

FY 2013

Phoenix-Mesa Urbanized Area

Grant Application

Section 5307 Job Access Reverse Commute
and
Section 5310 Enhanced Mobility of Elderly and Individuals with Disabilities

Competitive Selection Process Coordinated By:



Designated Recipient of Federal Funds:
City of Phoenix
Public Transit Department
302 North First Avenue, Suite 900
Phoenix, AZ 85003



City of Phoenix
PUBLIC TRANSIT DEPARTMENT

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SECTION 1 – CHECKLIST/COVER LETTER

Please limit your attachments to only the information requested. The following documents must be submitted as part of your application:

- Section 1 – Checklist, Cover Letter, & Service Area Map

Provide this checklist along with a cover letter on agency letterhead including the following (please be brief):

- Description of agency’s primary mission and client population served
- Brief summary of project and amount of funding requested
- Explanation of your agency’s need and why this funding is critical to your agency and clientele
- Include a map or detailed description of your service area

- Section 2 – Organization
- Section 3 – Project Summary
- Section 4 – Project Description
- Section 5 – Mobility Management Position Request
- Section 6 – Vehicle(s) Request
- Section 7 – Coordination
- Section 8 – Project Budget
- Section 9 – Support Documentation

Support Documentation Includes:

- Vehicle/Fleet Inventory
- Signed copy of Commitment to Coordination Strategies
- Signed copy of Certifications and Assurances

SECTION 2 – ORGANIZATION

1. Legal Name of Applicant Organization: _____

2. Type of Organization:

- 501c3 Private Non-Profit
 State or Local Governmental Authority
 Operator of Public Transportation

3. Agency Official – Person legally authorized to sign binding agreements/contracts:

Name: _____
Title: _____
Address: _____
City, State, ZIP: _____
Phone: _____
Email: _____

4. Grant Contact – Person responsible for all grant reporting, reimbursement requests, and documentation support for this project (*if different from above*):

Name: _____
Title: _____
Address: _____
City, State, ZIP: _____
Phone: _____
Email: _____

5. Transportation Provider – (*if applicable*):

Name: _____
Title: _____
Address: _____
City, State, ZIP: _____
Phone: _____
Email: _____

6. The Office of and Management Budget requires A-133 audits for agencies receiving more than \$500,000 annually in federal funds. *If applicable*, does your agency conduct an annual audit to meet this requirement? Yes No N/A

7. Please describe your organization's experience in, providing passenger transportation.

8. Does your agency have written policies and procedures for the following:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Title VI/Non-discrimination |
| <input type="checkbox"/> | <input type="checkbox"/> | Equal Employment Opportunity (EEO) |
| <input type="checkbox"/> | <input type="checkbox"/> | Limited English Proficiency (LEP) |
| <input type="checkbox"/> | <input type="checkbox"/> | Disadvantaged Business Enterprise (DBE) |
| <input type="checkbox"/> | <input type="checkbox"/> | Americans with Disabilities Act (ADA) |
| <input type="checkbox"/> | <input type="checkbox"/> | Drug/Alcohol Free Workplace & Safe Environment |
| <input type="checkbox"/> | <input type="checkbox"/> | Security Policy for Passengers & Employees |
| <input type="checkbox"/> | <input type="checkbox"/> | Driver Training |

9. Have there been any civil rights complaints, lawsuits, allegations, or legal actions filed against your agency in the last two years?

- Yes No

If yes, please explain the status or outcome.

SECTION 3 – PROJECT SUMMARY

1. Name of Organization: _____

2. Which program are you applying for?

- Job Access Reverse Commute (5307)
 Elderly and Persons with Disabilities (5310)
 New Freedom (5310)

3. What type of funding are you requesting?

- Vehicle(s) or Equipment (Capital; 80/20 Match)
 Mobility Management (Capital; 80/20 Match)
 Operating Assistance (Operating; 50/50 Match)

4. Project will fund which of the following:

- New or Expanded Service
 Continue Existing Service

5. List the target population to be served by your project:

- Elderly
 Disabled
 Low Income
 Other _____

6. Please list the total amount of funding are you requesting in this application:

	Federal Share:	Local Share:	Project Total:
Capital (80/20):			
Operating (50/50):			
Mobility Mgmt. (80/20):			

7. Please describe your project and request for funding.

SECTION 4 – PROJECT DESCRIPTION

1. Please describe how your project will address the needs of the target population. (Choose the corresponding question to your project):
- a. Provide access to employment-related activities and reverse commute services in low income areas (JARC); **OR**
 - b. Provide new public transportation services for persons with disabilities or provide alternatives beyond those required by the ADA (New Freedom) **OR**
 - c. Provide transportation service that meets the needs of elderly/disabled (5310):
-

2. Provide the estimated number of persons to be served annually by your project

Elderly/Disabled Clients _____

Low Income _____

Other _____

3. Provide the service days/hours for your project (check all that apply):

Monday - Friday	Start Time: _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
	End Time: _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Saturday	Start Time: _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
	End Time: _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Sunday	Start Time: _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
	End Time: _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

6. If agency has received previous funding, describe how your agency managed the funding effectively including providing timely reports, timely reimbursement requests for eligible expenses, good utilization of resources, and completion of the project as originally requested.
-

7. Please describe how your agency plans to evaluate and report the success of your project as a good use of federal funds?
-

8. The Federal Transit Administration requires an estimated start date and end date for every project.

Estimated Project Start Date: _____

Estimated Project End Date: _____

SECTION 5 – MOBILITY MANAGER

(Only applies if you are requesting to fund a mobility manager position).

Mobility Management projects are intended to build coordination among existing public transportation providers and other transportation service providers with the result of expanding the availability of service.

- 1. Please describe your agency's experience in providing regional or sub regional coordination.**

- 2. How will this project sustain current services and/or increase additional services identified in the Human Services Coordination Transportation Plan?**

- 3. Please identify all agencies in your sub region to which your mobility manager position will provide any direct services.**

SECTION 6 – VEHICLE REQUESTS

(Only applies if you are requesting a vehicle).

1. Provide your requested vehicle(s):

Rank	Type of Vehicle	Est. Cost	Qty	Total Cost	Est. Federal Share (80%)	Est. Local Share (20%)	Admin Fee*
							\$0
							\$0
							\$0
							\$0
							\$0

**Phoenix will not charge an administrative fee for vehicles for the FY 2013 process.*

2. Provide the address where each vehicle requested will be located.

3. Estimate the service hours, service miles and passenger trips for requested vehicle(s):

Vehicle	Daily Service Hours	Daily Service Miles	Daily Passenger Trips	Annual Service Hours	Annual Service Miles	Annual Passenger Trips

4. How does your agency accommodate passengers requiring an accessible vehicle?

- Agency has accessible vehicle(s) in fleet
- Agency has contract in place to provide equivalent service rides
Contracting Agency Name: _____
- Agency does not have accessible vehicles or contract in place
- Other – Please explain: _____

5. Do you charge fares?

- Yes (How much) _____ Donations (Requested Amount) _____
- No

6. Is your existing service (all vehicles) at capacity?

- Yes No

If no, please explain your request for additional vehicle(s).

7. Please describe your agency's ability to operate and maintain the vehicle(s) requested for the useful life of the vehicle as defined by the FTA (i.e., Four Years or 100,000 miles).

SECTION 7 – COORDINATION

The definition of human services transportation coordination is the sharing of resources to minimize redundancy and gaps; increase the quality and accessibility of services; and to assist agencies in fulfilling their mission. All agencies awarded funding are required to participate in local coordination activities.

- 1. Please describe how your agency participates in the regional (MAG) Human Services Coordination Transportation Planning Process.**

- 2. Please describe how your project is consistent with the coordination strategies in MAG's regional Human Services Coordination Transportation Plan.**

- 3. Please indicate the page number(s) in the current Human Services Coordination Transportation Plan which supports or corresponds with your proposed project.**

4. Please describe any coordination activities your agency has recently initiated or experienced, list the name(s) of the other agency(s) involved and include the impact on your and the other agency's operations due to this coordination.

5. Please identify any barriers to, coordination that your agency is experiencing. Barriers may be found in a range of areas including insurance, funding, capacity, and mission.

6. Please indicate which coordination activities your agency currently does or would consider doing:

Does	Will Consider	
<input type="checkbox"/>	<input type="checkbox"/>	Sends drivers to training held by others
<input type="checkbox"/>	<input type="checkbox"/>	Invites other drivers to attend their training
<input type="checkbox"/>	<input type="checkbox"/>	Shares back-up vehicles with other agencies
<input type="checkbox"/>	<input type="checkbox"/>	Provides information to clients on available services
<input type="checkbox"/>	<input type="checkbox"/>	Works to identify availability on vehicles for other's clients
<input type="checkbox"/>	<input type="checkbox"/>	Purchases rides for clients on other agencies
<input type="checkbox"/>	<input type="checkbox"/>	Sells rides on service to other agencies
<input type="checkbox"/>	<input type="checkbox"/>	Provides or participates in joint maintenance arrangements
<input type="checkbox"/>	<input type="checkbox"/>	Participates in a joint/coordinated insurance pool

SECTION 8 – PROJECT BUDGET

In this section you will be asked to provide the budget information for the capital and operating costs associated with the project. Mobility Management projects including related staffing and support items should be noted under “Capital.” For Operating and Mobility Management projects, applicants may request one year of funding.

Please be specific and thorough in your budget. If listing personnel salaries, please indicate the anticipated salary and the estimated number of hours. The budget should contain all anticipated line items to be requested for reimbursement including materials, supplies, etc.

1. **Can this project be scaled to a more limited scope with less funding?**
 Yes No

If yes, please describe.

2. **Would your agency accept partial funding for this project?**
 Yes No

If yes, are there any funding minimums, limits or thresholds for your agency to accept partial funding?

3. **Please discuss the availability and source of necessary matching funds for the proposed equipment, position or service.**
-

CAPITAL/MOBILITY MANAGEMENT BUDGET REQUEST			
EQUIPMENT REQUEST			
Requested Item(s)	Quantity	Unit Cost	Subtotal
MOBILITY MANAGEMENT- POSITION			
Staff Position Title	Number of Hours (Annualized)	Salary	Subtotal
MOBILITY MANAGEMENT PROJECT			
Requested Item(s)	Quantity	Unit Cost	Subtotal
VEHICLES			
Vehicle Type	Quantity	Unit Cost	Subtotal
TOTAL COST OF ALL PROJECTS			
FEDERAL SHARE (80%)			
LOCAL MATCH (20%)			
SOURCE OF LOCAL MATCH:		FUNDING TYPE:	AMOUNT:

OPERATING BUDGET REQUEST		
OPERATING EXPENSES (Contracts, Driver Salaries, Fuel, Oil, Maintenance)		
	Operating Expenses Subtotal	
OPERATING REVENUE (Fare or Other Program Revenues)		
	Operating Revenue Subtotal	
NET OPERATING COSTS (Subtract Revenues from Expenses)		
TOTAL COST OF ALL PROJECTS:		
FEDERAL SHARE (50%)		
LOCAL MATCH (50%)		
SOURCE OF LOCAL MATCH:	FUNDING TYPE:	AMOUNT:

SECTION 9 – SUPPORT DOCUMENTATION

In the section below please provide any support documentation for your project:

- Vehicle/Fleet Inventory (For vehicle requests only)
- Commitment to Coordination Strategies
- FY 2013 Federal Transit Administration Certification & Assurances

Vehicle Fleet Inventory

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. *An agency report may be submitted in lieu of this form if all information requested is included in the report submitted.

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 60 + 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

2013 Commitment to Strategies

The current Federal transportation legislation, Moving Ahead For Progress in the 21st Century, (MAP-21) requires any agency applying for Section 5310 Enhanced Mobility for Seniors and Individuals with Disabilities and Section 5307 Job Access Reverse Commute funds to participate in a locally derived human services transportation coordination plan. Agencies will demonstrate compliance with the MAG Human Services Coordination Transportation Plan as evidenced by the following:

- Attendance at designated human services transportation meetings to assist in the development and implementation of regional coordination planning.
- Compliance with information and data requests to aid in the collaborative efforts of the planning process.
- Demonstrated support and achievement of goals in the plan as appropriate and identified in the plan.

Agency data gathering and feedback is a valued part of the regional human services transportation coordination effort. Strategies identified in the coordination process are the collaborative effort of all participating agencies. A successful and relevant plan will assist the agencies in their mission to serve elderly persons, and persons with disabilities and low income.

I do hereby agree, on behalf of my organization, that we will actively support strategies developed in the plan in compliance with MAP-21 regulations. Our participation will continue throughout the term of the grant.

If you have any questions about these strategies at any time during your grant term, please contact DeDe Gaisthea at the Maricopa Association of Governments by calling (602) 254-6300 or by emailing dgaisthea@azmag.gov.

Authorized Representative of Applicant Signature _____

Printed Name _____ **Date:** _____

FTA FY 2013 CERTIFICATIONS AND ASSURANCES

Name of Applicant: _____

The Applicant agrees to comply with applicable provisions of the Groups it has selected. Please check the appropriate groups that apply. The most common groups for agencies applying for these federal funds are bolded. For a full list of the 2013 FTA Certifications and Assurances, see the Handbook & Program Guidelines.

GROUP	DESCRIPTION	
01.	Required Certifications and Assurances.	_____
02.	Lobbying.	_____
03.	Private Sector Protections.	_____
04.	Procurement and Procurement System.	_____
05.	Rolling Stock Reviews and Bus Testing.	_____
06.	Demand Responsive Service.	_____
07.	Intelligent Transportation Systems.	_____
08.	Interest and Finance Costs and Leasing Costs.	_____
09.	Transit Asset Management/Agency Safety Plans.	_____
10.	Alcohol and Controlled Substances Testing.	_____
11.	Fixed Guideway Capital Investment Program (New Starts, Small Starts, and Core Capacity) and Capital Investment Program in Effect before MAP-21.	_____
12.	State of Good Repair Program.	_____
13.	Fixed Guideway Modernization Grant Program.	_____
14.	Bus/Bus Facilities Programs.	_____
15.	Urbanized Area Formula Programs and Job Access and Reverse Commute (JARC) Program.	_____
16.	Seniors/Elderly/Individuals with Disabilities Programs and New Freedom Program.	_____
17.	Rural/Other Than Urbanized Areas/Appalachian Development/Over-the-Road Bus Accessibility Programs.	_____
18.	Public Transportation on Indian Reservations and "Tribal Transit Programs.	_____
19.	Low or No Emission/Clean Fuels Grant Programs.	_____
20.	Paul S Sarbanes Transit in Parks Program.	_____
21.	State Safety Oversight Program.	_____
22.	Public Transportation Emergency Relief Program.	_____
23.	Expedited Project Delivery Pilot Program.	_____
24.	Infrastructure Finance Programs.	_____

**FEDERAL FISCAL YEAR 2013 FTA CERTIFICATIONS & ASSURANCES
SIGNATURE PAGE, AFFIRMATION OF APPLICANT & APPLICANT'S ATTORNEY**

Name of Applicant:

Name and Relationship (Title) of Authorized Representative:

BY SIGNING BELOW, on behalf of the Applicant, I declare that the Applicant has duly authorized me to make these Certifications and Assurances and bind the Applicant's compliance. Thus, the Applicant agrees to comply with all Federal statutes and regulations, and follow applicable Federal guidance, and comply with the Certifications and Assurances as indicated on the foregoing page applicable to each application its authorized representative makes to the Federal Transit Administration (FTA), through the Designated Recipient (D.R.), in Federal Fiscal Year 2013, irrespective of whether the individual that acted on its Applicant's behalf continues to represent the Applicant. FTA intends that the Certifications and Assurances the Applicant selects on the previous page should apply, as provided, to each Project for which the Applicant seeks now, or may later seek FTA funding during Federal Fiscal Year 2013.

The Applicant affirms the truthfulness and accuracy of the Certifications and Assurances it has selected in the statements submitted with this document and any other submission made to FTA, through the D.R., and acknowledges that the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. 3801 *et seq.*, and implementing U.S. DOT regulations, "Program Fraud Civil Remedies," 49 CFR part 31, apply to any certification, assurance or submission made to FTA, through the D.R. The criminal provisions of 18 U.S.C. 1001 apply to any certification, assurance, or submission made in connection with a Federal public transportation program authorized by 49 U.S.C. chapter 53 or any other statute.

In signing this document, I declare under penalties of perjury that the foregoing Certifications and Assurances, and any other statements made by me on behalf of the Applicant are true and accurate.

Authorized Representative of Applicant Signature _____

Printed Name _____ **Date:** _____

AFFIRMATION OF APPLICANT'S ATTORNEY

As the undersigned Attorney for the above named Applicant, I hereby affirm to the Applicant that it has authority under State, local, or tribal government law, as applicable, to make and comply with the Certifications and Assurances as indicated on the foregoing pages. I further affirm that, in my opinion, the Certifications and Assurances have been legally made and constitute legal and binding obligations on the Applicant.

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 its FTA Project or Projects.

Attorney for Applicant Signature _____

Printed Name _____ **Date:** _____