



**Application for 5310- MAPA Funding for FY2021
New/Expansion of 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>		
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:		

2. Project Information

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"/> 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 (submission of GIS shapefile or KML preferred)
- Attachment 2: Maintenance of Vehicles and Vehicle Being Replaced
(For vehicle requests only)
- Attachment 3: Local Governmental Authority Certification
(For governmental entities only)

3. Request Types

Vehicle Request**				
Prioritize Vehicle(s) Requested (1 or 2)	No. of Units	Vehicle	Vehicle Cost <i>*Subject to change</i>	Total Cost
		Small Transit Bus	\$ 66,000*	\$
		Lowered Floor Minivan	\$ 40,000*	\$
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):				

**Applicant must complete Attachment 2: Vehicle Maintenance Certification

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. Projected 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)	
\$	
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):	

Technology Request (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)				\$
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):				

Operating Assistance - The following 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		
Operating Expenses	Total Cost	5310 Funds	Local Match ¹	Total Cost	5310 Funds	Local Match ¹
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

4. Justification of Regional Significance

In addition to the items below, applicants must register in MAPA's [online 5310 database](#) and provide program information that will be used in evaluating applications.

Regional Planning		
Does this project meet the MAPA 2040 Long Range Transportation Plan (LRTP) intent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this project listed in local planning documents? (Transportation Improvement Program (TIP), applying agency documents)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your organization registered in the TIP as a transportation provider under the 5310 section? (If no, please register by following this link and filling in organization & program information)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Service Availability - Demographics:

Will this project 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:

Service Availability – Quality & Efficiency:

Will the project develop any of the service improvements below? *(Check all that apply & explain below)*

Improve customer service response time

☐

Increase number of destinations per trip

☐

Provide training for disabilities assistance

☐

Increase efficiency of ride dispatching

☐

Decrease number of ride denials

☐

Reduce travel time per vehicle

☐

Reduce time spent by rider on transit vehicle

☐

Explain:

Service Availability – Temporal

Will the project 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:

Sustainability – Life Cycle of Vehicles:

Will the project 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 – Access to Funding:

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.

5. New 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 any):

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.

6. 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)

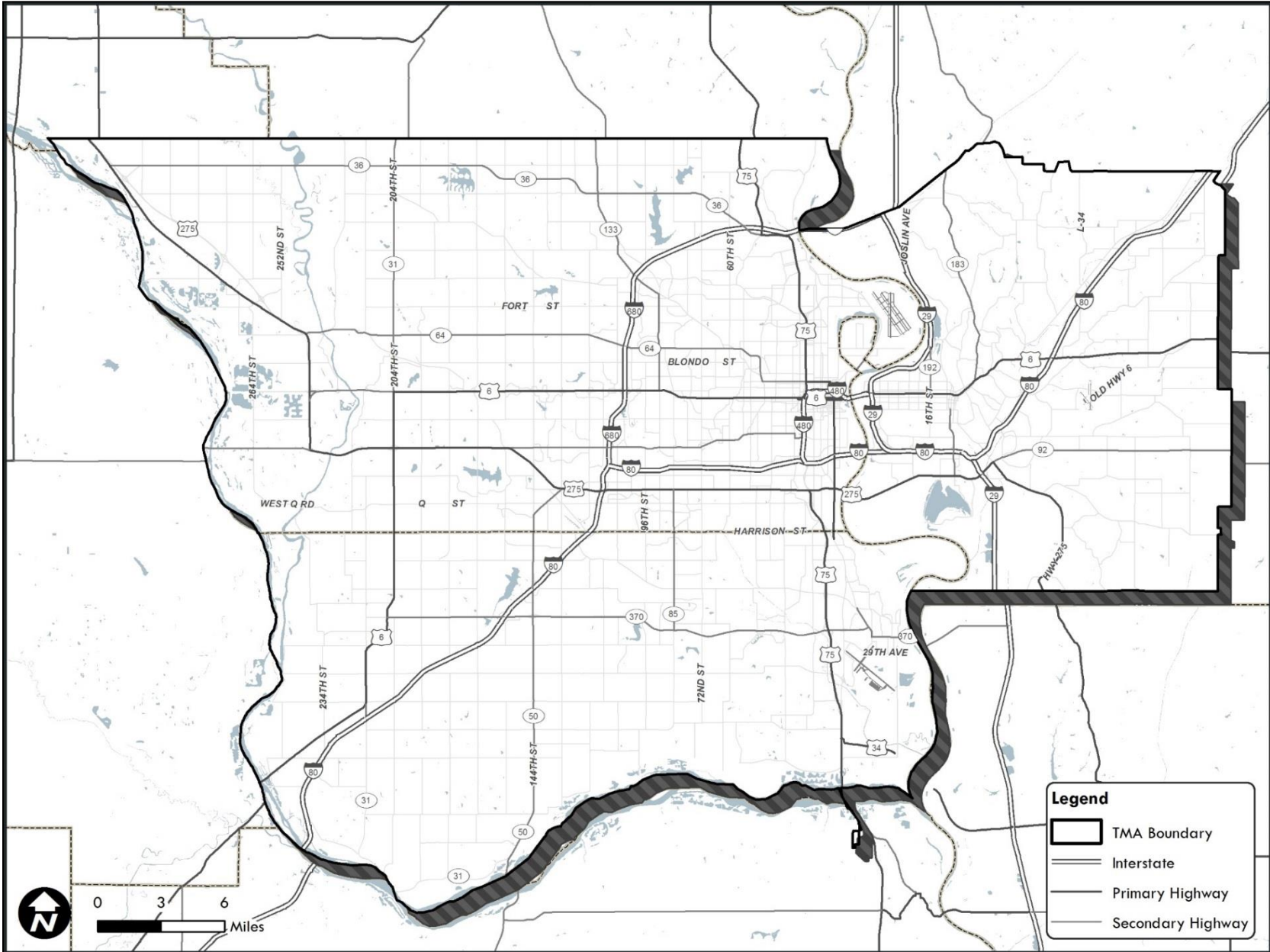
(Title)

(Email)

(Date)

Attachment 1: Service Area

Please draw/circle your service area below, attach a service area map or route map to this application, or provide MAPA with a digital GIS feature (shapefile or KML) in lieu of a physical map (preferred)



Attachment 2: 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 3: 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 Transportation (NDOT) 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)