|  |
| --- |
| SECTION I. APPLICANT INFORMATION |

|  |
| --- |
| Legal Name of Organization:  |

| Address:  |
| --- |
| City/Town:  | Zip code:  |

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

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

|  |
| --- |
| Agency/Organization Type: [ ]  Private Nonprofit Organization\* [ ]  State or Local Governmental Entity |

**\*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.

| 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): |

|  |
| --- |
| Description of Current Coordination Efforts w/ NPOs or Municipalities to Provide Transportation Service\* (Limited to 750 Characters): |

**\*Additional Requirement**

If your organization currently coordinates with an NPO or municipality to provide transportation service or share a vehicle, include a copy of your interagency agreement with this application.

|  |
| --- |
| Description of Contracted Transportation Services & Identification of Service Provider\*:(If your organization does not currently contract out service, indicate as such) |

**\*Additional Requirement**

If your organization currently contracts out service, include a copy of the service agreement with this application.

|  |
| --- |
| How do you manage access to your organization’s transportation services? Select any passenger or service restrictions that apply and explain below. [ ]  Restrictions on destination or origin[ ]  Restrictions on trip purpose[ ]  Restrictions by membership and/or fee[ ]  Restrictions by residencyExplanation: |
| Number of Drivers with (only) a Public Passenger Endorsement (PPE): |
| Number of Drivers with a Commercial Driver’s License (CDL): |

|  |
| --- |
| Number of Vehicles in Current Fleet: |

**\*Additional Requirement**

Include the Current Vehicle Inventory Sheet containing a complete listing of your organization’s vehicles with this application. Organizations with more than sixty (60) vehicles in their fleet may add to the spreadsheet.

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

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

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

1. Identify the type of vehicle(s) your organization is interested in obtaining. Refer to the Application Instructions for vehicle specifications and seating capacity.

|  |  |
| --- | --- |
|  | **Vehicle Type** |
|  | Conf. A | Conf. B | Conf. C | Conf. D | Conf. E | Conf. F | Conf. F-a | Conf. G | Conf. H |
| Example | [ ]  | [ ]  | [ ]  | [x]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Vehicle 1 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Vehicle 2 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

1. Why is your organization requesting funding? Select one.

|  |  |
| --- | --- |
| **Vehicle 1** | **Vehicle 2** |
| [ ]  Replace a current vehicle in the fleet[ ]  Expand on existing service[ ]  Offer new serviceIf requesting funding for a replacement vehicle, has the vehicle to be replaced reached its useful life\*? | [ ]  Replace a current vehicle in the fleet[ ]  Expand on existing service[ ]  Offer new serviceIf requesting funding for a replacement vehicle, has the vehicle to be replaced reached its useful life\*? |

**\*Additional Requirement**

If your organization wants to replace a vehicle that has not met its useful life but requires excessive maintenance, include a document that describes the major component problems. These may include repeated engine replacement, excessive brake and transmission replacement, excessive repairs during the warrantee period due to a design flaw, or repair costs that amount to more than the vehicle replacement cost. Attach copies of the repair bills, as well as letters submitted to the vendor and/or original equipment manufacturer to this application.

1. Indicate the vehicle(s) from the Current Vehicle Inventory Sheet that your organization would replace, if applicable. Select up to a maximum of two (2).

|  |  |  |
| --- | --- | --- |
| [ ]  Vehicle 1[ ]  Vehicle 2[ ]  Vehicle 3[ ]  Vehicle 4[ ]  Vehicle 5[ ]  Vehicle 6[ ]  Vehicle 7 | [ ]  Vehicle 8[ ]  Vehicle 9[ ]  Vehicle 10[ ]  Vehicle 11[ ]  Vehicle 12[ ]  Vehicle 13[ ]  Vehicle 14 | [ ]  Vehicle 15[ ]  Vehicle 16[ ]  Vehicle 17[ ]  Vehicle 18[ ]  Vehicle 19[ ]  Vehicle 20[ ]  Other (specify):  |

1. Describe how your organization would use the vehicle(s) to serve seniors and/or individuals with disabilities.

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| --- |
|  |

1. What is the proposed service area? List all of the towns that the vehicle(s) wouldregularly travel to and indicate the primary service location(s).

|  |
| --- |
|  |

1. Specify the hours of operation and expected number of one-way trips **per day** for the requested vehicle(s).

|  | **Vehicle 1** | **Vehicle 2** |
| --- | --- | --- |
|  | **Start (AM/PM)** | **End (AM/PM)** | **# of Passenger Trips** | **Start (AM/PM)** | **End (AM/PM)** | **# of Passenger Trips** |
| Sunday |  |  |  |  |  |  |
| Monday |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |

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[ ]  Urgent Non-Emergency Medical Transportation (NEMT)[ ]  Same-day service**Client Gaps**[ ]  Non-ADA eligible service[ ]  Door-to-Door service[ ]  Door-through-Door service**Service Quality Gaps**[ ]  Accessible vehicle (non-taxi)[ ]  **Other (specify):** |

1. Explain how the current transportation services in your area are insufficient in serving the needs of seniors and individuals with disabilities.

|  |
| --- |
|  |

1. How would your organization’s vehicle(s) fulfill the unmet needs identified in question #9?

|  |
| --- |
|  |

1. How would your organization inform seniors and individuals with disabilities about the service provided with the vehicle(s)?

|  |
| --- |
|  |

1. How would your organization inform seniors and individuals with disabilities with Limited English Proficiency about the service provided with the vehicle(s)?

|  |
| --- |
|  |

1. Estimate the number of individuals in the following groups to be served by the vehicle(s):

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

1. Explain how the number of individuals in question #13 were estimated. Note that organizations not currently collecting this information from passengers may request it on a voluntary basis.

|  |
| --- |
|  |

1. Would your organization coordinate with an NPO or municipality to provide service using the vehicle(s) or to share the vehicle(s) during off-peak hours?

|  |  |
| --- | --- |
| [ ]  YesExplain the coordination in detail: | [ ]  NoExplain any ongoing discussions or proposed plans to coordinate that have not yet been implemented: |

1. Would your organization operate the service provided with the vehicle(s) or contract out the service?

|  |  |
| --- | --- |
| [ ]  Applicant would operate serviceHow does your organization determine that there are no (other) nonprofit organizations readily available in the area to provide the proposed service? | [ ]  Contracted provider would operate serviceIdentify the service provider below: |

1. Has your organization published a Public Notice in a major newspaper to notify other transportation operators of your intent to apply for Section 5310 capital funding\*?

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

**\*Additional Requirement**

Attach evidence of efforts made to notify other transportation providers of your proposed service. This must include

 1) A copy of the Public Notice as it was published

 2) A paid invoice from the newspaper (tear sheet)

3) A copy of each letter sent to transit operators in the proposed service area no less than one week prior to the publish, and

 4) Any written comments received from interested parties

1. How does your organization’s request for vehicle funding 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 the vehicle(s) or service?

|  |
| --- |
|  |

1. Who in your organization would be responsible for ensuring timely maintenance of the vehicle(s), completing quarterly 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** |
| **Maintenance:** |  |  |  |  |
| **Reporting:** |  |  |  |  |
| **Communication:** |  |  |  |  |

1. Where would the vehicle(s) be located when not in use?

|  |
| --- |
|  |

1. Who would perform preventative maintenance and repairs on the vehicle(s)?

|  |
| --- |
|  |

1. Who would perform preventative maintenance and repairs on the vehicle lift(s)?

|  |
| --- |
|  |

1. Describe your organization’s proposed maintenance plan and schedule for the vehicle(s).

|  |
| --- |
|  |

|  |
| --- |
| SECTION III. ANNUAL BUDGET |

VEHICLE 1

|  |  |
| --- | --- |
| Estimated Operating Expenses[[1]](#footnote-1) |   |
| a. Wages, Salaries & Benefits | $      |
| b. Maintenance & Repair | $      |
| c. Fuel | $      |
| d. Insurance | $      |
| e. Administrative Overhead & General Expenses:  | $      |
| f. Contract Services:  | $      |
| g. Other Expenses (specify):  | $      |
|   |  |  |  |   |
| **TOTAL OPERATING EXPENSES** | **$** |
| Estimated Operating Income[[2]](#footnote-2) |   |
| a. Passenger Revenue |  |  | $      |
| b. Other Funding Sources (Ex. Agency budget, Fundraisers, Other grants) |   |
| Funding Source 1 -  | $      |
| Funding Source 2 -  | $      |
| Funding Source 3 -  | $      |
| Funding Source 4 -  | $      |
| Funding Source 5 -  | $      |
| Funding Source 6 -  | $      |
|   |  |  |  |   |
| **TOTAL OPERATING INCOME** | **$** |
| Total Vehicle Cost[[3]](#footnote-3) |  |
| Vehicle 1 Cost | $      |
|   |  |
| **TOTAL VEHICLE COST** | **$** |
| Federal Subsidy Requested[[4]](#footnote-4) |  |
| Vehicle 1 FTA Subsidy Amount (80% of Vehicle 1 Cost) | $      |
|   |  |  |  |   |
| **TOTAL FEDERAL SUBSIDY REQUESTED** | **$** |
| Source of Match |   |
| Source of Match - Vehicle 1 (specify):  | $      |
| **TOTAL MATCH** | **$** |

VEHICLE 2

|  |  |
| --- | --- |
| Estimated Operating Expenses[[5]](#footnote-5) |   |
| a. Wages, Salaries & Benefits | $      |
| b. Maintenance & Repair | $      |
| c. Fuel | $      |
| d. Insurance | $      |
| e. Administrative Overhead & General Expenses:  | $      |
| f. Contract Services:  | $      |
| g. Other Expenses (specify):  | $      |
|   |  |  |  |   |
| **TOTAL OPERATING EXPENSES** | **$** |
| Estimated Operating Income[[6]](#footnote-6) |   |
| a. Passenger Revenue |  |  | $      |
| b. Other Funding Sources (Ex. Agency budget, Fundraisers, Other grants) |   |
| Funding Source 1 -  | $      |
| Funding Source 2 -  | $      |
| Funding Source 3 -  | $      |
| Funding Source 4 -  | $      |
| Funding Source 5 -  | $      |
| Funding Source 6 -  | $      |
|   |  |  |  |   |
| **TOTAL OPERATING INCOME** | **$** |
| Total Vehicle Cost[[7]](#footnote-7) |  |
| Vehicle 2 Cost | $      |
|   |  |
| **TOTAL VEHICLE COST** | **$** |
| Federal Subsidy Requested[[8]](#footnote-8) |  |
| Vehicle 2 FTA Subsidy Amount (80% of Vehicle 2 Cost) | $      |
|   |  |  |  |   |
| **TOTAL FEDERAL SUBSIDY REQUESTED** | **$** |
| Source of Match |   |
| Source of Match - Vehicle 2 (specify):  | $      |
| **TOTAL MATCH** | **$** |

|  |
| --- |
| SECTION IV. CERTIFICATION FOR NONPROFIT ORGANIZATIONS & ELIGIBLE PUBLIC BODIES |

Federal Transit Administration Section 5310 Program

2020 Funding Cycle

Title 49 U.S.C. 5310(a)(1) authorizes funding for public transportation capital projects planned, designed and carried out to meet the special needs of elderly individuals and individuals with disabilities.

Title 49 U.S.C. 5310(a)(2) provides that a State may allocate the funds apportioned to it to a governmental authority that certifies that there are not any non-profit organizations readily available in the area to provide the special transportation services.

I  (Name of Authorized Official) certify that there are no non-profit organizations serving  (Name of Organization) that meet the special transportation needs of seniors and individuals with disabilities.

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

Signature of Authorized Official[[9]](#footnote-9)

Date

|  |
| --- |
| SECTION V. 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.[[10]](#footnote-10)

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 VI. 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[[11]](#footnote-11):  Date:

1. Estimate all of the expenses associated with operating the requested vehicle. [↑](#footnote-ref-1)
2. Indicate how your organization will pay for the expenses associated with operating the requested vehicle. [↑](#footnote-ref-2)
3. See the Application Instructions for available vehicle category classifications and pricing estimates. Applicants may contact CTDOT or the vendor Matthews Buses with additional questions on vehicle pricing. [↑](#footnote-ref-3)
4. The FTA will pay 80% of the cost of an accessible vehicle, not to exceed the amount estimated in the application or 80% of the actual vehicle cost, whichever is lower. The awarded recipient must fund the remaining cost (match). [↑](#footnote-ref-4)
5. Estimate all of the expenses associated with operating the requested vehicle. [↑](#footnote-ref-5)
6. Indicate how your organization will pay for the expenses associated with operating the requested vehicle. [↑](#footnote-ref-6)
7. See the Application Instructions for available vehicle category classifications and pricing estimates. Applicants may contact CTDOT or the vendor Matthews Buses with additional questions on vehicle pricing. [↑](#footnote-ref-7)
8. The FTA will pay 80% of the cost of an accessible vehicle, not to exceed the amount estimated in the application or 80% of the actual vehicle cost, whichever is lower. The awarded recipient must fund the remaining cost (match). [↑](#footnote-ref-8)
9. Authorized official may be an Executive Director, Mayor, Town Manager or First Selectman. [↑](#footnote-ref-9)
10. 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-10)
11. Name of person who completed the grant application. [↑](#footnote-ref-11)