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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: - |
| --- |

|  |
| --- |
| 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 |  |  |  | |

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

|  |
| --- |
| SECTION II. PROJECT PROPOSAL |

1. Is your organization requesting operating funding for one (1) or two (2) years?

|  |  |
| --- | --- |
| One (1) | Two (2) |

1. Why is your organization requesting operating funding? Describe your proposed project in detail.

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|  |

1. How would the proposed project serve seniors and individuals with disabilities?

|  |
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|  |

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

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|  |

1. When will the project operate and how many one-way trips are projected for each day?

|  | **Start (AM/PM)** | **End (AM/PM)** | **# of Passenger Trips** |
| --- | --- | --- | --- |
| Sunday |  |  |  |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |

1. Would your organization operate the service or contract out the service?

|  |  |
| --- | --- |
| Applicant would operate service | Contracted provider would operate service  Identify the service provider below: |

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

|  |
| --- |
|  |

1. Would your organization operate this service in coordination with another organization?

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

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 #10 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 would your organization inform seniors and individuals with disabilities about the service?

|  |
| --- |
|  |

1. How would your organization inform seniors and individuals with disabilities with Limited English Proficiency about the service?

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

1. Who in your organization would be responsible for ensuring timely reporting and communicating with the Connecticut Department of Transportation (CTDOT)? Include the name, title and contact information of the responsible individual(s) for each.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Title** | **Email Address** | **Phone Number** |
| **Reporting:** |  |  |  |  |
| **Communication:** |  |  |  |  |

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| --- |
| SECTION III. BUDGET - YEAR 1 |

|  |  |
| --- | --- |
| State Fiscal Year: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Estimated Operating Expenses | |  |  |  |
|  |  |  |  |  |
| a. Wages, Salaries & Benefits | | | | $ |
| b. Maintenance & Repair | | | | $ |
| c. Fuel | | | | $ |
| d. Insurance | | | | $ |
| e. Administrative Overhead & General Expenses | | | | $ |
| f. Contract Services (specify)[[1]](#footnote-1): | | | | $ |
| g. Other Expenses (specify): | | | | $ |
|  |  |  |  |  |
| **TOTAL OPERATING EXPENSES** | | | | **$** |
| Passenger Revenue | |  |  |  |
|  |  |  |  |  |
| Estimated Revenue | |  |  | $ |
|  |  |  |  |  |
| **TOTAL REVENUE** | | | | **$** |
| Net Operating Costs | |  |  |  |
|  |  |  |  |  |
| Net Operating Cost[[2]](#footnote-2) | | |  | $ |
|  |  |  |  |  |
|  |  | **TOTAL NET OPERATING COST** | | **$** |
| Requested Operating Subsidy | |  |  |  |
|  |  |  |  |  |
| a. Total Federal Section 5310 Subsidy Requested[[3]](#footnote-3) | | |  | $ |
| b. Total CTDOT State Subsidy Requested[[4]](#footnote-4) | | |  | $ |
|  |  |  |  |  |
| **TOTAL YEAR 1 OPERATING SUBSIDY REQUESTED** | | | | **$** |
| Source of Match |  |  |  |  |
| (Ex. Agency budget, local funding, other grant, fundraiser, donations, etc.) | | | | |
|  |  |  |  |  |
| a. Source of Match 1 (specify): | | | | $ |
| b. Source of Match 2 (specify): | | | | $ |
| c. Source of Match 3 (specify): | | | | $ |
|  |  |  |  |  |
| **TOTAL MATCH** | | | | **$** |

|  |
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| SECTION IV. BUDGET - YEAR 2 (IF APPLICABLE) |

|  |  |
| --- | --- |
| State Fiscal Year: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Estimated Operating Expenses | |  |  |  |
|  |  |  |  |  |
| a. Wages, Salaries & Benefits | | | | $ |
| b. Maintenance & Repair | | | | $ |
| c. Fuel | | | | $ |
| d. Insurance | | | | $ |
| e. Administrative Overhead & General Expenses | | | | $ |
| f. Contract Services (specify)[[5]](#footnote-5): | | | | $ |
| g. Other Expenses (specify): | | | | $ |
|  |  |  |  |  |
| **TOTAL OPERATING EXPENSES** | | | | **$** |
| Passenger Revenue | |  |  |  |
|  |  |  |  |  |
| Estimated Revenue | |  |  | $ |
|  |  |  |  |  |
| **TOTAL REVENUE** | | | | **$** |
| Net Operating Costs | |  |  |  |
|  |  |  |  |  |
| Net Operating Cost[[6]](#footnote-6) | | |  | $ |
|  |  |  |  |  |
|  |  | **TOTAL NET OPERATING COST** | | **$** |
| Requested Operating Subsidy | |  |  |  |
|  |  |  |  |  |
| a. Total Federal Section 5310 Subsidy Requested[[7]](#footnote-7) | | |  | $ |
| b. Total CTDOT State Subsidy Requested[[8]](#footnote-8) | | |  | $ |
|  |  |  |  |  |
| **TOTAL YEAR 2 OPERATING SUBSIDY REQUESTED** | | | | **$** |
| Source of Match |  |  |  |  |
| (Ex. Agency budget, local funding, other grant, fundraiser, donations, etc.) | | | | |
|  |  |  |  |  |
| a. Source of Match 1 (specify): | | | | $ |
| b. Source of Match 2 (specify): | | | | $ |
| c. Source of Match 3 (specify): | | | | $ |
|  |  |  |  |  |
| **TOTAL MATCH** | | | | **$** |

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| SECTION V. TOTAL BUDGET |

|  |  |  |
| --- | --- | --- |
| Operating Subsidy |  |  |
|  |  |  |
| Year 1 – Total Operating Subsidy Requested | | $ |
| Year 2 – Total Operating Subsidy Requested | | $ |
|  |  |  |
| **TOTAL OPERATING SUBSIDY REQUESTED** | | **$** |

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| SECTION VI. 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.[[9]](#footnote-9)

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:

|  |
| --- |
| SECTION VII. 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[[10]](#footnote-10):  Date:

1. Only estimated operating expenses for purchase of service projects should be noted in Contract Services. [↑](#footnote-ref-1)
2. Net operating cost is the operating expense minus the revenue. [↑](#footnote-ref-2)
3. FTA will pay 50% of expenses for operating projects. Purchase of service expenses and Mobility Management projects are funded at 80%. [↑](#footnote-ref-3)
4. Organizations that have received state subsidy in the past may request it again. [↑](#footnote-ref-4)
5. Only estimated operating expenses for purchase of service projects should be noted in Contract Services. [↑](#footnote-ref-5)
6. Net operating cost is the operating expense minus the revenue. [↑](#footnote-ref-6)
7. FTA will pay 50% of expenses for operating projects. Purchase of service expenses and Mobility Management projects are funded at 80%. [↑](#footnote-ref-7)
8. Organizations that have received state subsidy in the past may request it again. [↑](#footnote-ref-8)
9. 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-9)
10. Name of person who completed the grant application. [↑](#footnote-ref-10)