

ARIZONA DEPARTMENT OF TRANSPORTATION

Application

Section 5310

Elderly Individuals and Individuals with Disabilities
Transportation Program

FY 2006 – 2007



Arizona Department of Transportation
Public Transportation Division
206 South 17th Avenue, MD 340 B
Phoenix, AZ 85007

January 2006

PROJECT APPLICATION

A. GENERAL INSTRUCTIONS

Announcements of 5310 funding and application availability will be made by mail to all councils of governments (COGs) and metropolitan planning organizations (MPOs). The COGs and MPOs are then responsible for notifying interested parties - including all Tribal governments within their regions - that applications are available. The announcement is also on the ADOT Public Transit Division website. Applications are available from the rural Councils of Governments, the Metropolitan Planning Organizations, and can be found on the ADOT Public Transportation Division website (<http://www.dot.state.az.us/>).

Additional information on the program and on eligible applicants is found in the body of the handbook. It is important that applicants read through the entire handbook to gain a complete understanding of the program and of the federal and state requirements with which successful applicants will be required to comply.

Application forms are available in electronic format, in Microsoft Word and Excel 6.0. While a significant amount of information is requested of applicants, using the electronic format enables applicants to readily update this information each year. If a paper or other format is needed, contact your COG or MPO representative for assistance.

A paper copy of the application must be submitted. Original signatures are required on the certifications and assurances. Allow adequate time to obtain the necessary signatures and approvals and to mail or hand deliver a copy of the application to ADOT Public Transportation Division.

Role of Council of Governments and Metropolitan Planning Organizations

The applications for the Section 5310 program go through the rural COGs and urban MPOs. The COGs and MPOs :

- Distribute application packages;
- Set the application due date for the region
- Accept completed applications;
- Review the applications submitted for vehicles in the region; and
- Establish and submit to ADOT Public Transportation Division a priority list for grant awards within the region

ADOT Public Transportation Division is responsible for reviewing the applications and regional priority list, making final decisions on awards.

In the case of applicants who operate services that span two regions or operate in both an urban and rural community, applicants are requested to either:

- Submit separate applications for each region if the vehicles will primarily operate in different regions and be managed by different staff; or,
- Submit the application to the COG or MPO in which the vehicle will primarily operate and send a copy of the cover letter to the other COG or MPO so they will know that vehicles have been requested that will be crossing the regional boundaries.

In both cases, the cover letter should inform both COGs (or COG and MPO) of what vehicles are being applied for and where the application(s) have been submitted.

Application Contents

The application consists of:

- A checklist
- Basic grantee information
- Narrative pages in which the applicant is requested to describe the program.
- A budget for the capital request
- Certifications, assurances, and other attachments.

In addition, recipients are required to submit a cover letter summarizing the request and highlighting key points, addressed to the council of government or metropolitan planning organization to which the application is submitted

Applicants should complete all sections concisely and completely, including the budget forms. The narrative questions explain to the interview committee:

- The services provided, how the target audience of persons who are elderly or have disabilities are targeted for service, and the role of the service in the community
- Management ability
- Compliance with Federal and State requirements

Incomplete applications typically will not be accepted. Should an applicant have difficulty in obtaining important information or certifications on time, the applicant should contact the COG or MPO to which the application will be submitted and ask for written authorization for turning in the item late. Exceptions may occasionally be made, depending on the nature of the problem and contingent upon the explanation, notification provided by the applicant, and ability to submit the information before final decisions are made. The individual COG or MPO is responsible for making the decision on whether an exception will be made, and may contact ADOT Public Transportation Division for concurrence prior to notifying the applicant of the decision.

Instructions for Using the Electronic Files

The application is an electronic Microsoft Word file. The electronic format enables applicants to readily update this information each year. Please note that there is a “header” on the application where you are requested to put your system name.

Complete the necessary forms and print. For your final application, bind together only the pages that need to be submitted for your project, including the support documentation where requested. Do not include these instruction pages or the sections that are not appropriate for your project.

Form fields are used on the electronic version to accommodate responses to application questions. To edit any text outside the form fields, including putting your agency name in the header of the application, you will need to override this tool. To turn off the forms tool:

- Under “View”, Click on “Toolbars,” Click on “Forms.”
- Last symbol is “Protect Form,” a padlock. If this is “unlocked,” you may make changes to the document such as moving text. This must be “locked” or darker in color in order to insert data into the form fields.

When you have finished any edits, “lock” the “Protect Form” and you will again be able to insert information in the form fields.

Evaluation

The information contained in the application will be used to rank each project based on a series of evaluation criteria. Each project’s ranking will be based on a combination of narrative answers, financial, and system performance data. The criteria are described in more detail in Part II, Section F of the handbook. Following is a summary of the categories and maximum points possible.

Need for Proposed Equipment	20 points maximum
Effectiveness and Use of Proposed Equipment	20 points maximum
Coordination of Transportation Resources and Services	25 points maximum
Financial and Managerial Capability	20 points maximum
Accessibility, Safety, and Training	15 points maximum

Application Process and Awards

Applications will be considered for funding based on the evaluation and selection criteria listed in this application packet. The information submitted as part of the application will be the main source of each applicant’s score and priority rating.

Projects are listed in two different categories, depending on how completely requirements have been satisfied:

CATEGORY A includes those projects certified by DOT as having met all the statutory and administrative requirements for approval.

CATEGORY B is those projects that DOT anticipates approving during the current year, but have not yet met all statutory and or administrative requirements, or for which there is not adequate available budget. As the necessary requirements are satisfied or funding becomes available, these projects may be advanced to Category A.

The final decision on project selection and funding will be made by the Director of ADOT Public Transportation Division. ADOT retains sole discretion to determine which projects will be funded and the amount of funds awarded to any given project.

ADOT Public Transportation Division may award all capital equipment requested, some of the capital equipment, or none at all. All applicants will be notified of this decision within one week after the final decision is made, anticipated to be in **April 2006**.

Grant applicants are advised that the time required to receive the capital equipment is approximately twelve months. For awards made in April of 2006, applicants generally receive a vehicle within seven to twelve months. However, a variety of factors can cause delays, including changes in regulatory requirements or manufacturing schedules.

ADOT Public Transportation Division may request additional information from applicants to clarify information submitted.

Application Assistance

The Council of Governments and Metropolitan Planning Organization in each region will hold workshops to assist applicants with completing the application form. At these workshops changes from prior years are reviewed. Applicants are strongly encouraged to attend these workshops in order to understand changes made from year to year as well as learn about other program updates.

The locations, dates and times of the workshops are included on the ADOT Public Transportation Division website (<http://www.dot.state.az.us/PTD/>) and can be found under the "PTD Events" calendar icon. Attend the workshop that is most convenient for you.

Additional questions regarding your local application process should be addressed to your local COG or MPO representative. Contacts are listed in the first section of the beginning of the application handbook. The second point of contact is Loretta Crimi of the ADOT Public Transportation Staff, at 602-712-7106 or Gregg Kiely, Section 5310 Program Manager at 602-712-6736.

Application Submittal

Applications are to be submitted to your local COG or MPO representative, by the date and time set by each COG or MPO. Instructions on the due date and number of applications submitted are provided by each COG or MPO along with this application package.

B. APPLICATION PACKAGE

A complete set of the application forms begin on the next page. Applicants are urged to work from an electronic copy of the forms which can be obtained as a Word file on the ADOT Public Transportation Division website at <http://www.dot.state.az.us/PTD/>.

APPLICATION FOR SECTION 5310 ASSISTANCE FOR FY 2006-07

APPLICATION PART 1: PROJECT INFORMATION AND CHECKLIST GENERAL INFORMATION

COG/MPO Region:

Primary Service Area

Rural Urban Both

Application is for:

(Please identify number in each category)

Replacement Vehicle(s) Expansion Vehicle(s)

Other - please describe:

**1. Transit Provider Umbrella
Agency Name (if any)**

Contact:

Title:

Address:

City:

Zip Code

Phone:

FAX:

E-mail:

Web Site Address (if any):

**2. Transportation Provider
Agency Name (if different
from above)**

Contact:

Title:

Alternate Contact:

Address:

City:

Zip Code

Phone:

FAX:

E-mail:

Web Site Address (if any):

3. **Eligible Client Description:** (briefly describe the clients your agency serves and whether they are individuals who are elderly or have disabilities. If they are persons with disabilities, describe the primary type of disability.)

4. **Type of assistance requested** ^{(1) (3)} :

“Type”	Vehicle	Quantity
--------	---------	----------

- | | | |
|---|--------------------------|--|
| 1 | <input type="checkbox"/> | Lift-equipped “Maxivan” van |
| 2 | <input type="checkbox"/> | Lift-equipped “Cutaway” |
| 3 | <input type="checkbox"/> | 12 Passenger Maxivan (no lift) |
| 4 | <input type="checkbox"/> | 6-7 Passenger Minivan (no lift/ no ramp) |

Other Describe:

Other Equipment:

Radio(s) or other communications *(describe)*

Other *(describe)*

Preference: If more than one item is requested, please list the items according to your preference ⁽²⁾:

First Choice

Second Choice

Other comments on preferences

5. **If an early vehicle delivery is available**, the applicant should note whether it:
- YES, prefers an early delivery; matching funds will be available early
 - NO, does not prefer an early delivery
 - OTHER, (explain)

Continue information from above on following page if additional space needed

Notes:

1. If more information is needed on vehicle types, please contact your COG or MPO representative or the ADOT Public Transportation Division staff.
2. This application serves as the record of what the applicant is indicating is its preference(s).
3. The applicant should keep in mind that only Types 1-4 and/or radio (communications) equipment will *likely* be ordered. Equipment requests falling outside of these descriptions will be considered only on a case-by-case basis.

Continue information from above in this space if additional space needed

CHECKLIST

The following documents must be submitted as part of your application:

COG/MPO Check-off	Applicant Check-off	
<input type="checkbox"/>	<input type="checkbox"/>	Cover Letter (Addressed to COG or MPO, transmitting application and summarizing request and key points)
<input type="checkbox"/>	<input type="checkbox"/>	Checklist and Project Information
<input type="checkbox"/>	<input type="checkbox"/>	Narrative Description of Project (Sections A - G, including Vehicle Inventory Form)
<input type="checkbox"/>	<input type="checkbox"/>	Agency Capital Request and Budget
<input type="checkbox"/>	<input type="checkbox"/>	Federal Certifications and Assurances
		<input type="checkbox"/> Assurance of Authority of Applicant and it's Representatives
		<input type="checkbox"/> General Assurances
		<input type="checkbox"/> Certification for Civil Rights Complaint Status
		<input type="checkbox"/> Certification for Drug-Free Workplace
		<input type="checkbox"/> Certificate of Compliance with Manufacturer's Maintenance Schedule
<input type="checkbox"/>	<input type="checkbox"/>	Support Documentation
		<input type="checkbox"/> Articles of Incorporation for private non-profits. The copy must be certified. A copy of an IRS 501(c)(3) letter of exemption as a nonprofit organization may be submitted in lieu of the incorporation articles.
		<input type="checkbox"/> Public Notice (Applicants in MAG and PAG areas are requested to attach notice placed by MAG or PAG on their behalf.)
		<input type="checkbox"/> Notice of public hearing announcement (public agencies only)
		<input type="checkbox"/> Letter of Notification to Other Providers (not required of applicants in MAG and PAG regions; other applicants are to attach copies of letters sent)
		<input type="checkbox"/> Project support letters
		<input type="checkbox"/> Opposition letters to the project
		<input type="checkbox"/> Map(s) of service area (<i>optional – only if requested by COG/MPO reviewers</i>)

APPLICATION PART 2: NARRATIVE DESCRIPTION OF SYSTEM

(Attach any support documents/materials following Part 2)

This part of the application is divided into several sections, each covering a different aspect of your system and its management. Applicants are urged to provide thorough but concise answers to the questions.

The application form requests information first on the total program and then on the particular use of the vehicles that are requested through this application.

Reminder: Requests for vehicles intended for a significantly different service area(s) within the same agency should be submitted through separate applications. In evaluating the grant requests, the reviewers are concerned with the management ability of the local program where the vehicle will be operating and the level of use the vehicle will have in the community where it will be located.

A. ORGANIZATION

- 1. Provide a brief description of your agency's primary mission, including a mission statement if available. What are the general service area boundaries? Please describe your agency's experience and qualification in providing passenger transportation.**

- 2. Structure of your organization. Attach an organizational chart illustrating Board Members and employees. Identify the transportation employees or other employees who also drive (use job titles – e.g. drivers, client counselors, etc.). Indicate if they are full-time or part-time. Describe how the employees fit into the overall organization and the percentage of their time that they drive.**

Continue information from above on following page if additional space needed

3. **What, if any, role do volunteers have in driving vehicles in passenger service or other ancillary driving activities? How many volunteers does your agency have and what is the average amount they work each week?**

Continue information from above in this space if additional space needed

B. PROGRAM DESCRIPTION

Describe your current transportation service and attach any brochures given out to customers for additional detail. This section pertains to your entire program.

If your agency does not currently provide transportation but will be starting a transportation service, include when it will start in the response to the first question and describe the anticipated service in this section.

Include the following:

1. General description of service

2. Current service area(s), days and hours of operation. Note: Identify all service areas and types of services provided in these areas. This is particularly true for umbrella agencies administering a number of satellite programs.

3. List the primary local activity centers including medical, commercial locations, human service programs, and low-income or public housing that are served by your system. Explain how often they are served and indicate those activity centers that are the busiest.

4. Do you charge a fare or request a donation from the passengers you carry?

- A fare is charged
- A donation is requested (but not mandatory)
- No fees are charged to clients

Continue information from above on following page if additional space needed

5. Is your system planning to either:

- Maintain the same level of service as last year
- Increase the level of service
- Decrease the level of service

If your system is proposing to increase or decrease service, please describe the changes and why they are proposed.

6. Vehicle Availability. How many vehicles are:

- Available for passenger service? Required in your peak period?

7. Do staff members also transport clients in personal vehicles?

- Yes (explain below to what extent)
- No

8. Complete the vehicle roster on the following pages.

Continue information from above in this space if additional space needed

Total Fleet Vehicle Inventory

Instructions

Use the following vehicle condition and classification code table to fill in and complete the information on the total vehicle fleet inventory table. On the Total Fleet Vehicle Inventory list, please provide individual vehicle information on all vehicles used to carry passengers in your fleet.

VEHICLE CLASSIFICATION AND VEHICLE CONDITION CODE TABLES

(Use the following codes for completing the table on the next page.)

VEHICLE CLASSIFICATION TYPE	CODE
HEAVY DUTY 40 + FOOT BUSES	1
HEAVY DUTY 40 + FOOT BUSES	2
MEDIUM DUTY 20-30 FOOT BUSES OR MINI-BUSES	3
LIGHT DUTY 20-30 FOOT VANS (Larger Cutaways, and Maxi-Vans, etc.)	4
LIGHT DUTY 15-25 FOOT VANS (Small Cutaways, Mini-Vans , Small Maxi-Vans (including lift vans) & Suburbans)	5
SUPPORT VEHICLES (Sedans, Station Wagons, Pickups, etc.,)	6
NOTE: Vehicle footage is measured from bumper to bumper)	
VEHICLE CONDITION DEFINITIONS	CODE
EXCELLENT: Brand new or less than one year old, no major problems exist, or only routine preventative maintenance is required.	5
GOOD: Elements are in good working order, requiring only nominal or infrequent minor repairs.	4
ADEQUATE: Requires frequent minor repairs or infrequent major repairs. Elements are in adequate working order and the asset's usage can continue.	3
POOR: Requires frequent major repairs, elements are in poor working order, or asset is technologically dated and requires major retrofit. Future usage requires significant investment, which may or may not be cost-effective.	2
FAILURE: In sufficiently poor condition that continued use is impossible or non-cost-effective.	1

C. NEED FOR SERVICE

In this section, describe your overall transportation program.

1. **Please indicate the number and type of individuals in the service area being served by your Agency that are:**
 - a. Disabled persons (not also elderly)
 - b. Elderly persons (not also disabled)
 - c. Elderly disabled persons
 - d. Other

Total (non-duplicated) persons (a+b+c+d) 0

2. **How many annual passenger trips are provided by your agency?**

3. **Describe how many days service is operated, along with any important seasonal differences in service.**

Operating Days per Week	<input style="width: 80%;" type="text"/>	Describe any important seasonal differences in services operated: ----- <i>Use following page if additional space needed</i>
Operating Days per Month	<input style="width: 80%;" type="text"/>	
Operating Days per Year	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	

4. **Please list the vehicle service* hours and vehicle service miles your agency provides.**

Daily Service Hours	<input style="width: 90%;" type="text"/>	Daily Service Miles	<input style="width: 90%;" type="text"/>
Annual Service Hours	<input style="width: 90%;" type="text"/>	Annual Service Miles	<input style="width: 90%;" type="text"/>

**Non deadhead*

5. **What is the intended distribution of trips (%) for agency clients?**

TRIP PURPOSE	Percent (Must equal 100%)
Medical	
Nutrition	
Adult Day Care	
Employment	
Education & Training	
Service Appointments	
Social & Recreational	
Other (Specify)	
Total	100%

6. **Can all requests for service be accommodated with the existing services?**

- Yes, all requests accommodated
 No, all requests not accommodated (describe below/following page)

6. "No" cont'd

Continue information from above in this space if additional space needed

D. VEHICLE USE

1. How will the requested equipment be used?

Replace Existing – vehicle being replaced is a _____ year with _____ miles

Does vehicle being replaced have wheelchair lift? Yes No

Additional Service

If this vehicle will provide additional service, complete questions a through d.

- a. Describe the additional service that will be provided with the additional vehicle(s) requested in this application. Include information on where the vehicle will serve and the schedule, including hours per day and how many days per week the service will operate.**

- b. Identify the increase in service hours and service miles due to the expanded service.**

Daily Service Hours Daily Service Miles

Annual Service Hours Annual Service Miles

- c. What is the number of passenger trips expected for the new service?**

Daily

Annually

- d. How many *unduplicated* elderly individuals and individuals with disabilities will use the new service?**

	Daily	Weekly	Annual
Elderly (not also disabled)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Elderly with a disability	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disabled and not elderly	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total:	0	0	0

E. COORDINATION OF SERVICE

This section provides an opportunity for the applicant to provide evidence of coordination or willingness to coordinate with other agencies, e.g.: public transportation operators in the service area, DES, Department of Human Services, Senior Centers, your community's One Stop Center for employment assistance or the various training programs offered for residents of your community.

In the upcoming year, all agencies awarded Section 5310 funds for vehicles will be expected to participate in local or regional coordination activities.

- 1. What other transportation services operate within your service area?** Identify these services, *regardless of whether you feel they are appropriate or sufficient for your clients.*

- 2. Describe the sufficiency of the other transportation services described above to meet the needs of your clients.**

- 3. Does your agency have any existing or proposed working agreements with other social service agencies or transportation providers for the provision of coordinated transportation services to individuals who are elderly or have disabilities?** If so, note conditions or limitations below. If it is a written agreement, attach a copy.

- 4. For each of the following, check those for which you present coordinate or share with other agencies and those which you are willing to evaluate in an effort to increase coordination.**

	Currently Do	Would Consider
Sending our drivers to training held by others	<input type="checkbox"/>	<input type="checkbox"/>
Invite other drivers to attend our training	<input type="checkbox"/>	<input type="checkbox"/>
Share back-up vehicles with other agencies	<input type="checkbox"/>	<input type="checkbox"/>
Provide information to our clients on other available services.	<input type="checkbox"/>	<input type="checkbox"/>
Work with other agencies to identify when there is availability on their vehicles for our clients.	<input type="checkbox"/>	<input type="checkbox"/>
Purchase rides for our clients on other services	<input type="checkbox"/>	<input type="checkbox"/>
Sell rides on our service to other agencies	<input type="checkbox"/>	<input type="checkbox"/>

- 3. Do you have a contingency plan in place with another transportation provider to assure the delivery of transit services when there are insufficient vehicles or drivers? Explain.**

- 4. Is any part of your service subcontracted to another agency? Explain.**

- 5. Describe any special efforts made to provide information about your service to human service agencies, the One Stop Center, or other activity centers.**

- 6. What human service agencies, employment/training programs, or other transportation providers have you met within the last year to discuss transit service coordination? Explain the outcomes.**

Continue information from above in this space if additional space needed

F. FINANCIAL AND MANAGERIAL CAPABILITY

Applicants should demonstrate the financial and managerial capacity to meet ADOT Section 5310 program guidelines. A variety of questions are identified for different aspects of management and operations.

Budget.

1. Please discuss the availability of necessary matching funds for the capital purchase. In part 3 of the application, identify the source of those funds.

2. Please discuss the availability of operating funds for the proposed equipment / services over the useful life of the equipment. A statement affirming the availability of operating funds is a required attachment. In Part 3 of the application, identify the source of operating funds.

3. Who will prepare and monitor the transportation budget?

4. Does your organization presently conduct an annual audit?

Yes No

If yes, is the audit required to meet the requirements of the Office of Management and Budgeting A-133 audits for agencies receiving more than \$300,000 in federal funds?

Yes No

5. How much in federal funds does your agency anticipate receiving in FY 2006/2007 for all programs (not just transportation)?

Program Management.

6. Describe your organization's experience in managing programs that include Federal funds and the related requirements.

7. How do you ensure that the community is aware of your intent to apply for Section 5310 funding?

Civil Rights / Title VI

8. Provide information about any complaints, lawsuits, allegations or legal actions that have been filed against your agency in the last two years? Explain the nature of the complaint(s) and how/whether these were resolved:

9. Does your agency have an Equal Employment Opportunity Policy?

Yes No

10. What means are used by your agency to ensure that hiring, terminating, promoting, demoting and other employee actions are accomplished within Civil Rights Title VI requirements?

11. What means are used to communicate job openings and other information pertinent to minorities seeking employment?

12. What methods do you use to insure that all members of the community, regardless of race or ethnicity, are made aware of your program's services?

Maintenance and Vehicle Use.

13. Describe your vehicle maintenance plan. How often is preventive maintenance performed? (i.e., crankcase and transmission oil changes, tune ups, etc.)

- 14. What maintenance services are provided in-house and what are provided through contracts?**

- 15. How do you keep track of vehicles' maintenance history? Who reviews repair and expense records? Where are maintenance files kept?**

- 16. Where are repairs to wheelchair lifts made and how do you assure that an accessible vehicle is always available for service during the repairs?**

- 17. Are there established policies or guidelines regarding use of vehicles, loan of vehicles, sign out of vehicles, accident reporting, etc? (please include copy of policies and description of vehicle repair and maintenance procedures)**

Continue information from above in this space if additional space needed

G. SAFETY & TRAINING PROGRAMS

Applicants should describe the training policies, programs and other features of their operation that promote safety.

1. What driver training courses are required for new full-time drivers, hires and as refresher training? How are the courses generally provided?

Training Course	Check if required for employees who drive full-time	Check if required for employees who drive clients as part of their duties	Check if required for volunteers	Class provided in last year? (YES / NO)	How was the training provided? (In-house, RTAP, Other)
Defensive Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Accident Reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Response / Crisis Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Passenger assistance training* (e.g., wheelchair securement, sensitivity training, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other? Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

*The current ADOT-sponsored training is termed Passenger Service & Safety Training (PASS)

2. Describe how the ADA training requirements are included in your training program.

3. Please describe your agency's practices and policies on each of the following facets of the ADA.

a. Describe procedures to ensure that accessible features on vehicles and in facilities are maintained at all times. Include a description of repair procedures. Do repair facilities exist in your service area qualified to fix wheelchair lifts or other accessible equipment?

Do you have a written policy or procedure?

Yes No

3. a. Cont'd

b. Procedures to ensure lift vehicle availability

Yes No

c. Describe lift and securement use policies.

Yes No

d. Policies and procedures on service animals

Yes No

e. Service to persons using respirators (provided? policy?)

Yes No

f. Vehicle emergency identification mechanisms (ADA)

Yes No

g. Announcements on vehicles (where applicable)

Yes No

h. Public information / communication regarding program

Yes No

3. Describe your agency's risk management policy in case of an accident, liability claim, or legal action?

4. Describe your system's accident history in the last year. List the number and type of "major"* accidents. For any accidents that occurred, describe if there was property damage or injuries and identify if they were preventable or non-preventable. For any preventable accidents, what action did the system take?

** Over \$1,000 damage and/or involving hospitalized injury or death.*

5. What provisions has your agency made for assuring a safe and drug and alcohol free work environment?

- a. Does your agency have a drug-free workplace policy? Yes No
Please describe key features for employees and volunteers.

- b. Does your agency provide training for safety-sensitive employees? Yes No

- c. Does your agency conduct drug testing for employees and volunteers? Yes No

- d. What security policies or procedures do you have to ensure against or minimize threats of violence on passengers and employees, or to reduce the threat of other unsolicited intrusions in your transportation program? Please describe.

Continue information from above in this space if additional space needed

APPLICATION PART 3: BUDGET

(Attach any support documents/materials following Part 3)

INTRODUCTION

This section includes budget information for the capital equipment and for operating the equipment over the useful life of the vehicle.

The cost of the vehicles anticipated to be purchased this year is listed below. Remember that these costs are estimates only. Applicants are requested to budget slightly more so funds are available if costs come in higher. Nominal registration and inspection fees will also be added to this figure. Costs for radios or other ancillary equipment will add to the costs.

Type of Vehicle	Estimated Total Cost	Estimated Local Expenses		
		Matching Funds (20%)	Administrative Fees (2.5%)	Total Local Expense
Lift-equipped "Maxivan" van	\$42,000	\$8,400	\$1,050	\$9,450
Lift-equipped "Cutaway"	\$45,000	\$9,000	\$1,125	\$10,125
12 Passenger Maxivan (no lift)	\$23,000	\$4,600	\$575	\$5,175
6-7 Passenger Minivan (no lift or ramp)	\$21,500	\$4,300	\$538	\$4,838

In the Agency Capital Request table on the following page, please indicate the number and type of vehicles or other equipment requested, the agency capital budget, and the source of local matching funds/fees. For equipment not on the above list, please supply an estimated cost and attach support documentation describing the item in detail. While ADOT cannot commit to purchasing items not on the above list, additional items will be considered on a case-by-case basis.

In the Agency Operating Budget table on the following page, please identify the agency's operating budget for its transportation program and the source of local matching funds.

Worksheet for Calculating Annual Operating Cost For Vehicle

Items *to be considered* when determining operating cost. This page does not need to be submitted with your application – it is provided to assist in identifying total operating expenses for the previous page.

Driver(s), ____ hours per week	\$
Other Staff, ____ hours per week	\$
F.I.C.A.	\$
State Tax	\$
Vehicle Insurance	\$
Gas and oil, miles per year	\$
Repair and Maintenance	\$
Vehicle License	\$
Indirect Administrative Costs	\$
Other	\$ _____
TOTAL:	\$ _____

APPLICATION PART 4: FEDERAL CERTIFICATES AND ASSURANCES AND OTHER FORMS

The following documents are to be submitted with your application. Some of the documents include sample forms, as indicated.

This section contains federal certifications and assurances, forms required by ADOT Public Transportation Division, samples of notices which need to be completed and submitted as shown, and worksheets.

In addition, this Application requests that applicants provide documentation (Letters of Support from other entities, Article of Incorporation, etc.) as listed in the Application Checklist at the beginning of the application package.

The following forms must be included with applications for Section 5310 funding.

- Assurance of Authority of Applicant and it's Representatives
- General Assurances
- Certification for Civil Rights Complaint Status
- Drug-Free Workplace Act Certification
- Certificate of Compliance with Manufacturer's Maintenance Schedule

Other forms and information are provided for the applicant's use in preparing their application. They follow the forms listed above.

- Sample of Public Notice
- Sample Language for Notice of Public Hearing (public agency applicants only)
- Sample Notification Letter to Other Providers
- Passenger Trip Calculation Worksheet

ASSURANCE OF AUTHORITY OF THE APPLICANT AND ITS REPRESENTATIVE

For (Name of Applicant): _____

The authorized representative of the Applicant and the attorney who sign these certifications, assurances, and agreements affirm that both the Applicant and its authorized representative have adequate authority under applicable state and local law and the Applicant's by-laws or internal rules to:

- (1) Execute and file the application for Federal assistance on behalf of the Applicant;
- (2) Execute and file the required certifications, assurances, and agreements on behalf of the Applicant binding the Applicant; and
- (3) Execute grant agreements and cooperative agreements with FTA on behalf of the Applicant.

Signature _____

Date: _____

Name _____

Authorized Representative of Applicant Title

I further affirm to the Applicant that, to the best of my knowledge, there is no legislation or litigation pending or imminent that might adversely affect the validity of these certifications and assurances, or of the performance of the project.

Signature _____

Date: _____

Name _____

Attorney for Applicant

Each Applicant for FTA financial assistance (except 49 U.S.C. 5312(b) assistance) and each FTA Grantee with an active capital or formula project must provide an Affirmation of Applicant's Attorney pertaining to the Applicant's legal capacity. The Applicant may enter its signature in lieu of the Attorney's signature, provided the Applicant has on file this Affirmation, signed by the attorney and dated this Federal fiscal year.

GENERAL ASSURANCES

We the governing body of _____

in approving the submission of the attached application, certify that the APPLICANT has the legal authority and is willing to make as part of the contract between the State of Arizona and the APPLICANT for Federal Transit Administration Section 5310 financial assistance, the following assurances:

- A. The APPLICANT is a private non-profit organization incorporated in the State of Arizona, a Tribal government or related Tribal community, or that it is a public body which has been designated as an eligible Section 5310 recipient.
- B. The APPLICANT has the requisite fiscal, managerial, and legal capability to carry out the Section 5310 project described herein and to receive and disburse Federal funds.
- C. The APPLICANT has, or will have prior to delivery, sufficient funds to provide the local match for the equipment purchased under this contract and to operate the vehicles or equipment purchased under this project.
- D. The APPLICANT assures affirmative compliance with Title VI of the Civil Rights Act of 1964 – Nondiscrimination in the Provision of Service (FTA C 4702.1; FTA C 9040.1E; and FTA C 9070.1E).
- E. The transportation needs of elderly persons and persons with disabilities have or will be addressed by the APPLICANT, pursuant to the requirements of Section 504 of the Rehabilitation Act of 1973 (29 USC 794).
- F. The APPLICANT has demonstrated and will continue to demonstrate efforts to achieve coordination with other transportation providers, including social service agencies capable of purchasing service.
- G. Private transit and paratransit operators have been afforded a fair and timely opportunity to participate to the maximum extent feasible in the provision of the proposed transportation services by the APPLICANT.
- I. The APPLICANT has demonstrated and will continue to demonstrate efforts to achieve coordination with other transportation providers and users, including social service agencies capable of purchasing service.
- K. The APPLICANT assures that it will comply with applicable provisions of the Americans with Disabilities Act (ADA), otherwise known as Public Law No. 101-336 and applicable provisions of 49 CFR Parts 27, 37 and 38: Transportation for Individuals with Disabilities; Final Rule.
- L. The Applicant assures that it will comply with all applicable Federal statutes and regulations in carrying out any project supported by an FTA grant or cooperative agreement. The Applicant agrees that it is under a continuing obligation to comply with the terms and conditions of the grant agreement or cooperative agreement issued for its

project with FTA. The Applicant recognizes that Federal laws and regulations may be modified from time to time and those modifications may affect project implementation. The Applicant understands that Presidential executive orders and Federal directives, including Federal policies and program guidance may be issued concerning matters affecting the Applicant or its project. The Applicant agrees that the most recent Federal laws, regulations, and directives will apply to the project, unless FTA issues a written determination otherwise.

Signature: _____

Date: _____

Title of
Authorized Official:

CERTIFICATION FOR CIVIL RIGHTS COMPLAINT STATUS

_____ I hereby certify that our organization does NOT have any pending Title VI (Civil Rights) complaints of discrimination filed against its transit program.

_____ I hereby certify that our organization DOES have _____ (number) pending Title VI (Civil Rights) complaints of discrimination filed against its transit program. This complaint(s), and its status, is briefly described below. The agency agrees it will keep the Arizona Department of Transportation's Transit Unit informed of any changes in the status of that complaint(s).

To comply with the Civil Rights Act of 1964, Title VI, the Americans with Disabilities Act of 1990, Title II, and the Vocational Rehabilitation Act of 1973, Section 504, we do not discriminate on the basis of disability, race, color, national origin, or gender.

Signature

Title

Printed Name

Date

Agency Name

Drug-Free Workplace Act Certification for a Public or Private Entity

1. _____ certifies that it will provide a drug-free workplace by:

- a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- b) Establishing an ongoing drug-free awareness program to inform employees about:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The applicant's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and,
 - (4) The penalties that may be imposed upon employees for drug abuse violations in the workplace;
- c) Making it a requirement that each employee to be engaged in the performance of the grant or cooperative agreement be given a copy of the statement required by paragraph (a);
- d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant or cooperative agreement, the employee will:
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e) Notifying the Federal agency in writing, within ten calendar days after receiving notice under subparagraph (d) (2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every project officer or other designee on whose project activity the convicted employee is working, unless the Federal agency has designated a contact point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant or cooperative agreement.

- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who was convicted:
 - (1) Taking appropriate personnel action against such a employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency.
- g) The Applicant's headquarters is located at the following address. The addresses of all workplaces maintained by the Applicant are provided on an accompanying list.

Name of Applicant: _____

Address: _____

Signature of Authorized Official _____

Title _____ Date _____

SAMPLE OF PUBLIC NOTICE

*The following is a sample of a public notice to be published once in a newspaper of general circulation in the community in which the service is to be offered. **Your notice must include the ADA provision as stated, or use essentially similar language to that noted below.** The notice must be published sufficiently in advance to allow at least a 15-day response period for affected transportation providers within the applicant's service area, prior to the applicant's submittal of its application to the COG/MPO. **A copy of this notice is to be included with your application.** (In some areas the COG/MPO places the public notice for all interested agencies. Check with your COG before placing your notice and be sure to include a copy of the notice even if placed by the COG/MPO.)*

PUBLIC NOTICE

This is to notify all interested parties that Community Service Organization, Inc., is applying for an accessible van-type vehicle under the Elderly and Persons with Disabilities Program (49 U.S.C. § 5310, formerly Section 16 of the Federal Transit Act, ISTEA- 1991). The vehicle will be used to transport those elderly and disabled persons in the area of Somewhere Arizona, on a fixed route or demand responsive basis, at least 5 days per week and up to 24 hours per day.

Pursuant to the Americans with Disabilities Act (ADA) of 1990, this notice additionally serves to inform interested parties that request may be made of the applicant for accommodation of “special needs” for a person(s) with a disability(s) to have maximum feasible opportunity for physical and information access to and regarding the above proposed project.

Anyone wishing to comment on this application should do so by _____, 20__, to Community Service Organization, 123 Saguaro Blvd., Somewhere, Arizona 85000. Any public or private transit or paratransit operator wishing to provide an equivalent service to that proposed above should submit to the above named agency within 30 days, a written proposal detailing the service that operator would provide.

Published: ARIZONA LEDGER, _____, 20__

Required of Public Agency applicants only

SAMPLE LANGUAGE FOR NOTICE OF PUBLIC HEARING

NOTICE OF PUBLIC HEARING

Notice is hereby given that a public hearing will be held by (applicant) at (address of hearing location) at (time and date) for the purpose of considering a project for which financial assistance is being sought from the U.S. Department of Transportation. Grant funds will be used to (describe project, including location, items to be purchased, etc.).

At the hearing, (applicant) will afford an opportunity for interested persons or agencies to be heard with respect to the social, economic and environmental aspects of the project. Interested persons may submit oral or written evidence and recommendations with respect to said project.

A copy of the grant proposal is currently available for public inspection at (location).

Applicant's Authorized Representative

SAMPLE LETTER OF NOTIFICATION TO OTHER PROVIDERS

APPLIES TO RURAL APPLICANTS ONLY (CAAG, SEAGO, WACOG, NACOG REGIONS)

The following is a sample notification letter to be sent to every public and private transportation service agency/business in your service area. This letter supplements the public hearing notice and does not replace it. **Maricopa and Pima county applicants are exempt from sending this letter as MAG and PAG are responsible for notification requirements.**

(Use your letterhead)

S A M P L E

Dear _____:

This is to notify you that **(your agency)** is applying for financial assistance under the ADOT Elderly Individuals and Individuals with Disabilities Program authorized under 49 U.S.C. Section 5310 for capital assistance. **(Your agency)** has requested

(Give a brief but complete description of the equipment your agency has requested and what it will be used for. Include: 1. The Service Area; 2. Days and Hours of Operation; 4. Fare Schedule, if any. Attach more detailed information, if appropriate.)

The purpose of this letter is to advise you of our application and to insure that this proposal would not represent a duplication of your service. Private and public transit and paratransit operators may receive reimbursement funds through purchase of service agreements. Therefore, we solicit your involvement in our proposed service.

I ask that you contact this office in writing within 10 days if you believe that you can provide all or a part of this service or if you have specific objections to the proposed project. In your letter you should state your specific objections or counter proposal. If you support the application, please complete the enclosed sign-off letter and return it to this office.

Our address is: **(your address)**

Also, please send a copy of your letter to the Arizona Department of Transportation, which is the funding agency for the Rural Public Transportation Program. Their address is:

Arizona Department of Transportation
206 South 17th Avenue, Room 340 B
Phoenix, Arizona 85007

Should you desire any additional information on the proposed service, please contact me at _____.

Sincerely,

PASSENGER TRIP CALCULATION WORKSHEET

This worksheet explains the way passenger trips are calculated for the Section 5310 program. Use the following formulas as a guideline in calculating passenger trip numbers for the application.

Note: 1 passenger “trip” is a one-way boarding and disembarking of a passenger on a vehicle, discounting *incidental* stops such as a one minute letter drop off of a letter as part of a “larger” (primary purpose) trip. Two options are provided for some of the calculations.

Trip Examples:

- 4 people board a van at a local senior center and then get off (deboard) at the local grocery store. This routing counts as 4 passenger trips. The van is idle until it picks up the same (grocery) people later and returns them to the senior center. This return route counts as an additional 4 trips. *This van has provided 8 one-way trips that day for 4 individuals.*
- 1 person boards a van and is taken to the doctor. This counts as 1 trip. While “waiting” for this person’s one-hour appointment, the driver picks up 3 additional people at the adjacent clinic and takes them to the senior center. Add 3 trips. The driver returns to pick up the person visiting the doctor and returns her to the senior center. Add 1 trip. *This vehicle has provided 5 one-way passenger trips for 4 individuals. Three people each made one one-way trip and one person made two one-way trips.*
- 10 people are picked up at the agency’s rehabilitation center in the morning and taken on a driving field trip where the only stop is a brief restroom break. The van returns these 10 individuals to the center later in the day. *20 one-way passenger trips were made by the van this day.*

Daily and Weekly Trips (Use either method)	(1) Average number of people riding each day	times	Average number of trips each person makes in a day	Equals	Average daily ridership	Times five days equals	Average weekly one-way ridership
		x		=		X 5 =	
	(2) Average number of people riding each week	times	Average number of trips each person makes each week	Equals	Average weekly one-way ridership		
		x		=			
Annual Trips	Average weekly one-way ridership		Times 50 weeks	Equals	Average annual one-way ridership		
			x 50	=			
Annual Service Miles	Average number of miles vehicles will travel daily with passengers onboard	times	Five days weekly	Equals	Times 50 weeks per year	Equals	Annual service miles
		x	5	=	x 50	=	