

## 2018 Application for FTA Section 5310 Funding

Applicant		Government or Public Agency	Nonprofit	Private
<b>Name of Primary Sponsor/Applicant:</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Address:</b>				
<b>Contact Person:</b>		<b>Phone:</b>		
<b>E-Mail Address:</b>				
Applicant		Government or Public Agency	Nonprofit	Private
<b>Name of Co-sponsor, if any:</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>STOP! DO NOT COMPLETE THIS SECTION</b> Information will be automatically entered from Page 5				
<b>REQUEST FOR CAPITAL EQUIPMENT</b>				
		<b>Cost</b>	<b>Less 20% Match</b>	<b>Grant Request</b>
Total from Table 1 on page 5 (non-vehicle)				
Total from Table 2 on page 5 (vehicles)				
<b>TOTALS</b>				

### SUBMISSION OF APPLICATION

Please send the completed application and required documentation (including scanned copy of signature page) to: Stephanie Walker at [swalker@bjcta.org](mailto:swalker@bjcta.org)

**Applications must be received NO LATER THAN March 30, 2018.**

LATE APPLICATIONS WILL NOT BE ACCEPTED.

**Please read Instructions before completing this Application**

**1. PROJECT INFORMATION**

It is the responsibility of the applicant to provide information that is sufficient for review and evaluation.

- A. Please provide a detailed description of your project and how it will improve mobility for seniors and individuals with disabilities. How many individuals will be served?

- B. The FTA Section 5310 grant requires a 20 percent match for total cost of capital equipment, including vehicles. Please identify the source(s) of match money for drawing down the requested grant dollars.

- C. You must identify the specific Goals, Barriers, and Strategies from the 2017 Update of the Human Services Coordinated Transportation Plan that your project addresses. (See Instructions.) Plan is available for viewing/download at: <http://rpcgb.org/transportation-planning/transit/>

- D. Describe how this project relates to other services performed by your organization.

## 2. AGENCY/COMPANY INFORMATION

- A. Please indicate your organizational type

Government or public

Non-profit

- B. Describe your experience with passenger transportation services.

C. Has your organization ever applied for and received a federal grant?

Yes       No

If yes, please answer the following:

1. From what funding program(s) did you receive the grant(s)?

2. Briefly describe how the applicable grant funds were used.

D. Describe how your agency proposes to sustain operations and/or generate income once grant funding has been expended.

### **3. COORDINATION**

A. Describe how the proposed project will coordinate and with other agencies to improve efficiencies.

B. Indicate whether or not this project supports or lays the groundwork for future projects.

- C. Indicate whether or not this project’s success is dependent on any other project. If so, please explain.

**4. REQUEST FOR FINANCIAL SUPPORT**

- A. Indicate your capital equipment request (not vehicles)

**Table 1**

<b>Equipment Description</b>	<b>Quantity</b>	<b>Replace (R) Expand (E)</b>	<b>Unit Cost</b>	<b>Total Cost</b>
<b>Example: Phone System</b>	<b>1</b>	<b>R</b>	<b>\$50,000</b>	<b>\$50,000</b>
<b>Total Estimated Cost</b>				

- B. Indicate your vehicle request. (See Appendix for vehicle descriptions.) Requests for vehicles must include an inventory of all vehicles used by the organization (see section 4C on the following page).

**Table 2**

<b>Vehicle Type</b>	<b>Make/Model/Year</b>	<b>ADA Accessible (Yes/No)</b>	<b>Quantity</b>	<b>Replace (R) Expand (E)</b>	<b>Unit Cost</b>	<b>Total Cost</b>
<b>Example: 9- Passenger Van</b>	<b>Ford/E-150/2014</b>	<b>Yes</b>	<b>2</b>	<b>E</b>	<b>\$35,000</b>	<b>\$70,000</b>
<b>Total Estimated Cost</b>						

- C. If this Application includes a request for vehicle(s), a current inventory of all vehicles used by the organization **must be attached hereto** and include:
1. Year, make, and model of vehicle
  2. Month and year acquired
  3. Seating capacity
  4. Whether or not vehicle is equipped with ADA ramp or lift
  5. Current mileage of vehicle
  6. How each vehicle was purchased (if by grant funding, please indicate specific grant). If not owned, indicate method of acquisition (lease, contract, etc.)

Failure to submit a complete vehicle inventory will cause your application to be incomplete and not eligible for review.

#### **SUPPLEMENTAL INFORMATION**

Please attach any additional information that might be useful to the evaluators.

#### **SIGNATURE**

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

**Unsigned applications WILL NOT be accepted.**

Applicant Agency

Name and Title of Signatory

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Application must be signed by someone authorized to make contracts on behalf of the organization, such as the Board Chairperson or Chief Executive Officer.

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## APPENDIX: VEHICLE DESCRIPTION

### How to Describe your Vehicle




Describe the type of vehicle and passenger capacity. If you intend to purchase used vehicles, please note on the Application.

The following descriptions are provided to assist grant applicants.

Example:

- 9 passenger commuter van, or
- 15 passenger cutaway

For the purposes of your grant project, please use the chart below to determine the correct description for the type of vehicle you are requesting.

Minivan	
Commuter Van (9 or 15 passenger)	
Cutaway with four wheels	
Cutaway with dual rear wheels	