

**FTA Section 5310  
Elderly & Disabled Specialized Transit**

**FFY 2015/16 Grant Application**

**Due to Fresno COG by 11:00 am on March 1, 2017**

Project Name/Description:

Agency (Applicant) Legal Name:

Physical Address (No P.O. Box):

City:

County:

Zip:

Contact Person (Grant Manager):

Phone:

Email:

Duns #:

Name of Authorizing Representative certifying to the information contained in this application is true and accurate:

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Fresno Council of Governments  
2035 Tulare Street, Suite 201  
Fresno, CA 93721  
(559) 233-4148

## APPLICANT CHECKLIST and TABLE OF CONTENTS

Applicants should use this checklist to ensure that all applicable parts of the application and attachments are completed and submitted.

<b>PART 1 – PROGRAM OVERVIEW</b>	<b>Page</b>
<input type="checkbox"/> FIXING AMERICA’S SURFACE TRANSPORTATION ACT (FAST ACT)	1
<input type="checkbox"/> CURRENT FUNDING LIMITATIONS	1
<b>PART 2 – APPLICANT ELIGIBILITY</b>	
<input type="checkbox"/> CIVIL RIGHTS/DBE	2
<input type="checkbox"/> CURRENT GRANT SUBRECIPIENT – COMPLIANCE	3
<input type="checkbox"/> PROJECT NEED	4
<input type="checkbox"/> PRIVATE NONPROFIT AGENCY - CORPORATION STATUS	5
<input type="checkbox"/> PUBLIC AGENCY - CERTIFICATION	6
<input type="checkbox"/> GENERAL CERTIFICATIONS AND ASSURANCES	7
<input type="checkbox"/> AGENCY PROFILE	8
<input type="checkbox"/> APPLICANT ABILITY	9-12
<input type="checkbox"/> PROPOSED ANNUAL OPERATIONAL PROJECT BUDGET	13
<input type="checkbox"/> PROPOSED ANNUAL CAPITAL PROJECT BUDGET	14
<b>PART 3 – COORDINATION REQUIREMENTS</b>	
<input type="checkbox"/> COORDINATED PLAN REQUIRMENTS	15
<input type="checkbox"/> COORDINATION OF VEHICLES	16
<b>PART 4 – FUNDING REQUEST</b>	
<input type="checkbox"/> NEW OR SERVICE EXPANSION	17
<input type="checkbox"/> ELIGIBLE CAPITAL EXPENSES	18
<input type="checkbox"/> REPLACEMENT/SERVICE EXPANSION VEHICLE	19
<b>PART 5 – GRANT PROCEDURES</b>	
<input type="checkbox"/> SELECTION PROCESS AND APPLICATION DEADLINE	20
<input type="checkbox"/> TRANSMITTAL LETTER	21
<b>PART 6 – SCORING CRITERIA</b>	
<input type="checkbox"/> SCORING CRITERIA	22-23

## PROGRAM OVERVIEW

### *Fixing America's Surface Transportation Act*

On December 4, 2015, President Obama signed into law the Fixing America's Surface Transportation Act (FAST Act). The FAST Act will sustain our Highway Trust Fund and provide states and communities with five years (FY16-FY20) of steady funding to build needed roads, bridges, and transit systems. It provides an increase of approximately \$1 Billion per year to the transit program and reintroduces the Discretionary Bus Program. Buy America requirements are increased in phases up to 70% by FY 2020. The FAST Act also:

- Targets funding increases towards improving state of good repair and the bus program
- Requires FTA to develop a best practices guide for 5310 service providers
- Introduces a new Pilot Program for Innovative coordinated Access & Mobility
- Funds Transit Research from both the Trust & General Fund
- Streamlines Vehicle Procurement & Leasing

This program (49 U.S.C. 5310) provides formula funding to Designated Recipients for the purpose of assisting private nonprofit organizations or government authorities in meeting the transportation needs of the elderly and persons with disabilities when the transportation service provided is unavailable, insufficient, or inappropriate to meeting these needs. Funds are apportioned based on each State's share of population for these groups of people. SAFETEA-LU also included planning requirements for the 5310 Program, requiring that projects funded through these programs "must be derived from a locally developed, coordinated public transit-human services transportation plan".

The Governor of California has designated the Fresno Council of Governments (Fresno COG) as the Designated Recipient in Fresno County of Federal Transit Administration (FTA) Section 5310 grants for the purpose of administering those funds in accordance with state and federal laws, statutes, and regulations.

Additional detail can be found at the following links:

[Fresno COG's Section 5310 Program Management Plan](#)

[Section 5310 Federal Circular – FTA C 9070.1G \(June 2014\)](#)

### ***Current Funding Limitations***

Vehicles and other related equipment formerly funded under the previous Section 5310 Program are referred to as **Traditional Capital** projects. The former New Freedom projects are referred to as **Other Capital and Operating** projects.

- Total funding = \$1,023,950
- At least 90% for **Traditional Capital** projects (\$921,555 Total: at least 2 grants, maximum **\$460,777** each)
- Up to 10% for **Other Capital and Operating** projects (maximum **\$102,395**; if no acceptable applications, funds will transfer to the **Traditional Capital** programs)

## APPLICANT ELIGIBILITY

### ***Civil Rights/DBE***

Describe any lawsuits or complaints that have been received or acted on in the last year based on Title VI of the Civil Rights Act or other relevant civil rights requirements; and subrecipient must provide a status of lawsuits or an explanation of how complaints were resolved including corrective actions taken.

If **NO** lawsuits or complaints were received or acted on – subrecipient must provide the following statement:

THERE WERE NO LAWSUITS OR COMPLAINTS RECEIVED OR ACTED ON IN THE LAST YEAR RELATING TO TITLE VI OR OTHER RELEVANT CIVIL RIGHTS REQUIREMENTS.

### ***Disadvantaged Business Enterprise***

#### **Disadvantaged Business Enterprise (DBE) Requirements**

All successful applicants of the 5310 funds for Other Equipment (non-vehicle) projects must submit a completed *Disadvantaged Business Enterprise Race-Neutral Implementation Agreement for Federal Transit Administration Subrecipients* with their signed Standard Agreement contract.

**APPLICANT ELIGIBILITY**

**Current Grant Recipient – Compliance**

If you are a **current** grant recipient and are not compliant with all FTA Section 5310 Elderly and Disabled Specialized Transit Program requirements you will not be eligible to apply for grant funds until compliance has been determined. You must be in compliance at time of submittal of application.

The Section 5310 Elderly and Disabled Specialized Transit Program Agreement requires semiannual reporting.

*The sub-recipient shall submit a Semiannual Report of its use of PROJECT equipment within twenty (20) calendar days after the close of each federal reporting period. The federal reporting periods are:*

- 1) October 1 – March 31
- 2) April 1 – September 30

**Semiannual Reports are due no later than April 20 and October 20 of each calendar year.** The report shall contain information requested by FRESNO COG to indicate the extent to which the sub-recipient is carrying out the PROJECT in accordance with the terms of this contract.

	Yes	No
Does your agency have active vehicles purchased with a 5310 grant?		
If yes, is your agency currently in compliance with your 5310 grant agreement?		
Attach a copy of the last Section 5310 semiannual report submitted listing all vehicles and required data.		

## APPLICANT ELIGIBILITY

### ***Project Need***

Title 49 U.S.C. 5310(a)(2) provides that a Designated Recipient may allocate apportioned funds to a private nonprofit organization if public transportation service provided under Section 5310(a)(1) is unavailable, insufficient, or inappropriate. Current documentation supporting the stated transportation needs must be attached as an appendix and its relevance discussed within the narrative (e.g., testimony or findings from a Transportation Development Act (TDA) article 8 hearing, recognized studies or the region's Coordinated Plan)

#### **A. Check the appropriate box below as applicable. One box must be checked.**

**Unavailable**

There is no existing public transportation or Paratransit Service (e.g., ADA Paratransit, fixed route, dial-a-ride services) in proposed project service area available to serve the described target population.

**Insufficient**

Available mass transportation and Paratransit services are insufficient to meet the needs of the target population or equipment needs replacement to ensure continuance of service. (Examples: service at capacity, service parameters, routes, hours, need not met due to eligibility and/or trip criteria, projected future need, vehicles inaccessible, etc.)

**Inappropriate**

Target population has unique or special needs, which are difficult or impossible to serve on available mass transportation and/or Paratransit service. Example: lack of wheelchair accessibility.

#### **B. Existing transit service**

Describe how existing public transit or public Paratransit service, including fixed-route, dial-a-ride, ADA complementary Paratransit and private Paratransit service, do not serve the population in your service area.

## APPLICANT ELIGIBILITY

### ***Private Nonprofit Agency – Corporation Status Inquiry and Certification***

If you are claiming eligibility as a Section 5310 applicant based on your status as a private nonprofit organization, you must obtain verification of your incorporation number and current legal standing from the California Secretary of State Information Retrieval /Certification & Records Unit (IRC Unit). The “Status Inquiry” document must be attached as an appendix to the application. To assist you in obtaining this information, use one of the following two methods:

1. To obtain Corporate Records Information over the Internet, go to:  
<http://kepler.sos.ca.gov> and enter your agency name. If you are active, print the page and use that as proof. If you are not active, go to page 2 and follow the directions. If the verification of your status is not available at the time you submit your application, you must indicate the date on which you requested the verification and the estimated date it will be forwarded to the Section 5310 Enhanced Mobility for Seniors and Individuals with Disabilities Program.
2. If you are unable to locate the information on line, you can obtain the “Status Inquiry” document by making a written request to:

**Secretary of State  
Information Retrieval/Certification Unit (IRC)  
1500 11th Street, 3<sup>rd</sup> Floor, Sacramento, CA 95814  
(916) 653-6814**

**Do not** submit articles of incorporation, by laws or tax status documentation.

<b>Private Nonprofits</b>
Name of Nonprofit Applicant:
State of California Articles of Incorporation No.:
Date of Incorporation:

## APPLICANT ELIGIBILITY

### ***Public Agency Certification***

Title 49 U.S.C. 5310(a)(2) provides that a Designated Recipient may allocate funds apportioned to it to a governmental authority that is approved by the State to coordinate services for seniors and individuals with disabilities; or certifies that there are no nonprofit organizations readily available in the area to provide the service.

A public agency certifying that no nonprofit agencies are readily available to provide the proposed service must complete and sign the **“Public Agency Certification”** below. The required public hearing should be completed before the due date of the application; however, if a public hearing has been scheduled but not completed by the application due date please write the date that the hearing will take place in the space provided at the bottom of the Certification. Fresno COG may allow the submission of the minutes of the hearing, and the formal resolution from the governing board, if the application contains documentation that the hearing has been properly advertised. Under no circumstances will Fresno COG accept missing documentation relative to this Certification after the due date.

#### **Public Agencies**

Check one and provide the following as instructed:

- a)  Certifying to the Governor that no nonprofit corporations or associations are readily available in the service area to provide the proposed service.

#### **Certification of No Readily Available Service Providers (only needed if “a” is checked above)**

The public agency, \_\_\_\_\_ certifies that there are no nonprofit agencies readily available to provide the service proposed in this application.

***Note: If hearing is scheduled but has not yet been held, follow instructions provided below (shown in italics), under each specific item.***

1. Submit proof of publication of hearing notice and a copy of the contact letter sent to non-profit transportation providers informing them of the hearing. *If hearing has not yet been held, provide scheduled date of hearing. Submit Proof of Publication and contact letter following hearing.*
  2. Submit resolution that no non-profit agencies are readily available to provide the proposed service. *If hearing has not yet been held, submit resolution following hearing.*
  3. Complete Public Agency Certification. *If hearing has not yet been held, submit certification following hearing.*
  4. Submit proof of contact with all non-profit transportation providers regarding notice of public hearing.
- b)  Approved by the State to coordinate services for elderly individuals and individuals with disabilities, including CTSA designated by the RTPA.
1. Submit designation letter.

Certifying Representative

Name (print):	Title (print):
Signature:	Date:
Date of Hearing (if necessary):	

## APPLICANT ELIGIBILITY

### **General Certifications and Assurances**

The original of the “General Certifications and Assurances” should be signed and dated in blue ink. Use the legal name of your agency. If you are a public entity, attach an authorizing resolution, designating a person authorized to sign on behalf of the agency, as an Appendix to the application.

Legal Name of Applicant:		
Address:		
Contact Person:	Phone:	Email:

- a. The applicant assures that no person, on the grounds of race, color, creed, national origin, sex, age, or disability shall be excluded from participating in, or denied the benefits of, or be subject to discrimination under any project, program, or activity (particularly in the level and quality of transportation services and transportation-related benefits) for which the applicant receives Federal assistance funded by the Federal Transit Administration (FTA).
- b. The applicant assures that it shall not discriminate against any employee or applicant for employment because of race, color, creed, national origin, sex, age or disability and that it shall take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, creed, national origin, sex, or age.
- c. The applicant certifies that it will conduct any program or operate any facility that receives or benefits from Federal financial assistance administered by FTA in compliance with all applicable requirements imposed by or pursuant to 49 CFR Part 27, “Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Financial Assistance” and the Americans with Disabilities Act of 1990, as amended, at 49 CFR Parts 27,37, & 38.
- d. The applicant assures that it will comply with the Federal statutes, regulations, executive orders, and administrative requirements, which relate to applications made to and grants received from FTA. The applicant acknowledges receipt and awareness of the list of such statutes, regulations, executive orders, and administrative requirements that is provided as references in FTA Circular 9070.1G – “Enhanced Mobility of Seniors and Individuals with Disabilities Program Guidance and Application Instructions” dated June 6, 2014.
- e. The applicant certifies that the contracting and procurement procedures that are in effect and will be used by the applicant for Section 5310 equipment are in accordance and comply with the significant aspects of FTA Circular 4220.1F, "Third Party Contracting Guidelines."
- f. The applicant certifies that any proposed project for the acquisition of or investment in rolling stock is in conformance with FTA rolling stock guidelines.
- g. The applicant certifies that it will comply with applicable provisions of 49 CFR Part 605 pertaining to school transportation operations which prohibits federally-funded equipment or facilities from being used to provide exclusive school bus service.
- h. The applicant certifies that it will comply with Government Code 41 U.S.C. 701 et seq, and 49CFR, Part 32 in matters relating to providing a drug-free workplace.

To the best of my knowledge and belief, the data in this application are true and correct, and I am authorized to sign these assurances and to file this application on behalf of the applicant.

#### **Certifying Representative**

Name (print):	
Title (print)	
Signature:	Date

## APPLICANT ELIGIBILITY

### ***Agency Profile***

FOR QUESTIONS 1 AND 2: Provide your current information. Exact counts are preferred, but estimates are acceptable.

1. Total number of clients currently served by your agency's transportation program:  
\_\_\_\_\_
  
2. Total number of rides (as measured by one-way trips) provided for seniors or individuals with disabilities by your agency annually: \_\_\_\_\_
  
3. Briefly describe the geographic area that will be served by your transportation program. Include cities and regions within Fresno County.  
*An 8½ x 11 map of your agency's service area must be attached delineating your agency's service boundaries.*
  
4. Briefly describe your agency's purpose and programs. Include the days and hours of the operation of your transportation program. *Supporting documentation must be attached (e.g., agency brochure).*

## APPLICANT ABILITY

Describe applicant's experience and history of providing efficient and effective transit services. The number of years of transportation service should reflect the number of years your agency has provided transportation services. Do not include service of your subcontractor(s). If you will be a first-time provider of transportation services, provide the number of years you have provided social services to elderly individuals and individuals with disabilities.

1. Does your agency **currently** provide transportation?

*If yes*, how many years of transportation experience does your agency have?

*If no*, how many years of experience does your agency have in providing non-transit services to elderly persons and persons with disabilities? \_\_\_\_\_

2. Attach a copy of your agency's current audited financial statement with no instance of non-compliance as an appendix.

3. If your agency operates vehicles with more than 10 passengers (includes driver), attach a copy of your most recent CHP vehicle and terminal inspection report. If your agency is not required to have a CHP inspection based on this criteria, attach your agency's most current vehicle and agency inspection reports.



## **APPLICANT ABILITY**

7. Describe the impact that the project will have on elderly and/or individuals with disabilities.

8. Briefly describe how your proposed project is consistent with the goals and objectives of the Section 5310 Program.



## Proposed Budget for Operational Projects

### 1. Project Annual Budget:

<b>Estimated Income:</b>		
a. Passenger Revenue		\$
b. Other Revenues		\$
c. Total grants*, donations, subsidy from other agency funds		\$
<b>TOTAL INCOME</b>		\$
*Not including this grant request.		
<b>Estimated Expenses:</b>		
a. Wages, Salaries and Benefits (non-maintenance personnel)		\$
b. Maintenance & Repair (include maintenance salaries)		\$
c. Fuels		\$
d. Casualty & Liability Insurance		\$
e. Administrative & General Expense		\$
f. Other Expenses (e.g., materials & supplies, taxes)		\$
g. Contract Services (specify)_____		\$
<b>TOTAL EXPENSES</b>		\$

### 2. Fund Sources:

INCOME SOURCE(S): (LTF, STA, STP, grants, etc...)	Prior Year	<u>AMOUNTS</u> Current Year	Budget Year
a.	\$	\$	\$
b.	\$	\$	\$
c.	\$	\$	\$
d.	\$	\$	\$
<b>TOTAL</b>			\$

## Proposed Budget for Capital Projects

**Applicant:** \_\_\_\_\_

**Project Description:** \_\_\_\_\_

ITEM DESCRIPTION	COST/UNIT
_____	_____
_____	_____
_____	_____
_____	_____
<b>NET PROJECT COST:</b>	_____

LOCAL SHARE (Itemize by Source Type & Amount)	AMOUNT
_____	_____
_____	_____
_____	_____

<b>TOTAL LOCAL SHARE = Minimum Percentage 20%</b>	_____
<b>TOTAL FEDERAL SHARE = Allowable Percentage 80%</b>	_____
<b>TOTAL (should be the same as the NET PROJECT COST)</b>	_____

## COORDINATED PLAN REQUIREMENTS

Per FTA C 9070.1G, Chapter V, FTA Section 5310 projects shall be derived from a Coordinated Plan. The following questions address how this project is derived from Fresno County's Coordinated Public Transit-Human Services Transportation Plan which can be found at this link:

[Fresno County's Coordinated Public Transit-Human Services Transportation Plan](#)

**DO NOT ATTACH A COPY OF THE COORDINATED PLAN TO YOUR APPLICATION!!!**

**Identify only the specific section and page from the Coordinated Plan.**

**No points will be given on this page if the Coordinated Plan Sections/Page Numbers are not indicated.**

1. An assessment of transportation needs for individuals with disabilities or older adults is in the Fresno County Coordinated Public Transit-Human Service Transportation Plan. From this Plan, describe the transportation needs of individuals with disabilities or elderly individuals to be served by the proposed project and how your agency's proposed project will address those needs. **(Indicate Coordinated Plan Section/Page Number.)**

2. How does this project(s) address one or more of the coordination strategies, activities, and/or projects and efficiencies identified in the Fresno County Coordinated Plan? **(Indicate Coordinated Plan Section/Page Number.)**

3. How does this project(s) address one or more of the priorities identified in the Fresno County Coordinated Plan? **(Indicate Coordinated Plan Section/Page Number.)**

## COORDINATION OF VEHICLES

**IF THE PROJECT IS NOT FOR THE PURCHASE OF VEHICLES OR EQUIPMENT, SKIP TO PAGE 20**

### ***Use of Vehicles/ Equipment***

Per FTA C 9070.1G, Chapter VI, FTA encourages maximum use of vehicles funded under the Section 5310 program. Vehicles are to be used first for program related needs for which the Section 5310 grant is made and then to meet other federal programs or project needs, providing these uses do not interfere with the project activities originally funded.

Coordination of vehicles and other transportation related activities where opportunities exist to coordinate are encouraged. Coordination of services could include:

- Shared use of vehicles
- Dispatching or scheduling
- Maintenance
- Back-up transportation
- Staff training programs
- Procurement of services and supplies from funding sources other than Section 5310
- Active participation in local social service transportation planning process
- Client trip(s) with other agencies

Describe plan for coordinating use of **requested** vehicle(s) or equipment. Narrative must include:

- Name of the participating agency(s)
- Agency description, and usage of vehicle(s)
- Days and hours of use
- Number of passengers using service

Please attach a letter from the Consolidated Transportation Service Agency (CTSA), or an agency with which you are coordinating services, substantiating the coordination activities described.

OR

If your agency will use the vehicle(s) fully for Section 5310 purposes, please submit your agency's average vehicle use per day in both hours and miles.

Average use per day for 5310-program vehicles, in:

Hours \_\_\_\_\_ and Miles \_\_\_\_\_

Is this (choose one):  Anticipated for New Vehicle(s) or  Actual for Existing Vehicles

## FUNDING REQUEST

**New or Service Expansion:** (IF NOT A NEW OR SERVICE EXPANSION, SKIP TO PAGE 18)

This table is to be completed by agencies:

- Starting a new transportation service, or
- Adding new or additional service to their current program.

**To complete the chart below:**

- In column 1, indicate if vehicle request is for a New (N) transportation agency or Service Expansion (SE) for an existing transportation agency.
- In column 2, indicate type of requested vehicle, such as Modified Van, Small Bus, etc.

*Note: If the requested vehicle(s) will be used in coordination to transport another agency's clients on a regular basis, include those trips in the calculations of the proposed service for columns 3 - 7.*

- In column 3, indicate the number of days of vehicle service (e.g., Monday – Friday = 5, Monday – Sunday = 7)
- In column 4, indicate the average number of vehicle service hours per day (**exclude idle time** - the time the vehicle is not in direct passenger service.) Use whole hours; do not use ranges of hours or portions of hours.
- In column 5, calculate vehicle service hours by multiplying column 3 with column 4 (**exclude idle time.**) (e.g. 5 days per week X 8 hours per day = 40 hours per week).
- In column 6, indicate the projected number of one-way passenger trips per day (each time a passenger boards the vehicle, a round trip would be counted as 2 passenger trips) and of this total how many are wheelchair/lift users.
- In column 7, indicate the projected average number of miles that the vehicle will travel per day.

**Complete following question and the chart below:**

	1	2	3	4	5	6	7
	<b>Type of Request N-New Agency Or SE-Service Expansion</b>	<b>Vehicle Type (Must be ADA accessible)</b>	<b>Days of Service</b>	<b>Total Service Hours per day</b>	<b>Total Service Hours per week</b>	<b>Total one way passenger Trips per day (of total how many lift users)</b>	<b>Projected Mileage per day</b>
Example	N or SE	See page 18	5	6	30	25(5)	400
1							
2							
3							
4							
5							
6							

## FUNDING REQUEST

### ***Eligible Capital Expenses***

Eligible expenses include replacement vehicles, equipment for replacement vehicles, and projects that seek to reduce barriers to transportation services and expand the transportation mobility options available to people with disabilities beyond the requirements of the Americans with Disabilities Act (ADA) of 1990.

Is your agency also applying for funding from another program (i.e. other FTA programs, HHS, State/Local Funds etc.) for this same project(s)?

Yes \_\_\_ No \_\_\_

If yes, please explain.

Vehicles and Equipment	Number	Unit Cost	Total Cost
<b>Vehicles</b> (Include accessibility equipment in the unit cost)			
<b>Related Equipment</b>			
<b>Other</b>			
<b>TOTAL FUNDING REQUESTED ( Maximum vehicle purchase cost must not exceed \$465,931)</b>			

## FUNDING REQUEST

**FILL OUT ONLY SECTIONS APPLICABLE TO THE PROJECT.**

### ***Replacement/Service Expansion Vehicle***

#### REPLACEMENT VEHICLES

Explain why the vehicle(s) need replacement in order to ensure continuance of existing services

#### NEW SERVICE OR SERVICE EXPANSION VEHICLES

Explain the new service or growth your agency is experiencing, the projected increase in the number of clients you will serve, and the basis for your estimates. Describe the service area, the type of service you are requesting will provide and how it relates to the needs assessment in the Coordinated Plan. *Related Documentation supporting this growth must be attached as an appendix and its relevance discussed within the narrative (e.g., current waiting list, reports of trips denied).*

Projected number of one-way passenger trips per day to be provided by each vehicle (if applicable): \_\_\_\_\_

## GRANT APPLICATION PROCEDURES

### Project Selection Process

All 5310 project applications will be evaluated in accordance with the scoring criteria on pages 22 and 23 to determine the extent to which the proposed project meets the overall program goals and objectives of the programs. Fresno COG will use volunteers from the Fresno COG Social Services Transportation Advisory Council (SSTAC) to select projects for funding through a competitive process and recommend funding levels.

### Application Deadline

**ALL APPLICATIONS DUE to Fresno Council of Governments by:**  
**March 1, 2017 11:00am**

One hard-copy and one electronic copy of the application must be submitted to Fresno COG no later than 11:00 am on March 1, 2017. Faxed or emailed applications will not be accepted.

Applications must be submitted to the following address:

**Attn: Peggy Arnest, Senior Regional Planner**  
**Fresno Council of Governments**  
**2035 Tulare Street, Suite 201**  
**Fresno, CA 93721**

If you have any questions, please contact:  
Peggy Arnest at (559) 724-9218 or [parnest@fresnocog.org](mailto:parnest@fresnocog.org)

The information in this application is public record. Therefore, applicants should not include information regarded as confidential.

## GRANT APPLICATION PROCEDURES

### ***Transmittal Letter***

<b>A. Applicant Information:</b>	
Legal Name:	
Address:	
City/State/Zip:	
Contact Person:	
E-mail:	
Phone:	Fax:
<b>B. Project Type (check one):</b>	
<input type="checkbox"/> Capital Only (80%) <span style="margin-left: 150px;"><input type="checkbox"/> Capital (80%) and Operating (50%)</span>	
<input type="checkbox"/> Operating Only (50%)	
<b>C. Project Information:</b>	
Project Title/Summary:	
<b>D. Funding Request:</b>	<b>FFY 2013/2014</b>
5310 Urban Request:	\$
Total Match Funds: <i>(Non-DOT federal, state, local or private)</i>	\$
Total Cost of Project:	\$
<b>E. Authorized Signature:</b>	
Name (print):	
Title (print)	
Signature:	Date

## SCORING CRITERIA

### ***Scoring Criteria***

**Scoring criteria is for informational purposes only. This section should not be filled out by the applicant.**

To receive the maximum points per question, each response must be complete and contain the required supporting documentation. Incomplete responses and/or a lack of supporting documentation will result in less or 0 points.

**A. Project Readiness and Implementation? *(Maximum 30 points)***

- Applicant demonstrates the ability (staff and resources) to complete the project on time and within budget *(15 points maximum)*
- Applicant provides a reasonable work plan *(15 points maximum)*

**B. Does the project meet the Section 5310 Program Goals and Objectives? *(Maximum 20 points)***

- An applicant's proposed project must be consistent with the overall Section 5310 program goals and objectives, as listed in [FTA Circular 9070.1G](#). *(20 points maximum)*

**C. Describe the Program Effectiveness and Performance Indicators *(Maximum 20 points)***

- Applicant identifies clear measurable outcome-based performance measures and indicators to track the effectiveness of the project. Applicant describes a process that details the ongoing monitoring and evaluation of the project or service, including desired outcomes. *(10 points maximum)*
- Applicant must describe the outcome (impact) that the project will have on elderly or individuals with disabilities. *(10 points maximum)*

**D. Project Budget *(Maximum 10 points)***

- A complete listing of project budgetary information will be necessary to receive the full 10-point value. Applicants must submit a clearly defined project budget, indicating anticipated project expenditures and revenues, including documentation of matching funds, if applicable. *(10 points maximum)*

**E. Project Coordination *(Maximum 10 points)***

- Applicant demonstrates how project activities directly address transportation needs, strategies and priorities identified through the locally developed Coordinated Public Transit-Human Services Transportation Plan. (Applicant indicates the needs, strategies and priorities AND identifies the specific section and page from the Coordinated Plan). *(10 points maximum)*

## SCORING CRITERIA

### ***F. Coordination (Maximum 10 points)***

- Applicants will be evaluated based on their ability to coordinate with other community transportation and/or social service resources. Applicant demonstrates a willingness to coordinate services with other agencies.