

**DATE:** September 9, 2015  
**TO:** Coordinated Transit Committee (CTC)  
**FROM:** Ashley Myers and Megan Walker, Assistant Planners  
**RE:** September 16, 2015 CTC Meeting

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The Coordinated Transit Committee will meet **Wednesday, September 16 at 10:30 am** at the MAPA Offices – Downstairs Training Room. Please enter the building through Metro’s front door and follow the signs to the Training Room in the lower level. The agenda item materials are available at the MAPA offices and online at <http://www.mapacog.org/boards-a-committees/58-agendas>.

**AGENDA**

**For CTC Approval**

1. Introductions
2. Meeting Minutes  
The committee will consider approval of the August 19, 2015 CTC meeting minutes. (Action Item) (Attachment)

**Discussion Items**

3. Agency Spotlight  
Presentation by Goodwill and Heartland Workforce Solutions
  - a. How does transportation relate to their agency?
  - b. How can others use their service?
4. 5310 Project Selection Criteria  
MAPA Staff will present the revised application, which combines the “Traditional-Capital” and “Other/New Freedom-Capital & Operations” applications from last year. The CTC will review the application and discuss revising the points awarded to the selection criteria. (Attachment)
5. 5310 Vehicle Update  
MAPA Staff will provide an update on vehicles awarded in the FY16 TIP.
6. Informal Coordination  
The CTC will complete last month’s informal coordination activity. (Attachment)
7. Results of the Call Center Research Study  
MAPA Staff will provide an overview of the results from the Call Center research study completed by LSC. (Attachment)
8. Additional Business  
Next month’s agency spotlight: Heartland Family Service
9. Next Meeting  
The next CTC meeting is tentatively scheduled for Wednesday, October 21 at 10:30 am.
10. Adjournment

Auxiliary aids, language assistance, and services are available when requested in advance, please call the office.  
Si necesita ayuda con traduccion, por favor llame la oficina.

**Date: Wednesday, August 19, 2015, 10:30 a.m.**

**Location: MAPA Offices, Omaha, NE – Downstairs Training Room**

**In Attendance:**

Chair: Lisa Picker, Heartland Family Service

Vice-Chair: Ann Grober, City of Council Bluffs

Ann Marie Kudlacz, Southern Sudan Community Association

Ben Kraft, Eastern Nebraska Office on Aging

Bill Bivin, UNL

Bob Matthews, Black Hills Works

Britt Sommer, Development Services of Nebraska, Inc.

Clint Sargent, Crossroads of Western Iowa

Dan Freshman, City of Ralston

Daurine Petersen, SWITA

Fred Conley, Papio Missouri River NRD

Karen Jackson, City of Bellevue

Kelly Shadden, Metro Transit

Lee Myers, AARP

Mark Bulger, Omaha Association the Blind

Mark Lander, SWITA

Martha Holmes, Eastern Nebraska Community Action Partnership

Mary Angus, Mayor's Commission on Citizens with Disabilities

Rich Surber, Lutheran Family Services

Shirley McNally, Sheltering Tree, Inc.

Stephanie Little, Crossroads of Western Iowa

Traci Shobe, Omaha Public Schools

Vicki Quaites-Ferris, Empowerment Network

Yvonne Betts, Eastern Nebraska Office on Aging

**MAPA Staff**

Ashley Myers

Megan Walker

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**1. Introductions**

Ms. Lisa Picker called the meeting to order at 10:35 a.m. She welcomed the committee and introductions were made.

**2. Approval of Minutes**

Ms. Picker introduced the July 16, 2015 minutes and asked if there were any changes or additions.

It was noted that Medicaid was misspelled in the minutes and Ann Grober's name was also misspelled, there is no "e" at the end of Ann's name.

Mark Lander MOTIONED to approve the July 16, 2015 minutes with the changes.

Ann Marie Kudlacz SECONDED.

Motion passed.

**3. Agency Spotlight**

Mr. Mark Lander, Transit Director and Ms. Daurine Peterson, Transit Assistant-Outreach Specialist for Southwest Iowa Transit Agency (SWITA) presented their agency spotlight to the Committee. In the State of Iowa, every portion of the state is covered by some type of transit system. There are 35 public transit systems in the State of Iowa, 16 rural and 19 urban. Southwest Iowa Planning Council (SWIPCO) contains three departments: housing, city planning, and transportation. SWITA is the transit division of SWIPCO. There are 61 drivers and 72 vehicles within the 8 counties for Southwest Iowa. SWITA provides about 370,000 rides per year and just over 1.5 million miles annually. The agency is open to the public and vehicles are wheelchair accessible. SWITA provides routes for sheltered workshops, work routes, general medical transportation and non-medical appointments. SWITA has a billing system and the cost varies depending on rider and the trip.

**4. 5310 Project Selection Committee**

Ms. Ashley Myers presented the 5310 project selection criteria to be used in the FY 17 TIP call for projects process. In August, the project selection committees will meet (ProSeCom, TAP-C, CTC) to discuss project selection criteria. In December, there will be a call for projects for the years of 2020-2021. Applications will be due and reviewed by MAPA staff in January. In February, the CTC will review MAPA scores and allow time for appeals if needed. The draft TIP will be finalized sometime in June or July of 2016. Ms. Myers reviewed last year's criteria, MAPA application suggestions, and opened up discussion to the committee for suggestions. She said the CTC will review the revised application at the September CTC meeting.

**5. Informal Coordination Activity**

Ms. Megan Walker presented the informal coordination activity. The Committee will review the first two goals and objectives and decide which objective for each of the two goals is the most important. In September, the group will work on the fiscal and operational assets that are needed to achieve the objectives selected. In October, the committee will review goals three and four and go through the same process for those.

**6. Call Center Update**

Ms. Ashley Myers provided a call center update to the Committee. It was decided by the "Leaning In" group to do a Request for Qualifications (RFQ) for call center technology. The RFQ is due by September 18th.

**7. Additional Business**

October's agency spotlights are Goodwill and Heartland Workforce Solutions

**8. Next Meeting**

Ms. Picker announced that the next CTC meeting will be held on Wednesday, September 16, 2015 at 10:30 a.m. and the final LSC Call Center Research Stakeholder meeting will be held on September 1 at 9:00 a.m. in the MAPA Downstairs Training Room. Everyone is invited to attend the stakeholder meeting.

**9. Adjournment**

Ms. Picker adjourned the meeting at 11:27 a.m.



## Application for 5310- MAPA Funding for FY2017 Human Service Transit Projects

### 1. General Information

|   |  |   |
|---|--|---|
| Legal Name of Applicant Organization:   |  |   |
| Type of Organization: <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Operator of Public Transportation <input type="checkbox"/> Private Taxi Company <i>(providing shared-ride taxi service)</i> <input type="checkbox"/> Government Entity <i>(Is either approved by the State to coordinate services or certifies non-profits readily available to provide the service: Attachment 5)</i> |  |   |
| Federal ID Number:  | <input type="checkbox"/> Registered in SAM - System for Award Management<br><i>(check the box if registered)</i> | Data Universal Numbering System (DUNS): |
| Address (include City, State, and ZIP Code):  |  |   |
| Name of Project Director or Supervisor:   | Email Address:   | Phone Number:                           |
| Name of Person Preparing this Application:  | Email Address:   | Phone Number:                           |
| Services Generally Provided by Applicant:   |  |   |
| Is this a new grant or a continuation of an existing grant?<br><input type="checkbox"/> New Grant <input type="checkbox"/> Continuation of Existing Grant. If continuation, please list name and date of original grant.<br>Name of Original Grant: _____ Date of Original Grant: _____   |  |   |

### 2. Transportation Project

|  |
|--|
| Type of Funds Requesting: <input type="checkbox"/> Capital <input type="checkbox"/> Operations <input type="checkbox"/> Capital and Operations   |
| Types of Service to be Provided: <input type="checkbox"/> Demand Response <input type="checkbox"/> Fixed Route <input type="checkbox"/> Other (specify)  |
| Intended Use: <input type="checkbox"/> Replace Existing Service <input type="checkbox"/> Expand Existing Service <input type="checkbox"/> Expand Existing Service <input type="checkbox"/> Start New Service |
| Fiscal Year Requested (Federal Fiscal Year- Oct 1 – Sept 30):  |
| Project Name:  |
| Hours/Days of Operation for the Project:   |

**Please Ensure the Following Attachments are Completed and Included with Your Application Packet:**

- Attachment 1: Service Area
- Attachment 2: FTA Certifications and Assurances
- Attachment 3: Vehicle Inventory Sheet  
*(For vehicle requests only)*
- Attachment 4: Maintenance of Vehicles and Vehicle Being Replaced  
*(For vehicle requests only)*
- Attachment 5: Local Governmental Authority Certification  
*(For governmental entities only)*

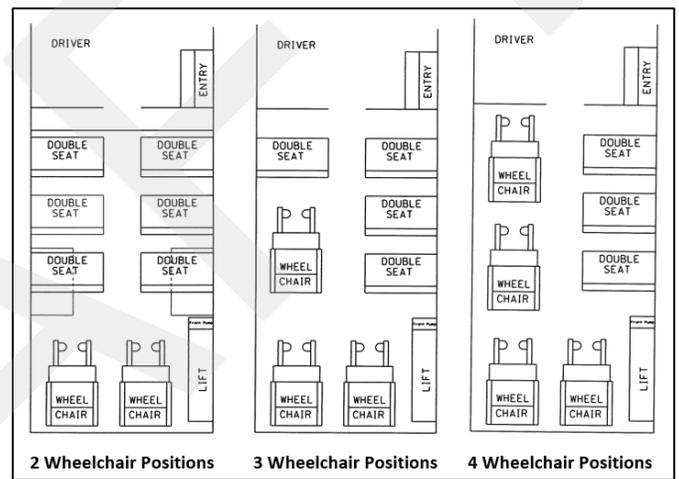
**3. Vehicles Requesting**

| Prioritize Vehicle(s) Requested (1 or 2)   | No. of Units | Vehicle               | Vehicle Cost<br><i>*Subject to change</i> | Total Cost | Indicate Type & # of Vehicle<br><i>(e.g. <input type="checkbox"/> replacement buses- 2 &amp; <input type="checkbox"/> expansion van- 1)</i> |                          |
|--|--------------|-----------------------|---|------------|---|--------------------------|
|  |              |                       |   |            | Replacement   | Expansion                |
|  |              | Small Transit Bus     | \$ 55,000*                                | \$         | <input type="checkbox"/>  | <input type="checkbox"/> |
|  |              | Lowered Floor Minivan | \$ 34,240*                                | \$         | <input type="checkbox"/>  | <input type="checkbox"/> |
| Total Cost:  |              |                       |   | \$         |   |                          |
| Total Federal Funds Requested (80% of total cost)  |              |                       |   | \$         |   |                          |
| Local Share (20% difference between funds requested and total cost)  |              |                       |   | \$         |   |                          |
| Source of Local Match (Indicate percentage/amount if local match from different sources and indicate status of local match, i.e. copies of executed contracts, verbal commitments, etc): |              |                       |   |            |   |                          |

**\*\*Complete the attached Vehicle Inventory Worksheet & Attachment 4 indicating which vehicle will be replaced.**

If requesting a Small Transit Bus, please indicate how many wheelchair positions are desired (see diagram to right):

- Two
- Three
- Four



**4. Purchase of Service (Capitalized Cost of Contracting)**

This type of assistance - Purchase of Service - is called the Capitalized Cost of Contracting. It can be funded with 80% federal funds. The procurement of the entity to provide the transportation must follow applicable FTA procurement guidelines.

|   |    |    |
|---|----|----|
| Number of individuals to be transported using this funding          |    |    |
| Entity to be contracted with to provide transportation service:     |    |    |
| a. Project number of passenger boardings:                           |    |    |
| b. Cost per boarding  | \$ |    |
| c. Total costs for transportation service (a x b)                   | \$ |    |
| Total Federal Funds Requested (80% of total cost)                   |    | \$ |
| Local Share (20% difference between funds requested and total cost) |    | \$ |

**5. Technology Requested (For example – mobile data terminals for dispatching and communication)**

|   | Unit Cost | No. of Units | Cost |
|---|-----------|--------------|------|
| Type of technology requested:                                       |           |              | \$   |
| Type of technology requested:                                       |           |              | \$   |
| Type of technology requested:                                       |           |              | \$   |
| Total Cost:   |           |              | \$   |
| Total Federal Funds Requested (80% of total cost)                   |           |              | \$   |
| Local Share (20% difference between funds requested and total cost) |           |              | \$   |

## 6. Operating Assistance

Note: This section should only be completed if your agency is applying for Federally funded operating assistance. Monthly reimbursement of operating assistance is limited to 50% of your eligible operating expenses<sup>1</sup>. If your agency is requesting operating assistance for more than two years, please recreate this table for the additional years and clearly indicate the purpose and years.

| Budget Detail         | Year 1     |            |                          | Year 2     |            |                          |
|-----------------------|------------|------------|--------------------------|------------|------------|--------------------------|
|                       | Total Cost | 5310 Funds | Local Match <sup>1</sup> | Total Cost | 5310 Funds | Local Match <sup>1</sup> |
| Operating Expenses    |            |            |                          |            |            |                          |
| 1. Personnel          |            |            |                          |            |            |                          |
| 2. Administrative     |            |            |                          |            |            |                          |
| 3. Insurance          |            |            |                          |            |            |                          |
| 4. Fuel               |            |            |                          |            |            |                          |
| 5. Maintenance        |            |            |                          |            |            |                          |
| 6. Contracted Service |            |            |                          |            |            |                          |
| 7.                    |            |            |                          |            |            |                          |
| 8.                    |            |            |                          |            |            |                          |
| Total –               |            |            |                          |            |            |                          |

Source of Local Match (Indicate percentage/amount if local match from different sources and indicate status of local match, i.e. copies of executed contracts, verbal commitments, etc):

If you have requested more than one funding type (*vehicle purchase, technology, purchase of service, or operating service*), please rank in order of importance to your organization (*1-4 with 1 being the most important*).

Vehicle Purchase  Purchase of Service  Technology  Operating Assistance

## 7. Service Information

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| Does this project meet the MAPA 2040 Long Range Transportation Plan (LRTP) intent?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Is this project listed in local planning documents (Transportation Improvement Program (TIP), applying agency documents)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Is this project listed in the Coordinated Transit Plan? (See Table 6.2 on page 66)  | <input type="checkbox"/> | <input type="checkbox"/> |
| What goals of the Coordinated Transit Plan does this project achieve? (check all that apply & explain below)  |                          |                          |
| Improve mobility for elderly persons, those with disabilities and those seeking employment and independence.  | <input type="checkbox"/> |                          |
| Improve access to transportation services getting to employment and to employment-related activities for the under-employed.  | <input type="checkbox"/> |                          |
| Provide tools to overcome existing barriers facing those with disabilities and seniors seeking integration into the workforce and community activities.                           | <input type="checkbox"/> |                          |
| Include veterans and military service families in the metro region with transportation suited to their needs.   | <input type="checkbox"/> |                          |
| Provide the basis for drawing multi-jurisdictional, multi-disciplined stakeholders together to collaborate on how best to provide transportation services to include unmet needs. | <input type="checkbox"/> |                          |
| Facilitate coordination for providing human service transportation to fill unmet needs and gaps in the transportation system.   | <input type="checkbox"/> |                          |
| Explain goals achieved:   |                          |                          |

|   |                          |
|---|--------------------------|
| Which of the following will this project achieve? <i>Applies to Operations applications only</i> (check all that apply & explain below)   |                          |
| Public transportation projects to meet the special needs of seniors and individuals with disabilities (including youth) when public transportation is <u>insufficient, inappropriate or unavailable</u> . | <input type="checkbox"/> |
| Public transportation projects that <u>exceed</u> the requirements of ADA.  | <input type="checkbox"/> |
| Public transportation projects that <u>improve access to fixed route service and decrease reliance</u> by individuals with disabilities on ADA complementary paratransit service.                         | <input type="checkbox"/> |
| <u>Alternatives to public transportation that assist seniors and individuals with disabilities</u> (including youth) with transportation.   | <input type="checkbox"/> |
| Explain:  |                          |

|  |  |                           |  |
|--|--|---------------------------|--|
| Please indicate the annual number of clientele for each category below:      |  |                           |  |
| <u>Specific Clientele</u>  |  | <u>Minority Clientele</u> |  |
| Total number   |  | African Americans         |  |
| Elderly  |  | Hispanic Americans        |  |
| Those with Disability  |  | Native Americans          |  |
|  |  | Asian-Pacific Americans   |  |
|  |  | Asian-Indian Americans    |  |
| <b>RIDERSHIP:</b>  |  |                           |  |
| Annual Trips (These figures will be used to calculate ridership projections) |  |                           |  |
| Last Year (indicate year)  |  | Actual number of trips    |  |
| Next Year (indicate year)  |  | Projected number of trips |  |

|  |             |
|--|-------------|
| <b>INTERAGENCY COORDINATION:</b>   |             |
| How many local public agencies, jurisdictions, or non-profits will be involved in the project? |             |
| List the involved stakeholders and their roles below (attach additional table as needed)       |             |
| <u>Organization</u>  | <u>Role</u> |
|  |             |
|  |             |
|  |             |
|  |             |

|  |             |                          |
|--|-------------|--------------------------|
| <b>GEOGRAPHIC COVERAGE:</b>  |             |                          |
| The project will increase the service area coverage: (check one of the "increase of service area" boxes and all of the others that apply, clearly indicate new service area on the service area map or route map, and explain below) |             |                          |
| Increase in service area   | 20% or More | <input type="checkbox"/> |
|  | 10 – 19.99% | <input type="checkbox"/> |
|  | 5 – 9.99 %  | <input type="checkbox"/> |
| Provide sustained base coverage over current ¾ mile ADA requirements   |             | <input type="checkbox"/> |
| Serve transit dependent population not served by transit   |             | <input type="checkbox"/> |
| Explain:   |             |                          |

**ACCESSIBILITY IMPROVEMENTS:**

The project will increase transit access for the following groups: *(check all that apply & explain below)*

|  |                          |
|--|--------------------------|
| Veterans                                     | <input type="checkbox"/> |
| Senior Citizens                              | <input type="checkbox"/> |
| Disabled Citizens (including disabled youth) | <input type="checkbox"/> |
| Job Access for the Underemployed             | <input type="checkbox"/> |
| Employment Help Centers                      | <input type="checkbox"/> |

Explain:

**OPERATION OF SERVICES:**

The project will develop one or more of service improvements below: *(check one of the "Service/Expansion" boxes and all of the others that apply & explain below)*

|   |   |                          |
|---|---|--------------------------|
| Increase human service ridership (per hour or per mile) by 10% or more  | <input type="checkbox"/>  |                          |
| Improve customer service response time                                  | <input type="checkbox"/>  |                          |
| Increase number of destinations per trip                                | <input type="checkbox"/>  |                          |
| Provide training for disabilities assistance                            | <input type="checkbox"/>  |                          |
| Increase efficiency of ride dispatching                                 | <input type="checkbox"/>  |                          |
| Decrease number of ride denials   | <input type="checkbox"/>  |                          |
| Service / Expansion   | Service and/or expansion beyond ADA requirements to 1.5 mile or more service area | <input type="checkbox"/> |
|   | Service and/or expansion beyond ADA requirements to 1 – 1.49 mile service area    | <input type="checkbox"/> |
|   | Service and/or expansion beyond ADA requirements to .99 mile service area         | <input type="checkbox"/> |
| Maintain existing level of service over current ¾ mile ADA requirements | <input type="checkbox"/>  |                          |

Explain:

**RELIABILITY AND QUALITY OF SERVICE:**

The project will improve the reliability and quality of transit services and will coordinate with existing transit services: *(check all that apply & explain below)*

|   |                          |
|---|--------------------------|
| Reduce travel time per vehicle  | <input type="checkbox"/> |
| Reduce time spent by rider on transit vehicle                                       | <input type="checkbox"/> |
| Improve response time to rider requests   | <input type="checkbox"/> |
| Maintain existing reliable and quality service over current ¾ mile ADA requirements | <input type="checkbox"/> |

Explain:

**AVAILABILITY OF TRANSPORTATION SERVICES:**

The project will improve the availability of transit services: *(check all that apply & explain below)*

Increase hours of operations, if yes, please explain below

Increase number of vehicles available

Reduce short term or longer term coverage gaps

Explain:

**LIFE CYCLE OF VEHICLES:**

The project will improve the life cycle of transit vehicle assets: *(check all that apply & explain below)*

Project extends the life of current transit vehicles

Project introduces newer or more energy efficient transit vehicles

Project is able to reduce operating costs of transit vehicles

Explain:

**SUSTAINABILITY:**

If MAPA funding were decreased how would this transit system maintain its current level of operating? What services would be eliminated? Are there alternative sources of funding besides MAPA funds which would be used to support this project? Be specific. Include an audit report or letters with financial commitment as justification of other funding sources.

**8. Project Justification**

Describe benefits to be derived from the project to the elderly or user with a disability:

Identify shortcomings of existing services and how your project will overcome them:

Describe transportation now being provided by applicant:

If this is an operations request, please explain what services the operations funding will support:

If the proposed project requires further explanation to create a clear picture of what is to be accomplished, please describe the project below.

## 9. Certification of Application

I certify, as the legal signatory for the agency, the above information is accurate to the best of my knowledge, and that our agency has, or has made arrangements for, the required non-Federal match and is prepared to proceed with implementation of the project upon grant approval.

\_\_\_\_\_  
(Authorized signatory)

\_\_\_\_\_  
(Printed name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Email)

\_\_\_\_\_  
(Date)

DRAFT



DRAFT

**Attachment 3: Vehicle Inventory**

*To be completed if 5310 funding will be used to fund capital purchase of a new or used vehicle.*

**Current Vehicle Inventory**

| Type | Current Mileage | Year of purchase | Fuel Type <sup>1</sup> | Passenger Capacity | ADA Equipped | Condition of Vehicle <sup>2</sup> | On-Board Communication <sup>3</sup> | Annual Trips | Funding Type <sup>4</sup> |
|------|-----------------|------------------|------------------------|--------------------|--------------|-----------------------------------|-------------------------------------|--------------|---------------------------|
| 1.   |                 |                  |                        |                    |              |                                   |                                     |              |                           |
| 2.   |                 |                  |                        |                    |              |                                   |                                     |              |                           |
| 3.   |                 |                  |                        |                    |              |                                   |                                     |              |                           |
| 4.   |                 |                  |                        |                    |              |                                   |                                     |              |                           |
| 5.   |                 |                  |                        |                    |              |                                   |                                     |              |                           |
|      |                 |                  |                        |                    |              |                                   |                                     |              |                           |

Are all of your vehicles covered by insurance?  YES  NO

Do any of your vehicles require a CDL?  YES  NO If yes, how many vehicles require a CDL? \_\_\_\_\_

**Proposed Capital Vehicle Purchase**

| Type | New or Used <sup>5</sup> | Year of purchase | Fuel Type <sup>1</sup> | Passenger Capacity | ADA Equipped | Condition of Vehicle <sup>2</sup> | On-Board Communication <sup>3</sup> | Insurance Coverage <sup>6</sup> | CDL Required |
|------|--------------------------|------------------|------------------------|--------------------|--------------|-----------------------------------|-------------------------------------|---------------------------------|--------------|
| 1.   |                          |                  |                        |                    |              |                                   |                                     |                                 |              |
| 2.   |                          |                  |                        |                    |              |                                   |                                     |                                 |              |
| 3.   |                          |                  |                        |                    |              |                                   |                                     |                                 |              |
| 4.   |                          |                  |                        |                    |              |                                   |                                     |                                 |              |
| 5.   |                          |                  |                        |                    |              |                                   |                                     |                                 |              |
|      |                          |                  |                        |                    |              |                                   |                                     |                                 |              |
|      |                          |                  |                        |                    |              |                                   |                                     |                                 |              |

1 - Gasoline, Diesel, Electric, Hybrid, Etc.

2 - New, good, fair, poor condition of vehicle

3 - Radio, AVL, Other (please specify)

4 - Source of funds (State, Local, Federal) used to purchase vehicle.

5 - If vehicle is used, note the mileage at the time of purchase.

6 - Minimum amount of insurance required to operate the vehicle.

**Attachment 4: Maintenance of Vehicles and Vehicle Being Replaced**

*(For vehicle requests only)*

To assure that vehicles acquired with Federal Transit Assistance funds are maintained in optimal operating condition, it is required that they be maintained in accordance with the vehicle manufacturer's recommended maintenance schedule. Applicants must verify by certifying below:

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**Maintenance Certification**

\_\_\_\_\_ certifies that vehicles purchased under Section 5310 will be maintained in accordance with the detailed maintenance and inspection schedule provided by the manufacturer.

\_\_\_\_\_  
*(Printed Name of Person Signing)*

\_\_\_\_\_  
*(Signature of Authorized Representative)*

\_\_\_\_\_  
*(Title)*

\_\_\_\_\_  
*(Date)*

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**Vehicle Being Replaced**

This vehicle will be taken out of regular service *(can be used as backup)*.

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

Year of Vehicle Being Replaced: \_\_\_\_\_

*(Vehicle must have been in service for at least four years or has a minimum of 100,000 miles.)*

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Vehicle Identification Number: \_\_\_\_\_

Mileage (indicate date of mileage): \_\_\_\_\_ *(date)*

Vehicle Condition: \_\_\_\_\_

Identify which vehicle requested will replace the vehicle listed above

- Small transit bus
- Lowered floor minivan

**Attachment 5: Local Governmental Authority Certification**  
*(For Government Entities Only)*

For governmental entities to be eligible for the “Traditional – Capital” 5310 funding, the state or local government authority needs to be approved by the State to coordinate services for seniors and individuals with disabilities or certify that there are no non-profit organizations readily available in the area to provide the service.

The Nebraska Department of Roads (NDOR) requires the following method to be completed for the certification of local government authorities to coordinate services for seniors and individuals with disabilities.

Actions to be “Certified”:

Send a certified letter to local nonprofit agencies asking if the nonprofit agency can provide the transportation service in the service area, currently offered by the local government authority. Place a legal public notice in a local newspaper stating the same. The notice and letter must allow for a 30-day public comment period.

Include the following copies with your application:

1. Letters sent (one letter with an address list is acceptable)
2. Certified mail receipts
3. Responses received from the nonprofit agencies
4. Affidavit of publication from newspaper public notice. The public notice should at a minimum say, “(agency) is pursuing federal grant funding to conduct transportation service for the elderly and those with disabilities within the (service area). Are there other agencies that could offer the transportation service in the same service area? Please provide written comment to (agency contact) by (date 30 days from publication).”

Complete Local Governmental Authority Certification below and include it with your application.

---

**Local Governmental Authority Certification**  
*(For governmental entities only)*

As the authorized representative of \_\_\_\_\_, I certify that there are no nonprofit organizations readily available in the area to provide the service as described in the 5310 application.

\_\_\_\_\_  
*(Printed Name of Person Signing)*

\_\_\_\_\_  
*(Signature of Authorized Representative)*

\_\_\_\_\_  
*(Title)*

\_\_\_\_\_  
*(Date)*

# Scoring Rubric for 5310-MAPA Funding FY2017

## Human Service Transit Projects

### Other/New Freedom Applications

**Type of Funds Requesting:**  Operations  Capital and Operations

**Name/Organization of Reviewer:**

**Agency:**

**Project Name:**

|   |     |    |
|---|-----|----|
| Does the project meet the MAPA 2040 LRTP intent?  | Yes | No |
| Is this project listed in Local Planning Documents (TIP, Etc)?                                  | Yes | No |
| Is this project listed in the Coordinated Transit Plan?   | Yes | No |
| Does the project meet at least 1 Coordinated Transit Plan goal?                                 | Yes | No |
| Does the project meet at least 1 Federal program goal (Applies to operations applications only) | Yes | No |

|  |   |                          | Available Points | Assigned Points |
|--|---|--------------------------|------------------|-----------------|
| <b>Ridership</b><br><i>(multiple criteria points available)</i>  | Increase in Ridership   | Increased +10%           | 7                |                 |
|  |   | Increased 5 – 9.99%      | 6                |                 |
|  |   | Increased 4.99%          | 3                |                 |
|  | Maintain existing transit ridership                           |                          | 5                |                 |
| <b>Interagency Coordination</b><br><i>(one criteria point available)</i>                                 | Project Partners  | 6+ Partners              | 8                |                 |
|  |   | 5 Partners               | 6                |                 |
|  |   | 4 Partners               | 5                |                 |
|  |   | 3 Partners               | 3                |                 |
|  |   | 2 Partners               | 2                |                 |
| <b>Geographic Coverage</b><br><i>(multiple criteria points available)</i>                                | Provide sustained area base coverage over ADA                 |                          | 5                |                 |
|  | Serve transit dependent population not served by transit      |                          | 2                |                 |
|  | Environmental Justice Area (determined from service area map) |                          | 2                |                 |
| <b>Accessibility Improvements</b><br><i>(multiple criteria points available)</i>                         | Increase transit access to Veterans                           |                          | 4                |                 |
|  | Increase transit access for Senior Citizens                   |                          | 4                |                 |
|  | Increases transit access for disabled citizens                |                          | 4                |                 |
|  | Increase access to employment help centers                    |                          | 3                |                 |
|  | Increases access to jobs for under-employed                   |                          | 3                |                 |
| <b>Operation of Services</b><br><i>(multiple criteria points available, only one Service/ Expansion)</i> | Service/Expand Beyond ADA Requirements                        | To + 1.5 mile service    | 9                |                 |
|  |   | To 1 – 1.49 mile service | 7                |                 |
|  |   | to .99 mile service      | 5                |                 |
|  | Maintain existing level of service over ADA                   |                          | 5                |                 |
| <b>Reliability and Quality of Service</b><br><i>(multiple criteria points available)</i>                 | Reduce travel time per vehicle                                |                          | 4                |                 |
|  | Reduce time spent by rider on vehicle                         |                          | 4                |                 |
|  | Improve response time   |                          | 4                |                 |
|  | Maintain existing reliable and quality service over ADA       |                          | 5                |                 |
| <b>Availability of Transportation Services</b><br><i>(multiple criteria points available)</i>            | Increase hours of operations                                  |                          | 2                |                 |
|  | Increase number of vehicles available                         |                          | 4                |                 |
|  | Reduce short term/long term coverage gaps                     |                          | 4                |                 |
| <b>Life Cycle of Vehicles</b><br><i>(multiple criteria points available)</i>                             | Extend life of current transit vehicles                       |                          | 4                |                 |
|  | Introduce newer/more energy efficient transit vehicles        |                          | 4                |                 |
|  | Reduce operating costs of transit vehicles                    |                          | 4                |                 |
| <b>Subtotal Score</b>  |   |                          | 100              |                 |
| <b>Sustainability</b>  | Bonus points for alternative sources of funding               |                          | 10               |                 |
| <b>Total Possible Score Including the Bonus</b>  |   |                          | 110              |                 |

# Scoring Rubric for 5310-MAPA Funding FY2017

## Human Service Transit Projects

### Traditional - Capital Only Applications

Name/Organization of Reviewer:

Agency:

Project Name:

| Does the project meet the MAPA 2040 LRTP intent?  |   | Yes                      | No              |  |
|---|---|--------------------------|-----------------|--|
| Is this project listed in Local Planning Documents (TIP, Etc)?  |   | Yes                      | No              |  |
| Is this project listed in the Coordinated Transit Plan?   |   | Yes                      | No              |  |
| Does the project meet at least 1 Coordinated Transit Plan goal?   |   | Yes                      | No              |  |
|   |   | Available Points         | Assigned Points |  |
| <b>Ridership</b><br><i>(one criteria point available)</i>   | Increase in Ridership   | Increased +10%           | 7               |  |
|   |   | Increased 5 – 9.99%      | 6               |  |
|   |   | Increased 4.99%          | 3               |  |
| <b>Interagency Coordination</b><br><i>(one criteria point available)</i>                                | Project Partners  | 6+ Partners              | 8               |  |
|   |   | 5 Partners               | 6               |  |
|   |   | 4 Partners               | 5               |  |
|   |   | 3 Partners               | 3               |  |
|   |   | 2 Partners               | 2               |  |
| <b>Geographic Coverage</b><br><i>(multiple criteria points available, only one Service Area)</i>        | Service Area Increase   | Increased by +20%        | 5               |  |
|   |   | Increased by 10 – 19.99% | 4               |  |
|   |   | Increased by 5 – 9.99%   | 3               |  |
|   | Serve transit dependent population not served by transit      |                          | 2               |  |
|   | Environmental Justice Area (determined from service area map) |                          | 2               |  |
| <b>Accessibility Improvements</b><br><i>(multiple criteria points available)</i>                        | Increase transit access to Veterans                           |                          | 4               |  |
|   | Increase transit access for Senior Citizens                   |                          | 4               |  |
|   | Increases transit access for disabled citizens                |                          | 4               |  |
|   | Increase access to employment help centers                    |                          | 3               |  |
|   | Increases access to jobs for under-employed                   |                          | 3               |  |
| <b>Operation of Services</b><br><i>(multiple criteria points available, only one Service/Expansion)</i> | Increase Human Service ridership ≥10% or more                 |                          | 2               |  |
|   | Improve customer service response time                        |                          | 4               |  |
|   | Increase number of destinations per trip                      |                          | 4               |  |
|   | Provide training for disabilities assistance                  |                          | 4               |  |
|   | Increase efficiency of ride dispatching                       |                          | 5               |  |
|   | Decrease number of rider denials                              |                          | 5               |  |
| <b>Reliability and Quality of Service</b><br><i>(multiple criteria points available)</i>                | Reduce travel time per vehicle                                |                          | 4               |  |
|   | Reduce time spent by rider on vehicle                         |                          | 4               |  |
|   | Improve response time   |                          | 4               |  |
| <b>Availability of Transportation Services</b><br><i>(multiple criteria points available)</i>           | Increase hours of operations                                  |                          | 2               |  |
|   | Increase number of vehicles available                         |                          | 4               |  |
|   | Reduce short term/long term coverage gaps                     |                          | 4               |  |
| <b>Life Cycle of Vehicles</b><br><i>(multiple criteria points available)</i>                            | Extend life of current transit vehicles                       |                          | 4               |  |
|   | Introduce newer/more energy efficient transit vehicles        |                          | 4               |  |
|   | Reduce operating costs of transit vehicles                    |                          | 4               |  |
| <b>Subtotal Score</b>   |   | 100                      |                 |  |
| <b>Sustainability</b>   | Bonus points for alternative sources of funding               | 10                       |                 |  |
| <b>Total Possible Score Including the Bonus</b>   |   | 110                      |                 |  |

## CTP Goals and Objectives Choosing

### Goals and Objectives

- 1. Improve Mobility for elderly persons, those with disabilities, and those seeking employment and independence**
  - 1.1.1. Increase the coordination of human service transportation so that the average of trips scheduled per hour per vehicle is greater than 2.5 persons per hour in the short term and then greater than 4.0 trips per hour in the long term.
  - 1.1.2. Coordinate with Nebraska Health and Human Services Medicaid ride brokerage.
  
- 2. Improve access to transportation services getting to employment and employment related activities for the under-employed**
  - 2.1.1. Have at least 70% of the job seekers in at the Nebraska Department of Labor and Workforce and the Iowa Works Office find transportation successfully to job locations where they have job offers in the short term and have at least 85% of those job seekers find transportation successfully to jobs in the long term.
  - 2.1.2. Have at least 60% of the job seekers at Vocational Rehabilitation successfully find transportation to job locations where they have job offers within the short term and have at least 80% of those job seekers find transportation successfully to jobs in the long term.
  - 2.1.3. Reduce the coverage gap for public transit in the Metro Study Area by 10% within the short term and by another 10% in the long term.

### Group work

#### Group 1:

- Kelly
- Tracy
- Rich Surber
- Lisa

1.2 - because it is more inclusive

2.3 - Most focused on collaboration

## Results from the August 19 CTC Informal Activity

### Group 2:

- Ann
- Clint
- Britt
- Karen
- Mark

1.2 - Could be helpful to agencies absorbing the total transportation costs for their clients

2.3 - A 10% increase seems manageable and doable. If this is successful, it will follow into goal 2.1.

### Group 3:

- Ann Marie
- Daurine
- Mary Angus
- Martha
- Vicki

1.1 - Because Medicaid does not provide employment rides the wording in 1.2 is not clear and is limiting to Medicaid

2.3 - Because it is possible and easy to obtain this data and the objective is inclusive of the other two options.

### Group 4:

- Dan
- Bob
- Mark
- Shirley
- Bill

1.2 - This addresses other issues

2.3 Because reducing the coverage gap is our purpose

The draft report is a large file. Please click on the hyperlink below to access it.

- [Draft MAPA One-Call Center Research Report.](#)