons*

*By completing this questionnaire, you will have completed the required four-factor analysis. The primary source data on LEP populations is the U.S. Census. We have provided a table for you to fill with Census data. To look up the 2010 Census data:*

* *Go to US Census Fact Finder*
* *Search each county or city in your service area*
* *Select American Community Survey “Education, Marital Status, Relationships, Fertility,…..”*
* *Scroll down to “language spoken at home”*

*Please add columns, if needed.*

|  |
| --- |
| **Table 1****2010 Census Numbers for LEP Persons Residing within the Service Area** |
| **Population 5 Years and Over by****Language Spoken at Home and Ability to Speak English** | **City/County****1** | **City/County****2** | **City/County****3** | **Total** | **Percentage of****Population 5 Years****and Older** |
| **Population 5 Years****and Over** |  |  |  |  |  |
| Speak English lessthan “very well” |  |  |  |  |  |
| **Spanish** |  |  |  |  |  |
| Speak English lessthan “very well” |  |  |  |  |  |
| **Other Indo-European** |  |  |  |  |  |
| Speak English lessthan “very well” |  |  |  |  |  |
| **Asian and Pacific****Island** |  |  |  |  |  |
| Speak English lessthan “very well” |  |  |  |  |  |
| **All Other** |  |  |  |  |  |

*Survey your staff, including van drivers, reservationists/dispatchers, customer service agents, and office personnel, to determine the frequency of contact with LEP persons, what languages are spoken by these persons, and the foreign languages they speak and/or understand. Attachment C presents a sample survey form. After conducting the survey, please complete the following table. If conducting the survey and completing the table does not make sense for you, please discuss the frequency of contact with LEP persons and the languages spoken by these persons in the space provided below.*

|  |
| --- |
| **Table 2** **Frequency of Contact with LEP Persons** |
| **Frequency**  | **Language Spoken by LEP Persons** |
| Daily |  |
| Weekly |  |
| Monthly |  |
| Less frequently than monthly |  |

14. If you have not completed Table 2, discuss the frequency of contact with LEP persons and the languages spoken by these persons. (Section 5310 applicants only)

*Conduct a telephone survey of organizations, such as municipalities, tribes, police departments, school systems, major employers, human service agencies, and churches, to find out if they encounter people with language assistance needs, what languages these people speak, and what language assistance efforts they are undertaking. Attachment D presents a sample survey form.*

15. What outside organizations did you survey?

16. Do any of these organizations encounter people with language assistance needs? If yes, what languages do these people speak?

17. Provide a description of your service (type, days and hours) and list the major activity centers served (communities, employers, Rail Runner stations, park and ride lots, government and human service agencies, medical facilities, shopping centers, and recreational facilities).

18. Discuss trip purpose from passenger surveys or transportation development plans, if conducted.

19. Does staff speak foreign languages? If so, what languages? Do you use staff to translate?

20. Have you translated documents into Spanish or another language? If yes, please list the documents and the languages they are translated into.

21. Do you use Google Translate for your web site? If yes, what languages?

22. What other language assistance efforts are you undertaking?

23. Have you made arrangements with other organizations to provide language assistance efforts? If yes, what organizations and what services?

24. How are LEP persons notified of language assistance services?

25. Discuss outreach programs, such as travel training, school presentations, and community presentations and if these efforts potentially reach LEP persons.

26. Describe how language assistance efforts are monitored, evaluated, and updated.

27. Describe how employees are trained in language assistance efforts.

***PLANNING AND ADVISORY BOARDS***

*FTA requires that the Title VI program present the racial make-up of all transit related, non-elected planning boards, advisory councils or committees, or similar committees, the membership of which is selected by the recipient, and a description of the efforts to encourage the participation of minorities on such committees.*

28. List all of your transit-related advisory boards and committees and the purpose of each.

29. How are members selected?

30. What is the racial makeup of each board and committee?

31. What efforts are undertaken to encourage participation of minorities on these committees?

***Section III – Attachment A***

***Title VI Notice to the Public***

**Long Title VI Notice Your Rights under Title VI**

[Agency] operates its programs and services without regard to race, color, or national origin in accordance with Title VI of the 1964 Civil Rights Act. Any person who believes that she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with our agency.

Any such complaint must be in writing and filed with this agency within 180 days following the date of the alleged discriminatory occurrence. For information on our nondiscrimination obligations or how to file a complaint, please contact (Agency’s name) by any of the methods listed below.

**Agency Name and Address**

**Phone**

**Fax**

**Email**

If this information is needed in another language, please contact us.

**Short Title VI Notice**

[Agency] operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the 1964 Civil Rights Act. To find out more about our nondiscrimination obligations, to file a complaint, or to request this information in another language, please contact us at [phone].

***Section III – Attachment B***

***Title VI Complaint Form and Procedures***

***SAMPLE***

***(Agency Name) TITLE VI COMPLAINT FORM***

"No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

If you feel that you have been discriminated against in the provision of transportation services, please provide the following information to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternate formats, please contact us.

Please mail or return this form to:

Director

Agency Name

Address

Including Email and Fax number

**PLEASE PRINT** if you are not completing the on-line version of this form.

**1. Complainant’s Name:**

a. Address:

b. City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Telephone (Home ☐ or Cell ☐): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Telephone Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please include area code)
3. E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you prefer to be contacted via this e-mail address? ☐Yes ☐No

**2. Accessible Format of Form Needed?** ☐Large Print ☐Audio Tape ☐TDD ☐Other (please specify):

**3. Are you filing this complaint on your own behalf?** ☐ Yes **If YES, please go to Question 7**

☐ No If no, please go to question 4

**4. If you answered NO to question 3 above, please provide your name and address.**

a. Name of Person Filing Complaint:

b. Address:

c. Telephone (Home ☐ or Cell ☐): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. Telephone Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please include area code)

e. E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you prefer to be contacted via this e-mail address? ☐Yes ☐No

1. **What is your relationship to the person for whom you are filing the complaint?**

**6. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.** ☐Yes, I have permission. ☐No, I do not have permission.

**7. I believe that the discrimination I experienced was based on** (check all that apply)

☐ Race ☐ Color ☐ National Origin (Classes protected by Title VI) ☐ Other (please specify)

**8. Date of Alleged Discrimination (Month, Day, Year):**

**9. Where did the Alleged Discrimination take place?**

**10. Explain as clearly as possible what happened and why you believe that you were discriminated against.** Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). *Use the back of this form or separate pages if additional space is required.*

**11. Please list any and all witnesses’ names and phone numbers/contact information.** *Use the back of this form or separate pages if additional space is required.*

**12. What type of corrective action would you like to see taken?**

**13. Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State court?** ☐**Yes If yes, check all that apply** ☐**No**

a.☐ Federal Agency (List agency’s name)

b.☐ Federal Court (Please provide location)

c.☐ State Court

d.☐ State Agency (Specify Agency)

e.☐ County Court (Specify Court and County)

f. ☐ Local Agency (Specify Agency)

**14. Please provide information about a contact person at the agency/court where the complaint was filed.**

Name:

Title:

Agency: Telephone:

Address:

City/State/Zip Code:

**You may attach any written materials or other information that you think is relevant to your complaint.**

Signature and date is required:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

If you completed Questions 4, 5 and 6, your signature and date is required

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

***Section III – Attachment B – Continued***

***Title VI Complaint Form and Procedures***

***SAMPLE***

**(Your agency’s name)**

**Title VI Procedures** Title VI of the 1964 Civil Rights Act requires that ―No person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

Any person who believes that he/she has been aggrieved by an unlawful discriminatory practice on the basis of race, color or national origin by (insert your agency’s name) may file a complaint by completing and submitting (your agency’s name) the Title VI Complaint form.

**How do you file a complaint?**

You may download the (your agency’s name) Title VI Complaint Form at (give web address), or request a copy by writing or phoning (list your agency’s full name, address and phone number).

You may file a signed, dated and written complaint no more than 180 days from the date of the alleged incident. The complaint should include:

- Your name, address and telephone number. (See Question 1 of the Complaint Form)

- How, why, and when you believe you were discriminated against. Include as much specific, detailed information as possible about the alleged acts of discrimination, and any other relevant information. (See Questions 7, 8, 9, and 10 of the Complaint Form)

- The names of any persons, if known, whom the director could contact for clarity of your allegations. (See Question 11 of the Complaint Form)

Please submit your complaint form to address listed below:

Director

Your agency’s name and address

**How will your complaint be handled?**

(Your agency’s name) investigates complaints received no more than 180 days after the alleged incident. (Your agency’s name) will process complaints that are complete. Once a completed complaint is received, (Your agency’s name) will review it to determine if acknowledgement letter informing her/him whether the complaint will be investigated by (your agency’s name).

***Section III – Attachment B – Continued***

***Title VI Complaint Form and Procedures***

**(Your agency’s name)** will generally complete an investigation within 90 days from receipt of a completed complaint form. If more information is needed to resolve the case, **(your agency’s name)** may contact the complainant. Unless a longer period is specified by **(your agency’s name),** the complainant will have ten (10) days from the date of the letter to send requested information to the **(your agency’s name)** investigator assigned to the case. If **(your agency’s name)** investigator is not contacted by the complainant or does not receive the additional information within the required timeline, **(your agency’s name)** may administratively close the case. A case may be administratively closed also if the complainant no longer wishes to pursue their case.

After an investigation is complete, **(your agency’s name)** will issue a letter to the complainant summarizing the results of the investigation, stating the findings and advising of any corrective action to be taken as a result of the investigation. If a complainant disagrees with **(your agency’s name)** determination, he/she may request reconsideration by submitting a request in writing to **(your agency’s name)** director **(or the appropriate title)** within seven (7) days after the date of **(your agency’s name)** letter, stating with specificity the basis for the reconsideration. The director **(or the appropriate title)** will notify the complainant of his decision either to accept or reject the request for reconsideration within 10 days. In cases where reconsideration is granted, the director **(or the appropriate title)** will issue a determination letter to the complainant upon completion of the reconsideration review.

A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590. If information is needed in another language, then contact **(your agency’s name)** at **(phone number).**

***Section III – Attachment C***

***Staff LEP Survey Form***

**STAFF LEP SURVEY**

[Agency] is studying the language assistance needs of its riders so that we can better communicate with them and increase ridership. Please complete the following survey and return it to \_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_.

How often do you come into contact with passengers who do not speak English or have trouble understanding you when you speak English to them?

Daily \_\_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Less frequently than monthly \_\_\_\_\_

What languages do these passengers speak? Please list.

What other foreign languages do you understand or speak?

Would you be willing to serve as a translator when needed?

***OUTSIDE ORGANIZATION LEP SURVEY***

Organization:

What language assistance needs are encountered?

What languages are spoken by persons with language assistance needs?

What language assistance efforts are you undertaking to assist persons with language assistance needs?

When necessary, can we use these services?

Would you like information on transportation services?