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| SECTION I. APPLICANT INFORMATION |

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| --- | --- |
| Legal Name of Organization: | |
| Address: | |
| City/Town: | Zip code: |

| Website: |
| --- |
| Phone Number: -- |

| Contact Name: |
| --- |
| Contact Title: |
| Contact Email Address: |

| Federal Employer Identification Number: - |
| --- |

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| Agency/Organization Type:  Private Nonprofit Organization\*  State or Local Governmental Entity  Public Transportation Operator  Other (specify): |

**\*Additional Requirement**

If your organization is a Private Nonprofit Organization (NPO), include a copy of your *Articles of Incorporation* with this application, even if your organization has previously received Section 5310 grant funding. Applicants that are State or Local Governmental Entities or Public Transportation Operators are exempt from this requirement.

| Description of Organization Mission & Purpose (Limited to 400 Characters): |
| --- |
| Description of Transportation Services Provided (Limited to 400 Characters): |
| Current Transportation Service Operating Hours:   |  | **Start (AM/PM)** | **End (AM/PM)** | **# of Passenger Trips** | | --- | --- | --- | --- | | Sunday |  |  |  | | Monday |  |  |  | | Tuesday |  |  |  | | Wednesday |  |  |  | | Thursday |  |  |  | | Friday |  |  |  | | Saturday |  |  |  | |

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| --- |
| Current Transportation Service Area (Limited to 750 Characters): |

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| SECTION II. PROJECT PROPOSAL |

1. Why is your organization requesting capital funding?

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| Equipment  Other (specify): |

1. What is your organization’s proposed project? Describe in detail.

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1. What is the proposed service area? List all of the towns to be served by this project.

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1. How does this proposed project go above and beyond the requirements of the Americans with Disabilities Act of 1990?

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1. Describe the transportation services currently provided to seniors and/or persons with disabilities by public and nonprofit organizations in your proposed service area. Include days and hours of operation, service area, acceptable trip purposes and limitations.

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1. What gap identified in the [Locally Coordinated Public Transit Human Service Transportation Plan](https://portal.ct.gov/DOT/Publictrans/Bureau-of-Public-Transportation/Human-Services-Transportation-Programs) (LOCHSTP) does your organization’s proposal address? Select all that apply.

|  |  |
| --- | --- |
| **Information & Awareness Gaps**  Inter-regional coordination  Informational awareness & service marketing  Centralized information resource  Passenger training  **Geographical Gaps**  Service to/from rural areas  Inter/Intra-regional transportation  **Temporal Gaps**  Weekday off-peak service  Weekend service  Holiday service  Same-day service | **Client Gaps**  Non-ADA eligible service  Door-to-Door service  Door-through-Door service  **Other (specify):** |

1. Estimate the number of individuals in the following groups to be served by the proposal:

|  |  |  |  |
| --- | --- | --- | --- |
| Black | Pacific Islander | Alaskan Native | White |
| Hispanic | American Indian | Asian | Other |

1. Explain how the number of individuals in question #7 were estimated. Note that organizations not currently collecting this information from passengers may request it on a voluntary basis.

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1. How does this project proposal complement other sources of funding or grants received from local, state and/or federal public resources?

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1. Would your organization coordinate with an NPO or municipality to provide service?

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| --- | --- |
| Yes  Explain the coordination in detail: | No  Explain any ongoing discussions or proposed plans to coordinate that have not yet been implemented: |

1. How would your organization resolve a complaint regarding service?

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1. If awarded, who in your organization would be responsible for communicating with the Connecticut Department of Transportation (CTDOT)? Include the name, title and contact information of the responsible individual(s).

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| SECTION III. BUDGET |

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| Capital Costs | | | |  |
|  |  |  |  |  |
| Itemize & describe capital equipment requests and costs in the fields below. | | | |  |
| 1) | | | | $ |
| 2) | | | | $ |
| 3) | | | | $ |
| 4) | | | | $ |
| 5) | | | | $ |
| 6) | | | | $ |
| 7) | | | | $ |
|  |  |  |  |  |
| **TOTAL CAPITAL EQUIPMENT COST** | | | | **$** |
| Requested Capital Funds | | | |  |
|  |  |  |  |  |
| Capital Funds Requested from CTDOT[[1]](#footnote-1) | | |  | $ |
|  |  |  |  |  |
| **TOTAL CAPITAL FUNDS REQUESTED FROM CTDOT** | | | | **$** |
| Source of Match | | | |  |
| Source of Match (specify): | | | | $ |
| **TOTAL MATCH** | | | | **$** |

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| SECTION IV. TITLE VI REQUIREMENTS ACKNOWLEDGEMENT |

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance.[[2]](#footnote-2)

If awarded Section 5310 funding, your organization:

1. Would be responsible for reviewing and ensuring compliance with all applicable provisions and requirements of FTA Circular 4702.1B “[Title VI Requirements and Guidelines For Federal Transit Administration Recipients](https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/FTA_Title_VI_FINAL.pdf).”
2. Would be required to develop a Title VI Program and submit it to the Connecticut Department of Transportation (CTDOT) Office of Contract Compliance (OCC) for acceptance **prior** to receiving funding.
3. Would be required to include the documents listed below into a Title VI program:
   1. Title VI Notice to the Public
   2. Title VI Complaint Process and Procedures
   3. Title VI Complaint Form
   4. Title VI Complaint Log
   5. Public Participation Plan
   6. Language Assistance Plan (including a Four-Factor Analysis)
   7. A table depicting the membership of non-elected committees and councils (membership of which is selected by the recipient), broken down by race, and a description of the process the organization uses to encourage minority participation.
4. Would be required to update the Title VI Program periodically (at least every three years), to incorporate changes and additional responsibilities that may arise.

I have read and been informed of the Title VI requirements my organization would need to comply with if awarded Section 5310 funding. I understand that failure to comply with the requirements under Title VI may result in a delay or denial of funding.

Grant Applicant Signature:

Printed Name:

Date:

V. APPLICANT STURE

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| SECTION V. APPLICANT SIGNATURE |

SECTION V. APPLICANT SIGNATURE

**Required Signature:** By typing my name on the signature line below, I confirm that I have completed this application to the best of my knowledge on behalf of my organization, and that I have read and understand the *2020 Section 5310 Application Instructions*. I have made a copy of the completed application packet for my records.

Grant Applicant Signature[[3]](#footnote-3):  Date:

1. |  |
   | --- |
   | The Federal Transit Administration will pay 80% of the total capital equipment cost. Remaining cost must be funded by the awarded recipient. |

   [↑](#footnote-ref-1)
2. Specifically, Title VI provides that "no person in the United States shall, on the ground 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." (42 U.S.C. Section 2000d). [↑](#footnote-ref-2)
3. Name of person who completed the grant application. [↑](#footnote-ref-3)