

Date: Wednesday, December 16, 2015, 10:30 a.m.

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

In Attendance:

Chair: Lisa Picker, Heartland Family Services

Vice Chair: Ann Grober, City of Council Bluffs

Ann Marie Kudlacz, SSCA

Bob Matthews, BHWS

Cindy Petrich, New Cassel

Dan Freshman, City of Ralston

Heather Tomczac, United Way of the Midlands

Julie Sebastian, New Cassel

Karen Jackson, City of Bellevue

Kelli Welvaert, Heartland Family Services

Lee Myers, AARP

Lois Jordan, Florence Home

Lori Hansen, Papillion

Mark Bulger, Omaha Association of the Blind

Mark Lander, SWITA

MaryAnn McDonald, One World

Ric Miller, Crossroads of Western Iowa

Rich Carstensen, City of La Vista

Rich Surber, Lutheran Family Services

Scott Adams, Notre Dame Sisters

Stephanie Little, Crossroads of Western Iowa

Tabitha Kube, Omaha Housing Authority

Tobi Mathouse, Goodwill

MAPA Staff

Court Barber

Megan Walker

Michael Felschow

For CTC Approval

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. Lisa Picker introduced the November 18, 2015 minutes and asked if there were any changes or additions. It was requested to correct the start of the meeting time listed in the minutes, start time listed as 10:35 a.m. and should be 10:30 a.m.

Ms. Ann Grober MOTIONED to approve the November 18, 2015 minutes with the correction.

Ms. Lois Jordan SECONDED.

Motion passed.

Discussion Items

Prior to beginning the Funding Workshop, Ms. Megan Walker gave a few announcements. Ms. Walker introduced MAPA's new Transportation Planner, Mr. Court Barber, who came to MAPA from the City of La Vista. Ms. Walker also reminded the Committee of MAPA's Long Range Transportation Survey and asked the Committee to assist in gathering feedback from constituents.

3. Funding Workshop

MAPA staff presented on the applications for traditional and new freedom 5310 projects and answered questions from those applying for 5310 grants.

4. Additional Business

Next month's agency spotlight will be Bryant Center. There will be no agency spotlight in February. Anyone interested in presenting should contact Ms. Megan Walker.

5. Next Meeting

The next CTC meeting is scheduled for Wednesday, January 20 at 10:30 a.m.

6. Adjourn

Ms. Picker adjourned the meeting at 11:30 p.m.

MEETING NOTICE

DATE: December 9, 2015
TO: Coordinated Transit Committee (CTC)
FROM: Megan Walker, Assistant Planner
RE: December 16, 2015 CTC Meeting

The Coordinated Transit Committee will meet **Wednesday, December 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 November 18, 2015 CTC meeting minutes. (Action Item) (Attachment)

Discussion Items

3. 5310 Funding workshop
Staff will present on the application for traditional and new freedom 5310 projects and answer specific questions from those applying for 5310 grants.
4. Additional Business
Next month's agency spotlight: Bryant Center
2016 Agency Spotlights
5. Next Meeting
The next CTC meeting is scheduled for Wednesday January 20 at 10:30 am.
6. 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, November 18, 2015, 10:30 a.m.

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

In Attendance:

Vice-Chair: Ann Grober, City of Council Bluffs
Ann Marie Kudlecz, SSCA
Andy Hale, Office of Congressman Brad Ashford
Dan Freshman, City of Ralston
Darlene McMartin, Pott County VA
DaurIne Peterson, SWITA
David Jameson, Metro Transit
Erin Porterfield, Heartland Workforce Solutions
Fred Conley, Papio NRD
John Liebsack, VFW
Karen Jackson, City of Bellevue
Kelly Shadden, Metro Transit
Lee Myers, AARP
Lillian Rush, Friendship Inc.

Lois Jordan, Florence Home
Lori Hansen, Papillion
Mary Angus, Mayor's Commission on Citizens with Disabilities
Mike Stuhv, Immanuel
Randy Stoneys, Eastern Nebraska Human Service Agency
Rich Surber, Lutheran Family Services
Stephanie Little, Crossroads of Western Iowa

MAPA Staff

Megan Walker
Michael Felschow

1. Introductions

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

2. Approval of Minutes

Ms. Grober introduced the October 21, 2015 minutes and asked if there were any changes or additions.

Ms. Mary Agnus MOTIONED to approve the October 21, 2015 minutes.

Mr. Fred Conley SECONDED.

Motion passed.

Recommendations to TTAC

3. Potential revision to 5310 application and manual

Mr. Michael Felschow introduced that MAPA is recommending that the grant awardees have the financial assurances in the contract for the grant. MAPA staff has recommended that this not be included in the application process but be a part of the contracting process. Once an agency has been awarded a grant, they will then have to provide financial documentation to prove financial assurance for the match.

Ms. Lois Jordan MOTIONED to include language to the policy guide for financial assurances in the contracting process for operations to take affect in December 2015 (FY 2016) and will apply to the new grant cycle.

Ms. Mary Angus SECONDED.

Motion passed.

Discussion Items

4. Agency Spotlight

Ms. Darlene McMartin presented on the Pottawattamie County Veterans Affairs office. The agency is accredited with the federal government to apply for benefits. Funded by the County, not paid by the Federal Government. The Pott County VA assist veterans with the following: filing for VA benefits, enrollment in the VA hospital systems, filing for pensions and compensations, vocational rehabilitation, eligibility for nursing homes, assisting new veterans that are discharged, emergency assistance (case by case basis), food pantry funded by donations. The VA hospital has a Veterans Transportation Program and they will transport the veteran from their home and take them to their appointment at the VA hospital. The issue is that this transportation assistance is only for appointments to the VA hospital, there is no assistance for transportation for other needs. All of the DAV vans are driven by volunteers.

5. Call Center Update

Mr. Michael Felschow presented an update to the CTC on the call center. In November the CTC decided to have MAPA and Metro coordinate to do an RFP. The VA is interested in participating. MAPA and Metro will create a Memorandum of Understanding to define what will be required from each entity. The plan is to have draft text of that MOU to Metro for review and then be reviewed by the "leaning in" group for further review. Metro would like to get RFPs out as soon as possible.

6. Informal Coordination

Ms. Megan Walker presented the informal coordination activity. The committee was divided into four groups based on "CTC Goals and Objectives Choosings" list to complete the informal coordination activity.

7. Agency Spotlight Sign Up for 2016

Ms. Megan Walker announced to the CTC that the sign up sheet is available for 2016. There will be two presentations per month to allow enough time for all agencies to present.

8. Additional Business

No additional business.

9. Next Meeting

The next CTC meeting is scheduled for Wednesday, December 16 at 10:35 a.m. and will be training for 5310. Anyone applying for, or interested in 5310 funding should attend.

10. Adjourn

Ms. Grober adjourned the meeting at 12:00 p.m.



5310 Funding Workshop

December 16th 2015

10:30 am – 12pm

MAPA Training Room
2222 Cuming St
Omaha, NE 68102

Meetings of the Metropolitan Area Planning Agency are conducted in compliance with the Nebraska Statutes of the Open Meetings Act. Auxiliary aids, language assistance, and services are available when requested at least three (3) working days prior to the meeting so appropriate arrangements can be made.

Si necesita ayuda con traducción, por favor llame la oficina. (402-444-6866)

What is 5310 funding?

5310 funding is used to improve transportation for seniors and individuals with disabilities through operating and capital grants. Vehicles may be purchased to transport individuals.

Is your agency eligible for funding?

Eligible agencies include private non-profits, certified state or local government authorities, public transportation operators.

What is the application process?

Submit the 5310 application to MAPA by January 8, 2016. MAPA Staff will score and present rankings to the CTC for approval.

Learn more information about the 5310 program, eligibility, regulations, and other Coordinated Transit Committee activities including the one-call center. Please come to the workshop with specific questions pertaining to your application.

Please see the 5310 FAQ Sheet for additional information.

Register your free attendance to ensure we have a proper number of materials
(<http://fy175310fundingworkshop.eventsbot.com>)

All interested agencies are welcome to attend the workshop.

For more information, please visit <http://mapacog.org/coordinated-transit-committee> or contact Megan at mwalker@mapacog.org or 402-444-6866 x.216.

5310 FAQ Sheet

1. WHAT IS MAPA?

MAPA is short for the Metropolitan Area Planning Agency, which is the Metropolitan Planning Organization (MPO) for Omaha-Council Bluffs. MAPA helps determine which transportation projects (highway, bike trails, transit, etc) are funded. In addition, MAPA is the Designated Recipient for the Section 5310 program. This means MAPA receives funding directly from the Federal Transit Administration (FTA) to allocate to worthy projects within the planning area. A stakeholder group, called the Coordinated Transit Committee (CTC) provides direction in allocating funding, ultimately selecting projects to receive 5310 funding.

2. WHAT IS THE CTC?

The Coordinated Transit Committee (CTC) is the stakeholder group and steering committee, which developed the Coordinated Transit Plan. The CTC is composed of various health and human service agencies, private and not-for-profit providers, city officials, Metro Transit, and concerned citizens. The CTC also evaluates grant applications from eligible applicants (including non-profits, city governments, transit providers, and taxi companies) for FTA funding, which MAPA distributes.

The CTC meets monthly on the 3rd Wednesday at 10:30 in the MAPA Downstairs Training Room located at 2222 Cuming Street, Omaha. Please contact Megan at MAPA (mwalker@mapacog.org or 402-444-6866 x. 216) to be added to the CTC email list or for more information.

3. WHAT IS 5310?

5310 is a federal funding category through the Federal Transit Administration (FTA). It is a program that is designed to improve mobility for seniors and individuals with disabilities.

4. WHO CAN QUALIFY FOR FUNDING? WHAT TYPES OF PROJECTS QUALIFY?

The 5310 program regulations state there are specific eligible sub-recipients and activities. The program is split into two categories “Traditional – Capital” and “Other/New Freedom – Capital & Operations”.

| Traditional – Capital | Other/New Freedom – Capital & Operations |
|--|--|
| <ul style="list-style-type: none">• Private non-profit• State/local government authority that:<ul style="list-style-type: none">○ is approved by a state to coordinate services for seniors and individuals with disabilities; or○ certifies that there are no non-profit organizations readily available in the area to provide the service | <ul style="list-style-type: none">• Private non-profit• Public transportation operators• State/local government authority• Private taxi companies providing shared ride service |
| <u>Projects</u> <ul style="list-style-type: none">• Purchase vehicles/associated equipment• Capital cost of contracting (third party contracting)• Mobility management | <u>Projects</u> <ul style="list-style-type: none">• Projects exceeding ADA• Improve accessibility• Alternatives that assist seniors & those w/ disabilities |

5. HOW DOES MY STATE/LOCAL GOVERNMENT AUTHORITY BECOME APPROVED TO COORDINATE SERVICES FOR SENIORS AND INDIVIDUALS WITH DISABILITIES?

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 letter and the public notice should have a 30-day public comment period associated with it. Include copies of letters, certified mail recipients, and responses with the application. Fill out the certification form found in the 5310 Policy Guide or Attachment 5 of the application.

5310 FAQ Sheet

6. WHAT IS THE MATCH PROCESS?

Local match is needed to apply for federal funding. The minimum match percentage for capital projects is 20%. The minimum match percentage for operations projects is 50%. Local match can come from other governmental funding sources; however, they cannot come from the U.S. Department of Transportation.

7. HOW DO I APPLY?

You can access the application materials on the CTC page of the MAPA website

(<http://mapacog.org/coordinated-transit-committee>) beginning December 4, 2015. In addition, MAPA will email the application materials to potential applicants.

8. WHAT ARE THE DUE DATES I SHOULD KNOW?

As shown in the table below, project applications are due by January 8, 2016. MAPA staff will score projects in January. Then the Coordinated Transit Committee (CTC) will prioritize projects on February 5th.

| | |
|---|------------------------|
| Call for FY2017 Projects | December 4, 2015 |
| Submittal Deadline for 5310-MAPA Applications | January 8, 2016 |
| Preliminary Eligibility Screening of Applications | January 15, 2016 |
| Individual Project Applications Scored | January 22, 2016 |
| Project Selection Workshop | February 5, 2016 |
| Appeals Hearing | February 17, 2016 |
| Publication of Selected Project List | March 25, 2016 |
| Incorporation into Draft FY2017-2022 MAPA TIP | February & March 2016 |

9. WHERE IS MORE INFORMATION ABOUT ALL OF THIS LOCATED?

More information about the 5310 application process can be found in the MAPA 5310 Policy Guide (also found on the [CTC page of the MAPA website](#)).

10. THIS IS GREAT, BUT I NEED MORE ASSISTANCE.

MAPA is holding a 5310 Funding Workshop on December 16 at 10:30 in the MAPA Downstairs Training Room located in the Metro/MAPA building at 2222 Cuming Street, Omaha. To ensure we have a proper number of materials, please register your free attendance here (<http://FY175310FundingWorkshop.eventsbot.com>). All agencies/people are welcome whether you have previously attended a CTC meeting or not. You do not have to join the CTC to apply for funding. Please come to the workshop with specific questions pertaining to your application.



Metropolitan Area Planning Agency
2222 Cuming Street
Omaha, Nebraska 68102
Office hours: Monday – Friday: 8:00 am – 4:30 pm

Email: mapa@mapacog.org
Phone: (402) 444-6866
Fax: (402) 951-6517

Auxiliary aids, language assistance, and services are available when requested in advance, please call the office.

Si necesita ayuda con traducción, por favor llame la oficina.

MAPA 5310 Project Selection

Guidance Document for 5310-MAPA Project Selection
FY2017

Approved:

CTC: 10/21/15

TTAC:

Board:

Project applications for FY2017 5310-MAPA funding should be submitted no later than **4:30 pm** on **January 8, 2016**



Table of Contents

| | |
|---|----|
| 1) Introduction | 1 |
| 2) Definitions..... | 2 |
| 3) Schedule for 5310 - MAPA Project Selection..... | 4 |
| 4) Federal Eligibility of Projects..... | 4 |
| Types of Sub-Recipients | 4 |
| Types of Eligible Projects | 5 |
| Limitations on Projects | 5 |
| Conditions for Funding..... | 5 |
| 5) MAPA’s Coordinated Transit Committee (CTC) | 8 |
| 6) Project Submission Guidelines..... | 9 |
| Timeline..... | 9 |
| Applications..... | 9 |
| Local Governmental Authority Certification | 9 |
| Optional One Page Narrative | 9 |
| Address for Submission..... | 10 |
| Evaluation of Project Applications | 10 |
| 7) Project Implementation..... | 10 |
| Capital-Vehicles Projects..... | 10 |
| Operations Projects | 10 |
| 8) Selection Criteria (2 Project Tracts) | 11 |
| 9) Application and Rubrics | 17 |

1) Introduction

This policy guide was created to provide instructions for completing the 5310 project application. The following pages discuss:

- Definitions
- The 5310 project selection schedule
- Federal eligibility of projects
- The MAPA Coordinated Transit Committee (CTC)
- Project submission guidelines
- Project implementation
- Selection criteria
- Project application and scoring rubrics

As described in this policy guide, there are two project tracts within 5310. However, to simplify the application process, a single combined application was developed. Applicants will check a box regarding the information below on their application. MAPA staff will utilize this information to determine the project tract rubric to use to evaluate the project.

- Type of organization
- Type of funds they are requesting – Capital, Operations, or Capital and Operations.

Application tips:

- Utilize the Microsoft Word application that has fillable boxes to complete the application. This Word document can be downloaded from the MAPA website – <http://mapacog.org/coordinated-transit-committee>.
- Answer every question to the best of your ability. Figure out how your project applies to the question.
- Make sure Section 9 – Certification of Application – is included and signed by an authorized signatory.
- Ensure all applicable attachments are completed and included with the application:
 - 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)
- If your agency is completing the Local Government Authority Certification, please include all of the necessary information with your application. The 30-day public comment period can be pending, but all other steps must be completed and included with your application.
- Have additional questions? Attend the 5310 Funding Workshop on December 16 at 10:30 in the MAPA Downstairs Training Room located in the Metro/MAPA building at 2222 Cuming Street, Omaha. To ensure we have a proper number of materials, please register your free attendance – <http://FY175310FundingWorkshop.eventsbot.com>. **Please come to the workshop with specific questions pertaining to your application.**

2) Definitions

5310 Program (FTA Section 5310 Capital for Elderly and Disabled Transportation Funding Program) - The Section 5310 program provides formula funding to States and Designated Recipients for the purpose of assisting private nonprofit groups and certain public bodies in meeting the transportation needs of the elderly and persons with disabilities. Funds may be used only for 1) capital and 2) operating expenses to support the provision of transportation services to meet the specific needs of seniors and individuals with disabilities.

Access - is the ability to reach desired goods, services, activities and destinations (together called *opportunities*).

Four general factors affect physical accessibility:

1. **Mobility**: that is, physical movement. Mobility can be provided by walking, cycling, public transit, ridesharing, taxi, automobiles, trucks and other modes.
2. **Mobility substitutes**: such as telecommunications and delivery services. These can provide access to some types of goods and activities, particularly those involving information.
3. **Transportation system connectivity**: which refers to the directness of links and the density of connections in path or road network.
4. **Land use**: that is, the geographic distribution of activities and destinations. The dispersion of common destination increases the amount of mobility needed to access goods, services and activities, reducing accessibility.

Alternative Transportation - Refers to modes of travel other than private single-occupancy vehicles such as walking, bicycling, carpooling, or transit.

Americans with Disabilities Act of 1990 (ADA) - The Americans with Disabilities Act of 1990 (ADA) prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation. It also mandates the establishment of TDD/telephone relay services.

Coordinated Transit Committee (CTC) - The Coordinated Transit Committee (CTC) is the stakeholder group and steering committee, which developed the Coordinated Transit Plan. The CTC is composed of various health and human service agencies, private and not-for-profit providers, city officials, Metro Transit, and concerned citizens. The CTC also evaluates grant applications from eligible applicants (including non-profits, city governments, transit providers, and taxi companies) for FTA funding, which MAPA distributes.

Coordinated Transit Plan (CTP) - A Coordinated Transit Plan serves as the guiding document for human service transit providers in the Omaha-Council Bluffs Metro Region. The Plan identifies the transportation needs of individuals with disabilities, the elderly, and people with low-incomes, provides strategies for meeting these needs, and prioritizes transportation services for funding and implementation. This Plan is located on the CTC's webpage on the MAPA website or located at:

http://mapacog.org/images/stories/Trans_General/MAPA_2014CoordinatedTransitPlan_ApprovedMay2014.pdf

Description - A brief description of the project; should include location information, limits of construction, impacts, etc

Eligible Applicants - Project applications may be submitted by eligible sponsors located within the MAPA Transportation Management Area (TMA), including: Douglas County and its cities, Sarpy County and its cities, the City of Council Bluffs, City of Crescent, City of McClelland, and Pottawattamie County (within the TMA Boundary), and other entities identified by MAP-21.

Environmental Justice - The fair treatment and meaningful involvement of all people regardless of race, color, national origin, or income with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies.

The three fundamental principles for Environmental Justice for US DOT programs are shown below:

1. To avoid, minimize, or mitigate disproportionately high and adverse human health and environmental effects, including social and economic effects, on minority populations and low-income populations.
2. To ensure the full and fair participation by all potentially affected communities in the transportation decision-making process.
3. To prevent the denial of, reduction in, or significant delay in the receipt of benefits by minority and low-income populations.

Local Match - Local match is defined as the portion of total project cost to be covered by the local sponsoring jurisdiction or other non-federal contributor (i.e. the development community). For 5310-MAPA projects, the minimum match percentage for capital projects is 20 percent. The minimum match percentage for operations projects is 50 percent.

MAPA 2040 LRTP - The MAPA 2040 Long Range Transportation Plan (LRTP) was finalized in 2015 and is the applicable long range transportation plan for the MAPA region. Capital Improvement projects must be listed in the MAPA 2040 LRTP in order to be eligible for 5310-MAPA funding. This Plan is located at: <http://mapacog.org/long-range-transportation-planning>. Chapter 3 states the LRTP goals and Table 7.10 on page 7-23 lists 5310 project types.

MAP-21 (Moving Ahead for Progress in the 21st Century Act) - President Obama signed MAP-21 into law in July 2012, providing funds for surface transportation programs for FY2013 and FY14, along with transforming the framework for investments to guide the growth and development of the country's vital transportation infrastructure.

Multi-modal Connectivity - Multi-modal connectivity refers to enhancing the opportunity to connect between various modes of transportation (i.e. automobile, bus, walking, cycling, etc.).

TIP (Transportation Improvement Program) - The TIP provides a comprehensive six-year listing of transportation improvements within the MAPA Transportation Study Area. MAPA prepares the TIP annually based on information submitted by local and state governments. The TIP is located at: <http://mapacog.org/transportation-improvement-program>.

Transit Operation Features or Amenities - Transit operation features or amenities refer to enhancements that directly improve the operation or aesthetics of transit in the MAPA region.

3) Schedule for 5310 - MAPA Project Selection

| | |
|--|-----------------------|
| Call for FY2017 Projects | December 4, 2015 |
| Submittal Deadline for 5310-MAPA Applications | January 8, 2016 |
| Preliminary Eligibility Screening of Applications | January 15, 2016 |
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| Appeals Hearing | February 17, 2016 |
| Publication of Selected Project List | March 25, 2016 |
| Incorporation into Draft FY2017-2022 MAPA TIP | February & March 2016 |
| TTAC Approval of Draft FY2017-2022 MAPA TIP | April 2016 |
| MAPA Board of Directors Approval of Draft FY2017-2022 MAPA TIP | April 2016 |
| State Review & Public Comment Period | April-May 2016 |
| TTAC Approval of Final FY2017-2022 MAPA TIP | June 2016 |
| MAPA Board of Directors Approval of Final FY2017-2022 MAPA TIP | June 2016 |
| Distribution of Final TIP to State & Federal Partners | July 2016 |

4) Federal Eligibility of Projects

This project selection methodology applies only to those projects that are seeking to be funded via MAPA's annual 5310 apportionment. This methodology does not apply to other federal funding source or class and should not be utilized by jurisdictions seeking funding from any other source.

Types of Sub-Recipients

The 5310 program regulations dictate there are specific eligible sub-recipients and activities. The program is split into two categories "Traditional – Capital" and "Other/New Freedom – Capital & Operations". Table 1 below illustrates eligible sub-recipients for the two project tracts. Figure 5 displays the eligible sub-recipients and activities (page 12). A minimum of at least 55% must be spend on the Traditional – Capital program (this is a floor, not a ceiling).

| Table 1: Eligible Sub-Recipients | |
|---|---|
| Traditional – Capital | Other/New Freedom – Capital & Operations |
| 1) Private non-profit 2) State/local government authority that: <ul style="list-style-type: none"> a. is approved by a state to coordinate services for seniors and individuals with disabilities; or b. certifies that there are no non-profit organizations readily available in the area to provide the service | 1) Private non-profit 2) Public transportation operators 3) State/local government authority 4) Private taxi companies providing shared ride service |

To simplify the application process, one application was created. MAPA staff will utilize the appropriate project tract scoring rubric to evaluate the project. State/Local government authorities who are applying for Traditional-Capital funding must complete Attachment 5 to the project application (Local Governmental Authority Certification).

Types of Eligible Projects

The Moving Ahead for Progress in the 21st Century Act (MAP-21) established the following activities as eligible projects for 5310 funding under the Coordinated Transit Program:

1. Construction, planning, and design of Human Service transit projects and systems that will provide safe routes for non-drivers, including children, Senior Citizens, Veterans, and individuals with disabilities to access daily needs and transportation projects to achieve compliance with the Americans with Disabilities Act of 1990 (42 USC 12101 et seq.).
2. Transit Asset purchasing, which include but are not limited to:
 - Vehicles and rolling stock (such as Buses, Vans or Minivans);
 - Radios and communication equipment;
 - Computer hardware or software that aid in the implementation of transit services
 - Fleet maintenance equipment
 - Vehicle equipment and parts
 - Wheelchair lifts and restraints (bought individually, not as part of buses above)
 - Vehicle rehabilitation, manufacture, or overhaul
 - Operations and maintenance structures (e.g. vehicle shelters, bus shelters)
 - Mobility Management
 - Introduction of new technology
 - Innovative and improved products

Limitations on Projects

Per the requirements of MAP-21, 5310 funds cannot be used for the following activities:

- Transfer of 5310 funds out of the areas in which they were apportioned (i.e. urban to rural areas).
- 5310 funds cannot be used to support services that compete with other providers.

Conditions for Funding

In addition to the above eligibility standards, projects seeking 5310 funding must meet the following minimum eligibility requirements:

1. Project must meet the MAPA's 2040 Long Range Transportation Plan intent as required by MAP-21 and has a minimum match of 20 percent local (non-federal) funding as required by MAP-21.
2. Projects must be submitted by organizations in the MAPA Transportation Management Area (MAPA TMA). The TMA encompasses Douglas and Sarpy Counties in Nebraska and the urbanized area surrounding Council Bluffs in Pottawattamie County, Iowa. Figure 1 displays the MAPA TMA.
3. Projects must be a project type listed in the MAPA 2014 Coordinated Transit Plan (CTP) and meet one of the Coordinated Transit Plan's goals.

Failure to meet any of the above criteria will result in immediate disqualification of the submitted project for 5310 funding.

Projects located within the Environmental Justice areas will receive additional consideration (Figure 2).

Figure 1: MAP of the MAPA Transportation Management Area

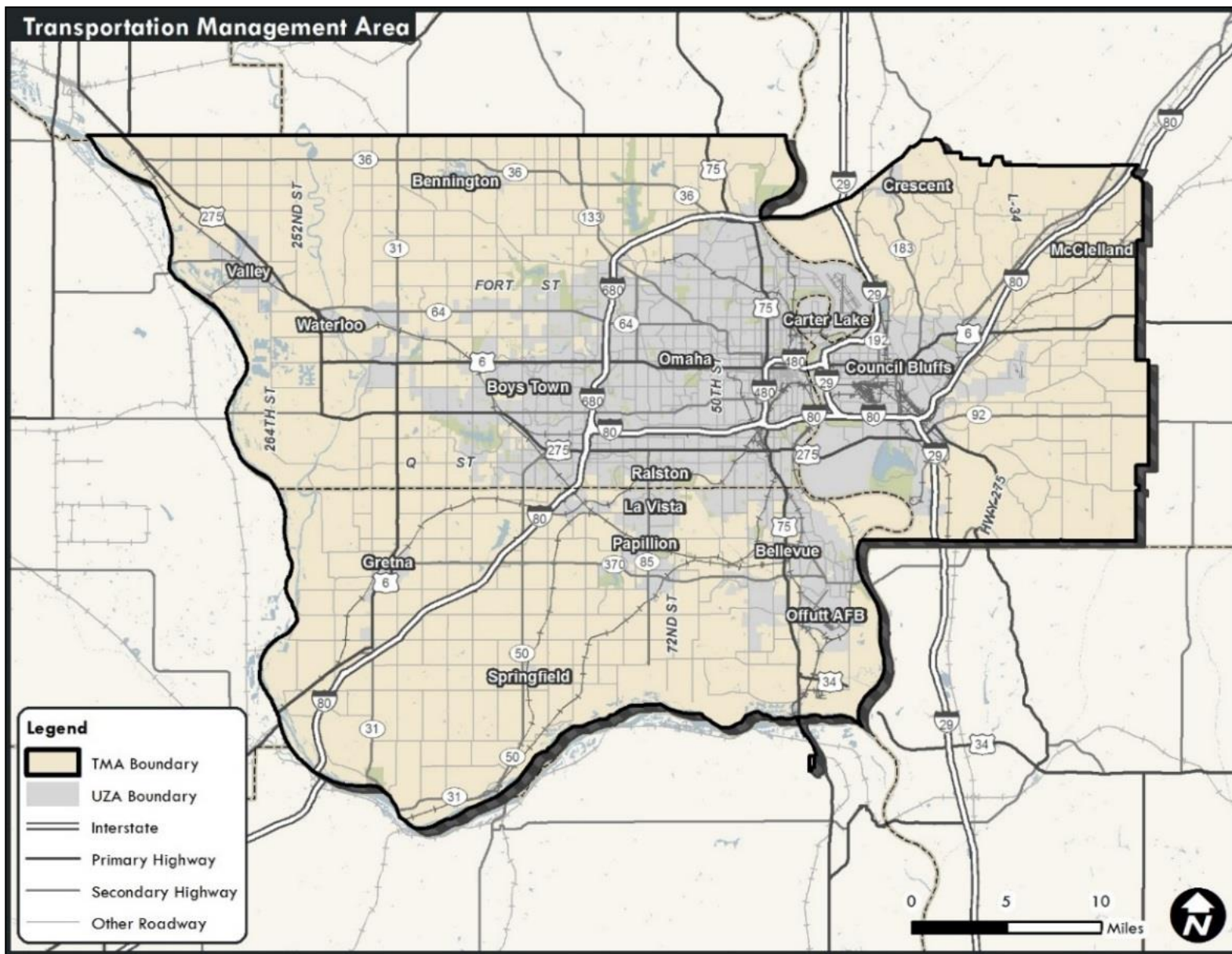
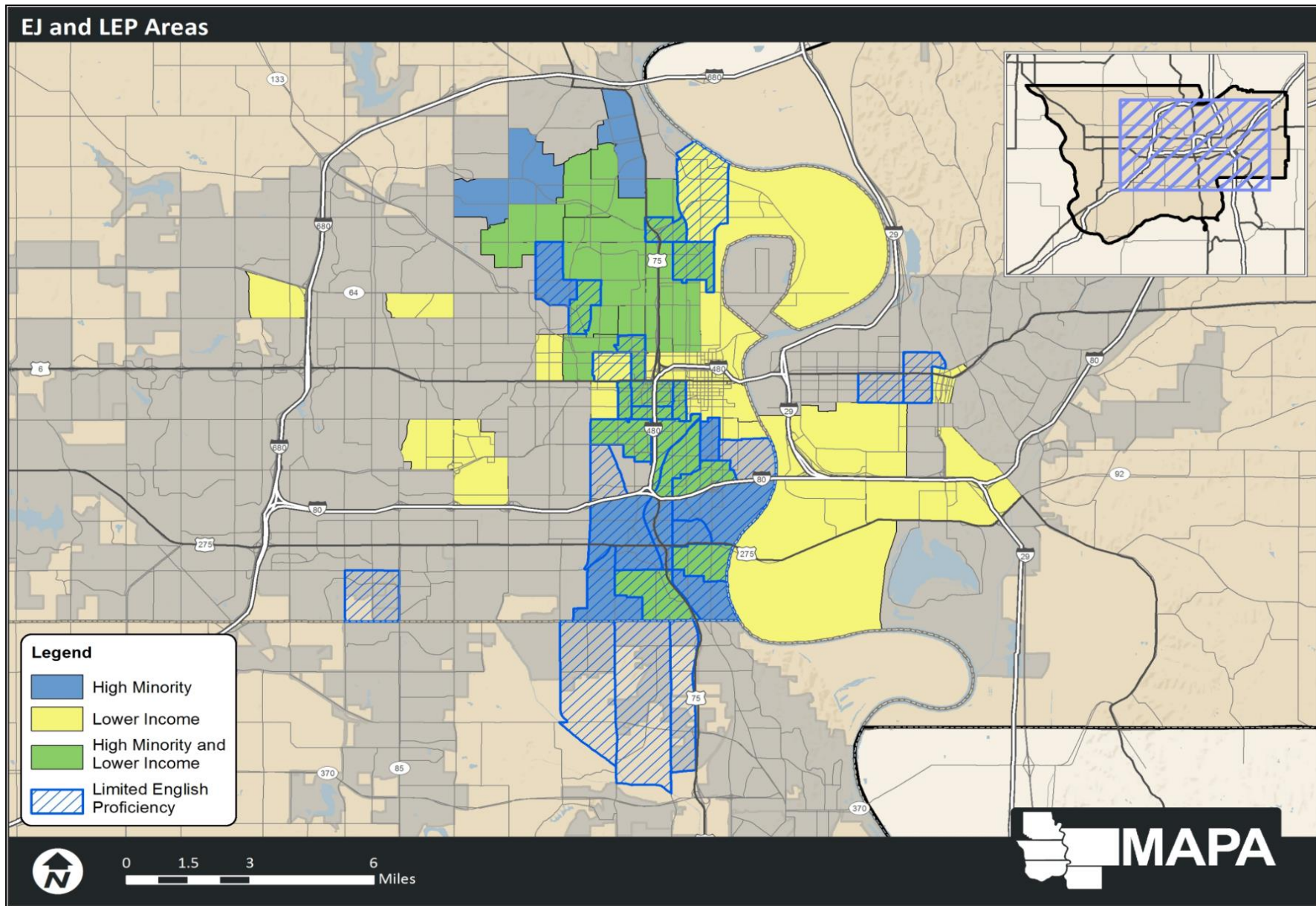


Figure 2: Environmental Justice Map



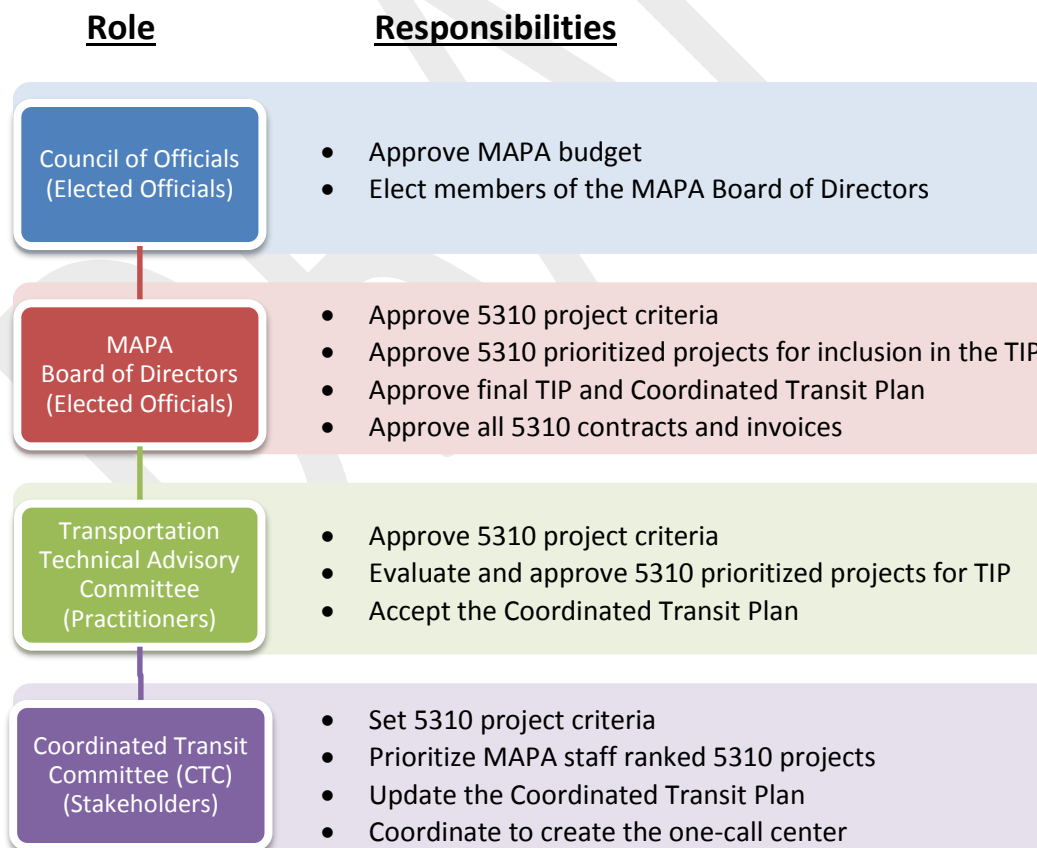
5) MAPA's Coordinated Transit Committee (CTC)

The governing body for MAPA is a 64 member Council of Officials, representing cities, counties, school districts, resource agencies, and numerous other governmental bodies within the MAPA region. The MAPA Board of Directors is a nine-member board that serves as the Council Officials' executive committee. The Board of Directors is comprised of elected officials representing cities and counties from the larger five-county MAPA region.

The Board of Directors maintains responsibility over the Coordinated Transit Committee (CTC), Section 5310 Program Management, Coordinated Transit Plan development and all amendments. Therefore, the CTC is a direct function of the MAPA transportation planning process. The CTC is a stakeholder committee to the Transportation Technical Advisory Committee (TTAC), which was created on behalf of the MAPA Board of Directors and the MAPA Council of Officials.

Figure 3 displays the roles and responsibilities of the MAPA Council of Officials, Board of Directors, Transportation Technical Advisory Committee, and the Coordinated Transit Committee. The MAPA Board of Directors annually confirms the appointment of a Coordinated Transit Committee Chair to facilitate meetings, confer with MAPA staff and work to forward the goals and actions of the Coordinated Transit Plan.

Figure 3:



The overall goal of the coordinated transit planning effort is to meet the expectations as defined by MAP-21 and the FTA for human service transit projects receiving federal funds under the Section 5310 program.

The CTC provides oversight and guidance in the development of the Coordinated Transit Plan, development of the 5310 criteria, the project selection, and the prioritization process of distributing the federal funding. The Coordinated Transit Committee is currently comprised of the following members:

- Black Hills Workshop
- City of Bellevue
- City of Council Bluffs
- City of LaVista/Ralston
- Eastern Nebraska Community Action Partnership
- Eastern Nebraska Human Service Agency
- Empowerment Network
- Florence Home
- Friendship Program
- Goodwill Industries
- Heartland Family Service
- Heartland Workforce Solutions
- Lutheran Family Services
- Mayor's Commission for Citizen's with Disabilities
- Metro Transit
- Omaha Association of the Blind
- Papio-Missouri River Natural Resources District
- Pottawattamie County Veteran Affairs
- Southern Sudan Community Association
- Southwest Iowa Planning Council/Southwest Iowa Transit Agency
- United Way of the Midlands
- AARP
- Catholic Charities
- City of Omaha
- City of Papillion
- Nebraska Veterans of Foreign Wars
- Paralyzed Veterans of America
- Sherwood Foundation

6) Project Submission Guidelines

Timeline

Organizations submitting applications must abide by the timeline listed in this guidance document.

Applications

Applications have been created to evaluate each project. (The application is found later in this policy guide and on the MAPA website). Organizations must prepare the required documentation to the best of their abilities.

Local Governmental Authority Certification

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.

This is accomplished through a self-certification process. Entities must complete the method detailed in Attachment 5 of the application. Please include the Local governmental Authority Certification form and the necessary documentation with the application packet.

Optional One Page Narrative

The final application for a 5310-funded project may include a one-page narrative of the project that may include details outside those requested in the application forms. This one page narrative should be submitted in Times New Roman 12pt font with one (1) inch margins. Additional pages or documentation will not be considered in the final scoring of the application.

Address for Submission

Project applications for FY2017 5310-MAPA funding should be submitted no later than **4:30 pm** on **January 8, 2016** to:

MAPA Project Selection
Metropolitan Area Planning Agency
2222 Cuming Street
Omaha, NE 68102

Project applications and questions concerning this process may also be emailed to mapa@mapacog.org.

Evaluation of Project Applications

Following an initial eligibility determination, project applications are evaluated and scored by MAPA staff based upon the information supplied. MAPA staff will then present the rankings to the CTC for review and will recommend a prioritization of projects to the CTC for approval at the Final Selection Workshop. Projects selected during this workshop will be incorporated into the Draft FY2017 MAPA Transportation Improvement Program (TIP) as allowed by fiscal constraint. All projects will be prioritized and programmed as funding amounts will allow. Projects not receiving funding will be listed by their priority in the Illustrative Years, in case additional funds become available.

7) Project Implementation

The Draft MAPA TIP is presented to and voted on by the MAPA TTAC and MAPA Board of Directors. After approval of the draft and the duration of the public comment period, the TIP is again presented to TTAC and the Board of Directors as a final document. Once the final TIP is approved it is submitted to MAPA's state and federal partners for approval and inclusion in the State Transportation Improvement Programs (STIPs).

Once a project is incorporated in the approved TIP and the funding is available, MAPA will move forward with project implementation.

Capital-Vehicles Projects

Funding to purchase vehicles and other capital items will be process through the respective Department of Roads/Transportation. MAPA will communicate with the Nebraska Department of Roads and Iowa Department of Transportation the amount of funding to be flexed from MAPA's apportionment of funding to the States. MAPA will specifically state which agencies were selected to receive capital purchases (e.g. vehicles). MAPA will inform the selected agencies once the funding is available and the States will proceed with purchasing the vehicles.

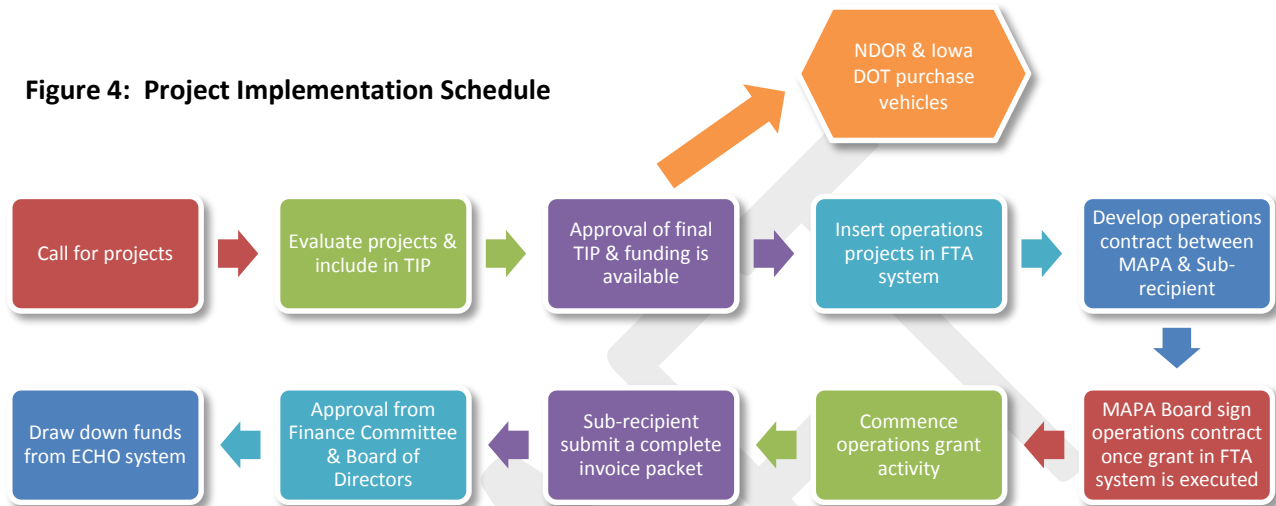
Operations Projects

MAPA will implement operations funding by inserting the project into the Federal Transit Administration's (FTA) grant management system. The project description will include the date of TIP approval and inclusion in the Coordinated Transit Plan, along with other pertinent information, such as name of agency and purpose of the project.

Simultaneously to approval in FTA's grant management system, MAPA will begin developing the contract between MAPA and the sub-recipient. As a part of this development, non-profits and non-governmental agencies must submit an audit report to MAPA. The contract will be signed once the grant is approved in FTA's grant management system and portions of the grant agreement can be attached to the contract.

Finally, the sub-recipient can commence grant activity based on the day State TIP approval was granted. MAPA will work with the agency to ensure a complete invoice packet is submitted including all necessary supporting documentation and progress reports. The MAPA Finance Committee and the MAPA Board of Directors will approve the invoice packet. Following approval, MAPA will use the FTA grant reimbursement system, ECHO, to draw down funds and MAPA will cut a check for the sub-recipient. Figure 4 displays the project implementation schedule.

Figure 4: Project Implementation Schedule

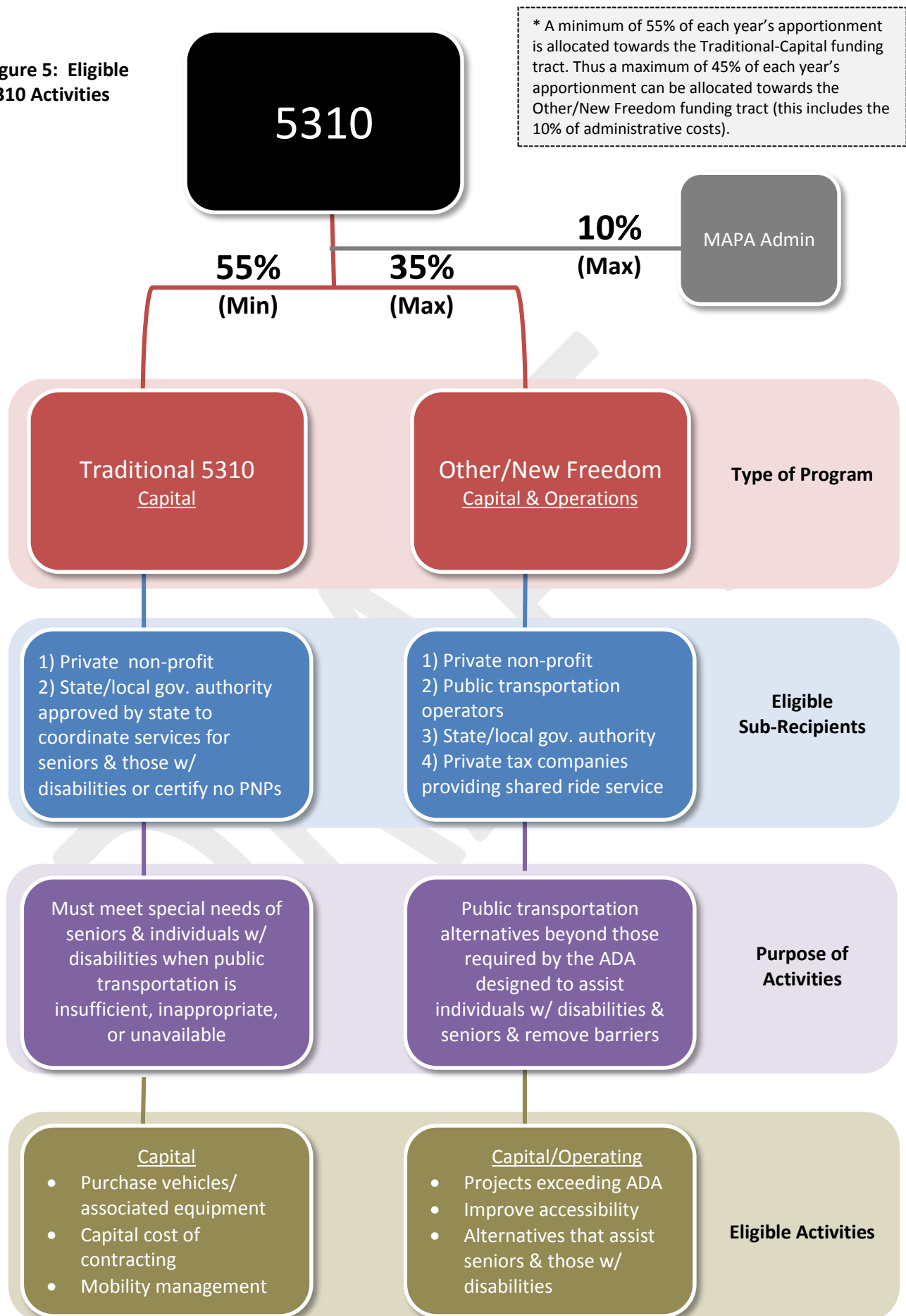


8) Selection Criteria (2 Project Tracts)

As mentioned previously in this policy guide, there are two distinct project tracts within the 5310 program. Figure 5, on the next page, illustrates that each tract has specific eligible sub-recipients and eligible activities.

To simplify the application process, one application was created. MAPA staff will utilize the appropriate project tract scoring rubric to evaluate the project. Please see the Section Eight to view the selection criteria, application, and scoring rubrics.

Figure 5: Eligible 5310 Activities



Eligibility Determination

Projects must meet the eligibility criteria below, if the project does not meet the eligibility requirements, then it shall not move forward with the evaluation process. The eligibility determination is the same for the two project types. However, there is one additional criteria for the Other/New Freedom project tract.

| Criteria | Traditional | Other/New Freedom |
|---|-------------|-------------------|
| An eligible organization type | Yes | Yes |
| Meeting the MAPA 2040 Long Range Transportation Plan (LRTP) intent | Yes | Yes |
| Achieving at least one goal of the Coordinated Transit Plan | Yes | Yes |
| Type of project must be listed in the Coordinated Transit Plan (project types are listed on page 66 in Table 6.2) | Yes | Yes |
| MAPA needs to know if the project is currently listed in any local planning documents, i.e. Transportation Improvement Program (TIP), comprehensive plans, or strategic plans | Yes | Yes |
| At least one Federal program goal (listed on page 4 of the application) | No | Yes |

Access the relevant documents by going to the appropriate webpage:

- MAPA 2040 Long Range Transportation Plan (LRTP)- Chapter 3 states the LRTP goals
 - <http://mapacog.org/long-range-transportation-planning>
- Coordinated Transit Plan
 - <http://mapacog.org/coordinated-transit-committee>
- Transportation Improvement Program (TIP)
 - <http://mapacog.org/transportation-improvement-program>

Ridership

Ridership is the backbone of making a Human Service transit program both economically feasible and functionally effective. Projects that can increase the number of citizens in the region taking advantage of transit services will receive the following points.

| Traditional-Capital | | |
|-----------------------|---------------------|--------|
| | Criteria | Points |
| Increase in Ridership | Increased +10% | 7 |
| | Increased 5 – 9.99% | 6 |
| | Increased 4.99% | 5 |

| Other/New Freedom-Capital & Operations | | |
|--|---------------------|--------|
| | Criteria | Points |
| Increase in Ridership | Increased +10% | 7 |
| | Increased 5 – 9.99% | 6 |
| | Increased 4.99% | 5 |
| Maintain existing transit ridership | | 5 |

Interagency Coordination

The submitting agency is asked to describe the project's positive multi-jurisdictional/multi-agency impacts, the total number of partnering jurisdictions/agencies and their role in the project. This will help to acknowledge the desire of the sponsoring agency to coordinate with other agencies and stakeholders and ensure that future transit projects will focus on the region as a whole. In an effort to foster collaboration and regionalism, more credence will be given to projects that impact a greater number of agencies via higher points.

| Traditional-Capital and Other/New Freedom-Capital & Operations | | |
|---|-------------|--------|
| Criteria | | Points |
| Project Partners | 6+ Partners | 8 |
| | 5 Partners | 6 |
| | 4 Partners | 5 |
| | 3 Partners | 3 |
| | 2 Partners | 2 |

Geographic Coverage

A key to providing enhanced mobility services is ensuring that the region's transit system extends service options to geographic areas where they currently don't exist, and especially to areas where service is needed most. Therefore, projects that would extend or increase existing transportation services throughout the area are encouraged. Projects that invest in areas with disproportionately high-minority and low-income populations will receive additional consideration through this process. Areas of high-minority concentration, low-income concentration and those areas that are both high-minority and low-income are shown on the MAPA Environmental Justice Map (Figure 2 on page 7).

| Traditional-Capital | | |
|---|--------------------------|--------|
| Criteria | | Points |
| 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 |

| Other/New Freedom-Capital & Operations | | |
|---|--|--------|
| Criteria | | Points |
| 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 |

Accessibility Improvements

MAPA encourages enhanced diversity in transportation modal choices, and will rate projects according to the distribution of transit services to support access to destinations throughout the region. Jurisdictions submitting applications for transit projects will be asked to describe how their project will enhance access and equity through providing multiple modes of transportation in the region. Projects expanding the availability of access will be given points according to the accessibility enhancements they propose.

| Traditional-Capital and Other/New Freedom-Capital & Operations | |
|---|--------|
| Criteria | Points |
| Increase transit access to Veterans | 4 |
| Increase transit access for Senior Citizens | 4 |
| Increases transit access for individuals with disabilities | 4 |
| Increase access to employment help centers | 3 |
| Increases access to jobs for under-employed | 3 |

Operation of Service

Human service transportation includes a broad range of transportation service options designed to meet the needs of transportation disadvantaged populations including older adults, individuals with disabilities and/or those with lower income. Individuals that have different needs may require a set of different services depending on their abilities, their environment, and the options available in their community. Projects that propose effective routing will help increase ridership per hour, or ridership per mile, will decrease transit cost per passenger.

| Traditional-Capital | |
|--|--------|
| Criteria | Points |
| Increase Human Service ridership $\geq 10\%$ 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 |

| Other/New Freedom-Capital & Operations | | |
|---|--------------------------|--------|
| Criteria | | Points |
| 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 |

Reliability and Quality of Service

Transportation and transit services must provide reliable and consistent service to citizens in need. Projects that will help improve or increase the efficiency of the region's transit services by improving the mobility options of low-income individuals, the elderly, and individuals with disabilities. Points will be given as needed with regards to measures such as reducing the time that riders spend waiting for rides or improving the response time of transit vehicles.

| Traditional-Capital and Other/New Freedom-Capital & Operations | |
|---|--------|
| Criteria | Points |
| 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 |

Availability of Transportation Services

MAPA's 2040 Long Range Transportation Plan places a great deal of importance on expanding the availability of transportation options and multi-modal infrastructure improvement. Submitted projects will be asked to describe how their proposed project would create or increase availability of alternative transportation services in the MAPA region. Projects could expand or support existing transportation services through examples such as increasing the availability of services, via longer hours or greater number of vehicles.

| Traditional-Capital and Other/New Freedom-Capital & Operations | |
|---|--------|
| Criteria | Points |
| Increase hours of operations | 2 |
| Increase number of vehicles available | 4 |
| Reduce short term/long term coverage gaps | 4 |

Life Cycle of Vehicles

The ability to save transit funds by maintaining available vehicle resources is a great help to any transit program. Projects that keep the available transit vehicles running smoothly are essential. Therefore, projects that allow or encourage the operation of effective vehicle operation will receive points for doing so. Redevelopment of existing transit infrastructure is a key focus of MAPA's 2040 Long Range Transportation Plan. Any project that can extend or enhance the life of transit vehicles will be awarded points accordingly.

| Traditional-Capital and Other/New Freedom-Capital & Operations | |
|---|--------|
| Criteria | Points |
| Extend life of current transit vehicles | 4 |
| Introduce newer/more energy efficient transit vehicles | 4 |
| Reduce operating costs of transit vehicles | 4 |

Bonus Category

Sustainability

The financial sustainability of programs is important to the longevity of projects. This is especially evident with the current uncertain federal funding levels. Therefore, bonus points will be awarded to transportation projects which have financial support from other sources that do not include MAPA. The application should clearly identify funding which could support the program in case of a decrease in MAPA funding levels. The applicant should include an audit report or letters with financial commitment as justification of other funding sources.

| Traditional-Capital and Other/New Freedom-Capital & Operations | |
|---|--------|
| Criteria | Points |
| Bonus points for alternative sources of funding | 10 |

9) Application and Rubrics

There is one combined application for the two types of 5310 project tracts. A select number of questions will not be applicable for all project types. Please read the descriptive information associated with the questions.

Applicants will check a box regarding the information below on their application. MAPA staff will utilize this information to determine the project tract rubric to use to evaluate the project.

- Type of organization
- Type of funds they are requesting – Capital, Operations, or Capital and Operations.



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 <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? <input type="checkbox"/> New Grant <input type="checkbox"/> Continuation of Existing Grant. If continuation, please list name and date of original grant. 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)

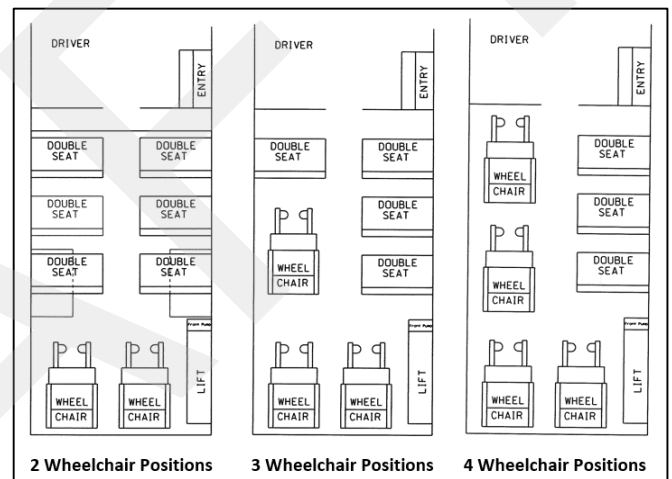
3. Vehicles Requesting

| Prioritize Vehicle(s) Requested (1 or 2) | No. of Units | Vehicle | Vehicle Cost <i>*Subject to change</i> | Total Cost | Indicate Type & # of Vehicle <i>(e.g. <input type="checkbox"/> replacement buses- 2 & <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-[Nebraska Applicants Only](#))*:

- ☐ 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 expenses¹. 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 ¹ | Total Cost | 5310 Funds | Local Match ¹ |
| 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</u> and <u>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 | |
| <u>Senior Citizens</u> Elderly | | Hispanic Americans | |
| <u>Individuals</u> with <u>Disabilities</u> | | Native Americans | |
| <u>Veterans</u> | | Asian-Pacific Americans | |
| | | Asian-Indian Americans | |
| RIDERSHIP: 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 | |

| | |
|--|------|
| INTERAGENCY COORDINATION: | |
| 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) | |
| Organization | Role |
| | |
| | |
| | |
| | |

| | | |
|--|-------------|--------------------------|
| GEOGRAPHIC COVERAGE: | | |
| 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)

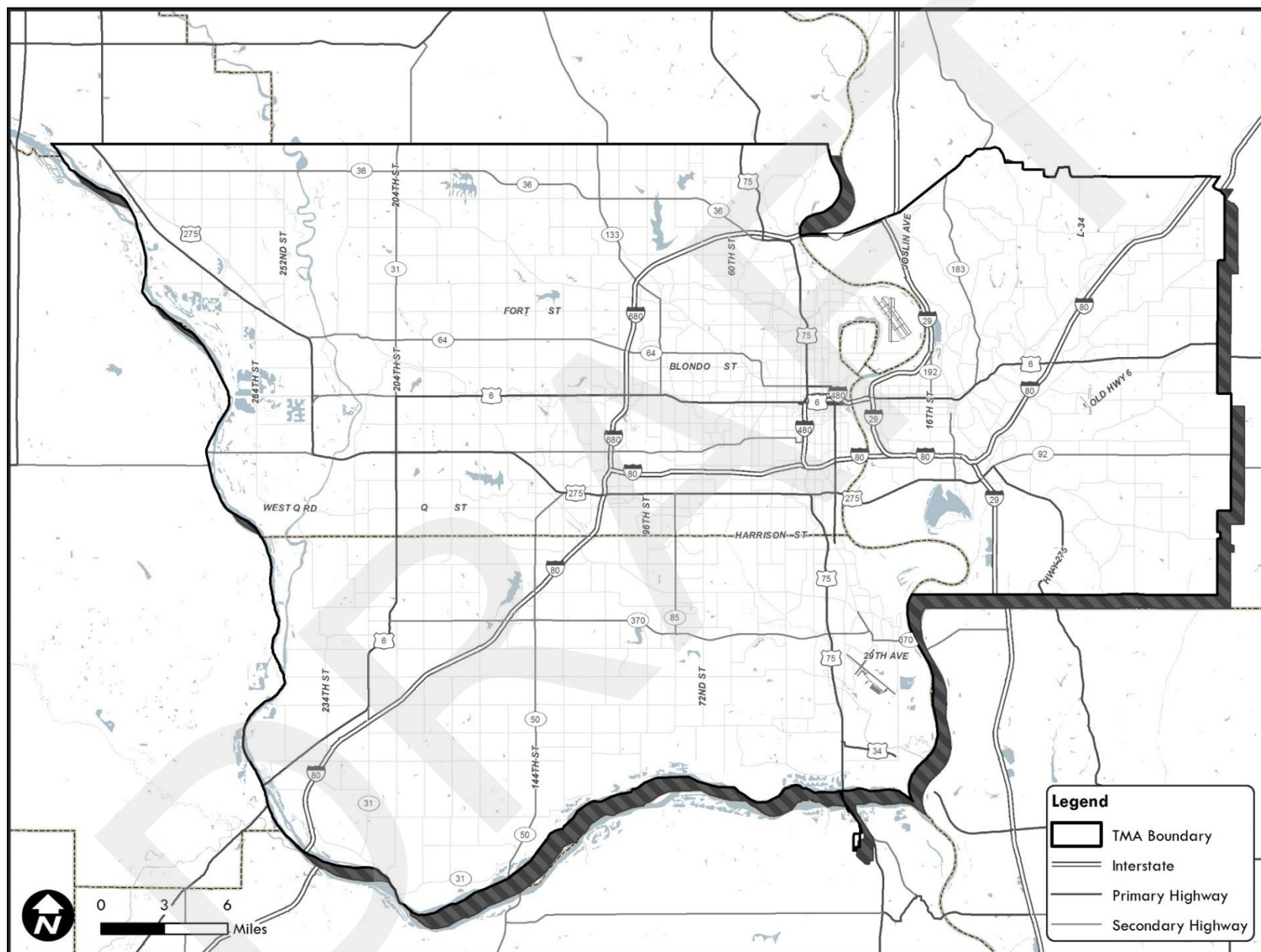
(Printed name)

(Title)

(Email)

(Date)

Attachment 1: Service Area



Please draw/circle your service area on attachment 2 or attach a service area map or route map to this application.

Attachment 2: FTA Certifications and Assurances

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 ¹ | Passenger Capacity | ADA Equipped | Condition of Vehicle ² | On-Board Communication ³ | Annual Trips | Funding Type ⁴ |
|------|-----------------|------------------|------------------------|--------------------|--------------|-----------------------------------|-------------------------------------|--------------|---------------------------|
| 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 ⁵ | Year of purchase | Fuel Type ¹ | Passenger Capacity | ADA Equipped | Condition of Vehicle ² | On-Board Communication ³ | Insurance Coverage ⁶ | 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 manufacture's recommended maintenance schedule. Applicants must verify by certifying below:

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)

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 | | | | |
| 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 |
| Ridership <i>(one criteria point available)</i> | Increase in Ridership | Increased +10% | 7 | |
| | | Increased 5 – 9.99% | 6 | |
| | | Increased 4.99% | 5 | |
| Interagency Coordination <i>(one criteria point available)</i> | Project Partners | 6+ Partners | 8 | |
| | | 5 Partners | 6 | |
| | | 4 Partners | 5 | |
| | | 3 Partners | 3 | |
| | | 2 Partners | 2 | |
| Geographic Coverage <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 | |
| Accessibility Improvements <i>(multiple criteria points available)</i> | Increase transit access to Veterans | | 4 | |
| | Increase transit access for Senior Citizens | | 4 | |
| | Increases transit access for individuals with disabilities | | 4 | |
| | Increase access to employment help centers | | 3 | |
| | Increases access to jobs for under-employed | | 3 | |
| Operation of Services <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 | |
| Reliability and Quality of Service <i>(multiple criteria points available)</i> | Reduce travel time per vehicle | | 4 | |
| | Reduce time spent by rider on vehicle | | 4 | |
| | Improve response time | | 4 | |
| Availability of Transportation Services <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 | |
| Life Cycle of Vehicles <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 | |
| Subtotal Score | | | 100 | |
| Sustainability | Bonus points for alternative sources of funding | | 10 | |
| Total Possible Score Including the Bonus | | | 110 | |

| Scoring Rubric for 5310-MAPA Funding FY2017 | | | | | |
|---|---|--------------------------|-----|------------------|-----------------|
| Human Service Transit Projects | | | | | |
| Other/New Freedom Applications | | | | | |
| Type of Funds Requesting: <input type="checkbox"/> Operations <input type="checkbox"/> 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 |
| Ridership <i>(multiple criteria points available)</i> | Increase in Ridership | Increased +10% | 7 | | |
| | | Increased 5 – 9.99% | 6 | | |
| | | Increased 4.99% | 5 | | |
| | Maintain existing transit ridership | | 5 | | |
| Interagency Coordination <i>(one criteria point available)</i> | Project Partners | 6+ Partners | 8 | | |
| | | 5 Partners | 6 | | |
| | | 4 Partners | 5 | | |
| | | 3 Partners | 3 | | |
| | | 2 Partners | 2 | | |
| Geographic Coverage <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 | | |
| Accessibility Improvements <i>(multiple criteria points available)</i> | Increase transit access to Veterans | | 4 | | |
| | Increase transit access for Senior Citizens | | 4 | | |
| | Increases transit access for individuals with disabilities | | 4 | | |
| | Increase access to employment help centers | | 3 | | |
| | Increases access to jobs for under-employed | | 3 | | |
| Operation of Services <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 | | |
| Reliability and Quality of Service <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 | | |
| Availability of Transportation Services <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 | | |
| Life Cycle of Vehicles <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 | | |
| Subtotal Score | | | 100 | | |
| Sustainability | Bonus points for alternative sources of funding | | 10 | | |
| Total Possible Score Including the Bonus | | | 110 | | |



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 <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? <input type="checkbox"/> New Grant <input type="checkbox"/> Continuation of Existing Grant. If continuation, please list name and date of original grant. 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 <i>*Subject to change</i> | Total Cost | Indicate Type & # of Vehicle <i>(e.g. <input type="checkbox"/> replacement buses- 2 & <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): | | | | | | |

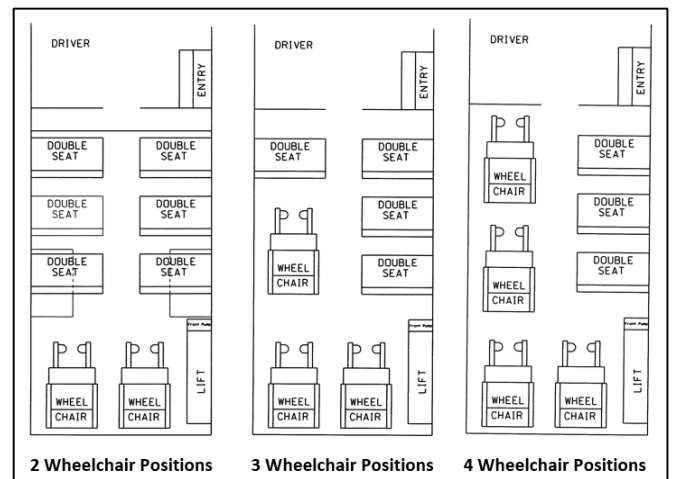
****Complete the attached Vehicle Inventory Worksheet & Attachment 4 indicating which vehicle will be replaced.**

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

- ☐ 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 expenses¹. 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 ¹ | Total Cost | 5310 Funds | Local Match ¹ |
| 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</u> and <u>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 | |
| Senior Citizens | | Hispanic Americans | |
| Individuals with Disabilities | | Native Americans | |
| Veterans | | Asian-Pacific Americans | |
| | | Asian-Indian Americans | |
| RIDERSHIP: 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 | |

| | |
|--|------|
| INTERAGENCY COORDINATION: | |
| 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) | |
| Organization | Role |
| | |
| | |
| | |
| | |

| | | |
|--|-------------|--------------------------|
| GEOGRAPHIC COVERAGE: | | |
| 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)

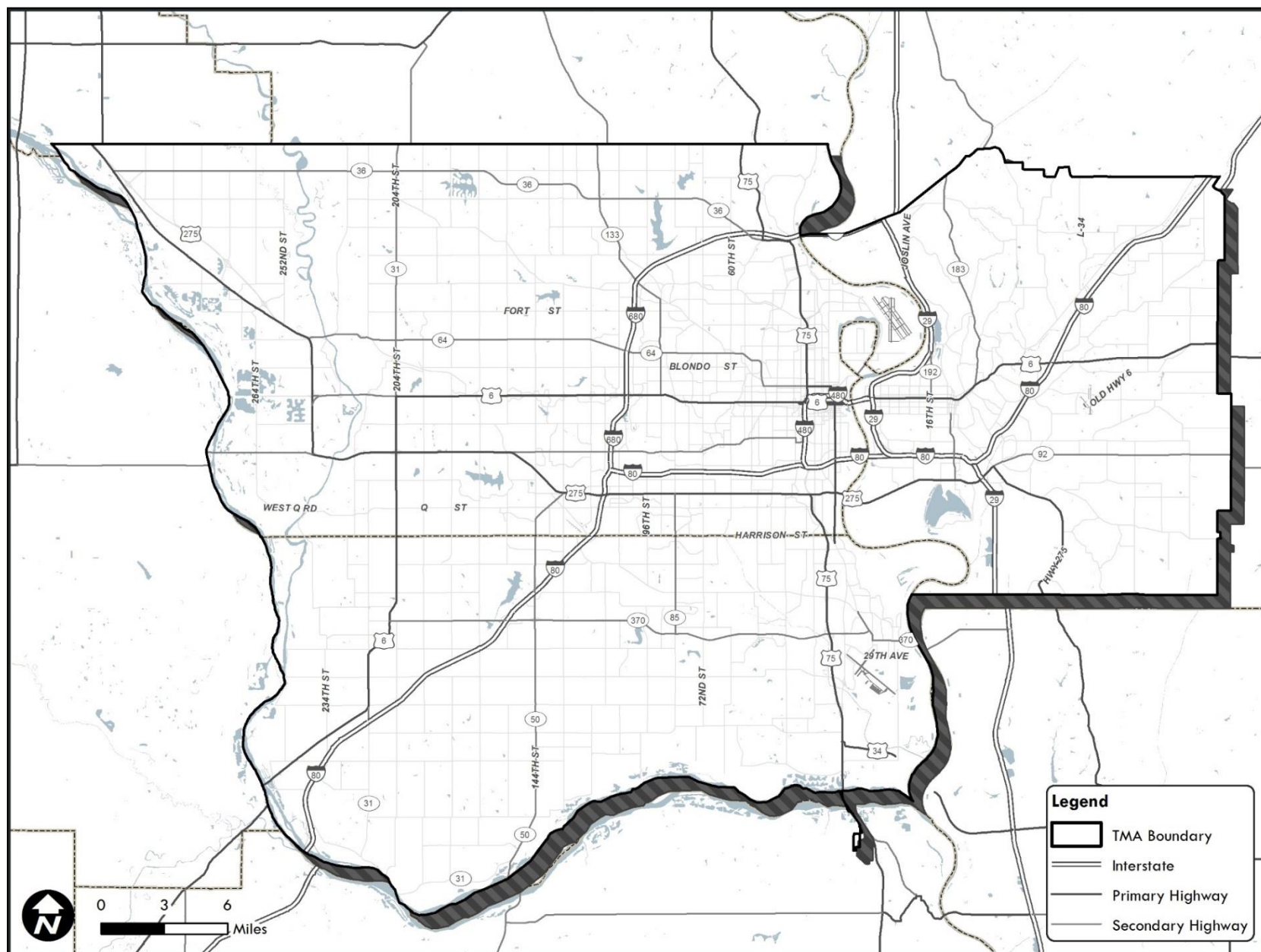
(Printed name)

(Title)

(Email)

(Date)

Attachment 1: Service Area



Please draw/circle your service area on attachment 2 or attach a service area map or route map to this application.

Attachment 2: FTA Certifications and Assurances

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 ¹ | Passenger Capacity | ADA Equipped | Condition of Vehicle ² | On-Board Communication ³ | Annual Trips | Funding Type ⁴ |
|------|-----------------|------------------|------------------------|--------------------|--------------|-----------------------------------|-------------------------------------|--------------|---------------------------|
| 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 ⁵ | Year of purchase | Fuel Type ¹ | Passenger Capacity | ADA Equipped | Condition of Vehicle ² | On-Board Communication ³ | Insurance Coverage ⁶ | 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 manufacture's recommended maintenance schedule. Applicants must verify by certifying below:

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)

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)