



5310 GRANT APPLICATION

Enhanced Mobility of Seniors and Persons with Disabilities
Federal Fiscal Year 2015 Funding

APPLICATION INFORMATION

Application Deadline: February 28, 2017 @ 4:30 P.M. MDT

Eligible Service Areas: Utah's Large Urban Areas
Davis, Salt Lake, Utah, and
Weber counties Brigham City,
Perry, and Willard cities

Application Eligibility: Applications must be completed and submitted by the deadline in order to be
Considered for award. Late and/or incomplete applications will not be
accepted.

Technical Assistance: Holly Mahoney / 801-237-1994 / hmahoney@rideuta.com

1. Legal Name of Applicant Agency _

• Address _____

2. Federal Tax ID # _____ DUNS # _____

3. Agency Type

☐
☐
☐

Private non-profit organization
State or local government authority
Operator of public transportation

4. Agency Contact Information

4.a. Primary Street Address _____

City _____ State _____ Zip Code _____

4.b. Mailing Address (if different from Primary Street Address)

City _____ State _____ Zip Code _____

4.c. Website (if available) _____

4.d. Main Office Phone # _____

4.e. Primary Agency Application Contact

Name _____ Title _____

_____ Email _____ Phone Number (including extension) _____

7. Agency Overview: Provide a brief overview of the agency mission and services that meet the needs of seniors and/or persons with disabilities.

8. Which populations does the agency currently serve? (please check all that apply)

☐

Persons with Disabilities

☐

Persons with Lower Income (household income at or below 150% of poverty)

☐

Seniors

☐

Veterans

☐

Other, please specify (maximum of 200 characters and spaces)

9. Does the agency have client eligibility requirements? ☐ Yes ☐ No

If Yes, please describe (maximum of 500 characters and spaces)

10. Does the agency provide transportation services? ☐ Yes ☐ No

If Yes, please complete Questions 10.a. S 10.g. and attach the Fleet Inventory Form.

If **No**, please skip to **Part B**.

10.a. How many one way trips per year does the agency currently provide? _____

10.b. Which geographic areas does the agency currently serve? *(please check all that apply)*

☐

Brigham City / Perry / Willard Area

☐

Davis County

☐

Salt Lake County

☐

Utah County

☐

Weber County

☐

other *(please identify)* _____

10.c. Which trip purposes does the agency currently serve? *(please check all that apply)*

☐

Medical

☐

Jobs/job Training/education

☐

Non-medical appointments

☐

Shopping

☐

Recreational activities

☐

Other *(please identify)* _____

10.d. Which days & hours does the agency provide transportation services?

☐

Sunday

Hours _____

☐

Monday

Hours _____

☐

Tuesday

Hours _____

☐

Wednesday

Hours _____

☐

Thursday

Hours _____

☐

Friday

Hours _____

☐

Saturday

Hours _____

10.e. Does the agency charge fares? ☐ Yes ☐ No

If **Yes**, how much? _____

10.f. Does the agency request donations? ☐ Yes ☐ No

If **Yes**, how much? _____

10.g. Does the agency own and operate vehicles for transporting passengers? Yes ☐ No ☐

PART B – PROJECT OVERVIEW

11. Project Title (*maximum of 100 characters and spaces*)

12. Project Description (*maximum of 2,000 characters and spaces*)

13. Project Type I Refer to the FTA 5310 Application Instructions for further detail Appendix 1 (*Select all that apply*)

- ☐ Traditional 5310 Capital Project--
- ☐ Vehicle
- ☐ Traditional 5310 Capital Project—
- ☐ Other Operating Costs
- ☐ Other Non-traditional 5310 Project

13.a. Vehicle Type/Number:

- ☐ Accessible Cutaway Bus 22 – 24 Feet/Quantity _____
- ☐ Accessible 8 - 12 Passenger Van/Quantity _____
- ☐ Non-Accessible 12-14 Passenger Van/Quantity _____
- ☐ Accessible Small Transit Vehicle (minivan/MV-1) /Quantity _____
- ☐ Non-Accessible 7 passenger minivan/Quantity _____
- ☐ Other (describe) _____/Quantity _____

13.b. Vehicle Type:

- ☐ Replacement (indicate on the vehicle fleet inventory the vehicle(s) to be replacing)
- ☐ Expansion

Project Category I Refer to the FTA 5310 Application instructions for further detail Appendix 3

(please check all that apply).

- ☐ Category 1 Single Agency Traditional 5310 Project Vehicle, only
- ☐ Category 2 Regional Project covering 2 or more counties Capital and/or Operating Expenses
- ☐ Category 3 Partnership of 2 or more agencies Capital and/or Operating Expenses
- ☐ Category 4 - Single Agency – Other Capital and/or Operating Expenses

16. Which populations will be served by the project? 5310 Funds can only be used to serve seniors and persons with disabilities. However, individuals within these populations may overlap with other population groups *(please check all that apply).*

- ☐ Persons with Disabilities
- ☐ Persons with Lower Income *(household income at or below 150% of poverty)*
- ☐ Seniors Veterans
- ☐ Other (please specify) _____

17. Geographic Areas Served by Project

17.a. Identify the geographic areas to be served by the project. 5310 Funds are only eligible for use in the geographic areas listed below *(check all that apply).*

- ☐ Brigham City / Perry / Willard Area
- ☐ Davis County
- ☐ Salt Lake County
- ☐ Utah County Weber County
- ☐ Other Local Government Entity *(please describe)* _____

18. Program Measures

18.a. Will the project provide trips? ☐ Yes ☐ No

18.b. If **Yes**, how many one-way trips per year will the project provide? _

18.c. What transportation gaps will this project fill _____

19. Project History

19.a. Is this an existing project currently funded through FTA 5310? ☐ Yes ☐ No

19.b. Is this an existing project currently funded through non-FTA sources, only? Yes ☐ No ☐

19.c. Is this a new project? ☐ Yes ☐ No

PART C – PROJECT BUDGET

21. Grant Request

21.a. Capital Funds

Provide a brief detailed description of the project's capital expenses and itemized budget.

	\$	0.00
	\$	0.00
	\$	0.00
	\$	0.00
	\$	0.00
	\$	0.00
Local Match (20% Required)	\$	0.00
Total Capital Costs	\$	0.00
Federal Share Request	\$	0.00

21.b. Operating Funds

Provide a brief description of the project's operating expenses.

Total Operating Costs (provide details below)		\$	0.00
	\$	0.00	
Total Farebox Revenue		\$	-0.00
Net Project Operating Costs (Operating Costs less Farebox Revenue)		\$	0.00
Local Match 50.00%		\$	0.00
Cash Overmatch, if applicable		\$	0.00
Federal Share Request		\$	0.00

22.c. Total Project Funds

Description	Costs
Total Capital and Operating Project Costs	\$ 0.00
Total Capital and Operating Local Match	\$ 0.00
Total Federal Funds Requested	\$ 0.00

22.d. Local Match Sources *Please provide a letter that your organization is designating/providing funds for the local match. Also in the letter, please state that the organization has committed resources to provide funding throughout the entirety of the proposed project. The letter needs to be signed by an individual in the organization in authority to approve said expenditures. (USDOT funds and farebox revenue are not eligible as local match sources)*

PART D - EVALUATION CRITERIA

Evaluation Criteria		Scoring Explanation	Scoring
1	FTA 5310 Coordination Requirement	How does the project address the needs and strategies identified in the 2016 Coordinated Plan? FTA requires that the project address at least one need/strategy. Scoring: 5 points for each need and strategy identified. Maximum award of 20 points.	0-20
2	Commitment to Collaboration	How does the project demonstrate commitment to collaboration? Scoring: 10 points for demonstration of current collaboration. 10 points for a current formal partnership with a letter of commitment. 10 points for a future partnership with a letter of commitment. Maximum award of 30 points	0-30
3	Project Work Plan	How does the work plan address the five required elements - project goals, implementation timeline, project staffing, marketing strategy, and project sustainability? Scoring: A maximum of 4 points for each of the five required elements. Maximum award of 20 points.	0-20
4	Performance Measures	How does the project meet the performance measures set forth by the FTA 5310 program? Traditional 5310 projects 1-Gaps in service filled measured in total number of seniors and persons with disabilities served. 2-Ridership measured in one-way trips. Other section 5310 projects 1-Impact of availability of transportation services measured in geographic coverage, service quality/times, or addition/change to physical infrastructure, technology, or vehicles. 2- Ridership measured in one-way trips. Scoring: 10 points per Performance Measure. Maximum award of 20 points.	0-20
5	Project Letters of Support	Do other Human Service agencies and transportation providers support your project? Scoring: 5 points per letter of support. Maximum award of 15 points.	0-15

22. FTA 5310 Coordination Requirement

FTA's 5310 program requires that all projects selected for award address **at least one need** or strategy identified in the Coordinated Human Services Transportation Plan for the service area. Plan excerpts discussing the needs and strategies for each area are available on the UTA website at rideuta.com/FTA5310. The complete coordinated (mobility) plans for each area are available at the following links:

2013 Bear River Coordinated Human Service Transportation Plan (including Brigham City, Perry, and Willard):

Questions? contact Zac Covington at (435) 713-1423

2013 Davis, Salt Lake, Utah, and Weber County Mobility

Plans:

Questions? contact Ryan Taylor at (801) 287-2399

23.a. Which needs and/or strategies does the project address? Include the coordinated plan title

and page reference for each item listed. **Scoring: 5 points for each need and/or strategy, maximum of 20 points.**

23.b. Specifically describe the needs and strategies the project addresses?

(maximum of 1,500 characters and spaces)

24. Commitment to Collaboration

Does the project maximize the use of 5310 funds through a collaborative, efficient, and innovative project in partnership with one or more agency? *Please note, in order to be eligible for Category 3 Funding (Question 14) the agency must answer **Yes** to this question.*

Yes ☐ No ☐

If **Yes**, please describe how the agencies are collaborating (*maximum of 2,000 characters and spaces*). **Scoring: 10 points**

If **Applicable**: Please attach to the application a **Partnership Letter of Commitment** from each current partner agency. **Scoring: 10 points**

And/or, please attach to the application a **Partnership Letter of Commitment** from each partner agency for future collaborations. **Scoring: 10 points**

25. Project Work Plan (*all boxes must be checked*)

The project work plan must include, at minimum, all of the elements listed below. Please confirm that all of the items listed below are contained in the work plan by marking the checkboxes. **Scoring: 4 points for each element, maximum of 20 points**

- ☐ project goals
- ☐ implementation timeline
- ☐ project staffing
- ☐ marketing strategy
- ☐ project sustainability

Attach the work plan to the application.

26. Performance Measures

Please estimate how the project will meet the performance measures set forth by the FTA 5310 program. **Scoring: 10 points for each performance measure, maximum of 20 points**

Traditional 5310 Projects:

1. Gaps in service filled measured in the total number of seniors and persons with disabilities served.

Anticipated total number of people served by this project in the project year: _

2. Ridership measured in one-way trips.

Anticipated number of one-way trips served by this project in the project year: _

Other Section 5310 Projects:

1. Impact of availability of transportation services measured in geographic coverage, service quality/ times, and/or addition/change to physical infrastructure, technology, or vehicles.

Enhancements to current service that this project will deliver:

Geographic coverage: _____

Service Quality: _____

Service Times: _____

Physical Infrastructure: _____

Technology: _____

Vehicles: _____

2. Ridership measured in one-way trips.

Anticipated number of one-way trips served by this project in the project year: _

27. Project Letters of Support

Please attach all project **Letters of Support** to the application. **Scoring: 5 points per letter of support, maximum of 15 points.**

APPLICANT SIGNATURE

- 28. Applicant 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 project associated with this application in accordance with federal requirements. I understand that an approved Title VI Plan will be required if the project is selected for award.*

I certify that the agency was represented at the following transportation workshop -

- ☐ Davis County Health, Clearfield
- ☐ Mountainland Association of Governments, Orem
- ☐ Utah Transit Authority, Salt Lake City

Name

Date

Title

The submission of this application constitutes the electronic execution of the application on the date submitted.

APPLICATION CHECKLIST

- ☐ Partnership Letters of Commitment and/or Project Letters of Support are attached (refer to Questions 24 and 27)
- ☐ Work Plan is attached (refer to Question 25)
- ☐ ***If applicable***, Fleet Inventory Form is attached (refer to Question 10)
- ☐ ***If acquiring inaccessible vehicles***, please attach a certification of equivalent service. For more information, see FTA-ADA regulations Appendix C to 49 CFR Part 37 http://www.fta.dot.gov/12876_3906.html
- ☐ ***If the applicant is a state or local governmental authority*** that is ***not*** approved by the state to coordinate services for seniors and individuals with disabilities, please attach certification that there are no nonprofit organizations readily available in the area to provide service.