



49 U.S.C. Section 5310 Projects

Enhanced Mobility for Seniors and Individuals with Disabilities

Grant Application

Due to HDOT by COB: August 17, 2016

NOTE: Please complete all sections of this application. Application packages with incomplete and/or missing information will not be considered for funding.

Agency Name:	DUNS No:
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Physical Address

City	State	County	Zip Code
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Contact Person (project manager)

Phone	Fax	E-mail Address
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Check Area Project Application to Serve

Urbanized Area

Oahu

Small Urbanized Area

Kailua – Kaneohe

Kahului

Rural Area

Island of Maui

Island of Molokai

Island of Lanai

Island of Kauai

Island of Hawaii

TOTAL GRANT AMOUNT REQUESTED

Federal Share

Applicant Share – Local Match

Estimated Total cost of Project(s)

Authorizing representative certifying the information contained in this application is true and accurate:

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Email: _____ Phone: _____

Applications must be submitted to the address below:

**Hawaii Department of Transportation
Statewide Transportation Planning Office
Attn: 5310 Program Manager
200 Rodgers Boulevard**

IA. General Information – Applicant’s Information

During the application process, an organization applying for FTA funding is referred to as an “Applicant Organization”. Once an Applicant Organization is deemed eligible and approved for FTA-funding it becomes a “Sub-recipient”. The Sub-recipient is expected to meet and fulfill application and program requirements in both pre-approval and post-approval stages. The Hawaii State Department of Transportation will be referred to as the “Department”.

Name of Applicant Organization

Address:

City: _____ State: _____ Zip Code _____

Authorizing Representative and Title

Name: _____

Title: _____

Telephone [_____]

Fax [_____]

Email [_____]

Website [_____]

Type of Business (check one)

Private Non-profit Organization

Government Entity

Previous Section 5310 Recipient Organization (check one)

Applicant Organization has received Section 5310 funds in the past. If yes, provide the last Fiscal year the Section 5310 Project was awarded. [_____]

Application Organization has never received Section 5310 funding.

Service Area (Identify the service area e.g. name of region, community or town and check the block that best describes the total service area’s population size)

Population less than 50,000 – Non-Urbanized Area

Population 50,000 - 199,999 – Urbanized Area

Population equal or greater than 200,000 – Urbanized Area

IB. General Information – Applicant Organization’s Non-Transportation Services - describe one program per page and repeat this page as necessary

Program Name []

1. Program Description – Type of Service Provided

2. Client Type & Characteristics

[] Elderly and/or Persons with Disabilities (describe)

[] Other (describe)

3. Days & Hours of Program Operation

Monday:	:	-	:	Friday:	:	-	:
Tuesday:	:	-	:	Saturday:	:	-	:
Wednesday:	:	-	:	Sunday:	:	-	:
Thursday:	:	-	:				

4. Average Number of Clients Served by the Program per Month

per month

5. Additional Information (attach a separate sheet if necessary)

is attached: YES NO

IC. General Information – Applicant Organization’s Transportation Services – describe one program per page and repeat this page as necessary

Program Name [_____]

1. Describe the Program’s Transportation Service

2. Client Type & Characteristics

Elderly and/or Persons with Disabilities

Other - describe

3. Days & Hours of Program Operation

Monday:	:	-	:	Friday:	:	-	:
Tuesday:	:	-	:	Saturday:	:	-	:
Wednesday:	:	-	:	Sunday:	:	-	:
Thursday:	:	-	:				

4. Average Number of Clients Served by the Program per Month

per month

5. Additional Information is attached: YES NO

IIA. Transportation Information – Driver Selection and Training

Check all items that you require of or consider in hiring your drivers.

- Verify driver credentials and records
- Physical examination
- Drug and alcohol testing
- Driver training
- Driver experience
- CDL
- Other (describe)]

Check all training areas that your organization provides to your drivers.

- Vehicle driving
- Vehicle use
- Vehicle equipment use, including ADA equipment
- Ambulatory client vehicle assistance
- Non-ambulatory client vehicle assistance
- Service program that transportation is provided for
- Vehicle pre- and post-trip check procedures
- Vehicle maintenance and repair procedures
- Vehicle accident procedures
- Other (describe)

IIB. Transportation Information – Vehicle Maintenance

Check all items your organization requires for the maintenance of company vehicles.

- Employee(s) are assigned to provide for vehicle maintenance
- Vehicle regular maintenance policy
- Vehicle preventive maintenance policy
- Vehicle pre- and post-trip vehicle checklists
- Vehicle unscheduled maintenance policy
- Other (explain)]

Repair & Maintenance (Provide the name of repair and maintenance agencies that you use to service your vehicle fleet. If your repair and maintenance are done in-house, indicate so.)

1. Chassis Repair and Maintenance Service

2. Body Repair & Maintenance Service

3. Lift/Ramp/Gurney Equipment Repair & Maintenance Service

Coordinated Transportation Services (Describe your existing efforts in coordinating your transportation programs or services with other public, private service agencies and paratransit agencies. Describe benefits gained from this coordination effort, and any plans to expand your coordinated services.)

Transportation Service Changes (Describe any changes to your transportation services comparing past to current, reason for change, its impacts and future plans.)

IIIA. Project Information – Vehicle Description

Provide a brief general description of the vehicle you are applying for. Include information such as number of ambulatory seats, number of wheelchair positions, wheelchair lift location, etc. You are also required to attach the vehicle specifications and vehicle floor plan.

Vehicle Use (check one only)

- Replacement: The vehicle will be used to replace a similar vehicle in an existing transportation service program. **Provide the license plate number of the proposed motor vehicle to be replaced.** If the proposed vehicle to be replaced is FTA-funded, has a Vehicle Disposal or Vehicle De-obligation Application been submitted to HDOT? If so, provide date. _____
- Expansion: The vehicle will be used for an existing transportation service and will provide additional transportation service to this program.
- New Service: The vehicle will be used for a new transportation service for a new program or a program that does not currently have transportation service.

Project Cost Estimate

A. Total Estimated Vehicle Cost	
B. Federal Funds Requested – maximum amount is 80% of A	
C. Applicant Organization Share – A minus B (must be at least 20% of Total Project Cost)	

Source of Share Cost: Identify the source of your organization's share. Funds must be available before the project is awarded to the vendor.

Project Procurement (check one)

- The Department to procure project
- Agency other than the Department to procure project

IIIB. Project Information – Project Use

Describe the “use” of the vehicle you are applying for and identify the program for which the vehicle will be used.

Program Name [_____]

1. Estimated Single Trips per Month

Clients	Primary Use	Elderly disabled	
		Elderly non-disabled	
		Non-elderly disabled	
	Incidental Use	Non-elderly non-disabled	
Non-Clients	Incidental Use		

2. Incidental Use: (Incidental use is defined as use of the vehicle other than for the transport of the Elderly and/or Persons with Disabilities). Describe the Incidental Use and how it will not affect the Primary Use of the transportation of the elderly and/or disabled.

3. Transportation Service Area

4. Transportation Service Benefits

5. Passenger Fees or Fares per Single Trip

IIIC. Project Information – Project Need

Describe the need and justification for the vehicle, how needs are determined and how the vehicle will address the needs.

IIID. Project Information – Project Benefit

Describe the benefits to be gained by the program, applicant organization, public, community, government, elderly clients, disabled, non-elderly/disabled clients, economy etc.

Deficiencies if Project is Not Awarded: (Describe the deficiencies and shortcomings to the program's existing and future services, or other negative outcomes that may arise should the project not be awarded.)

VB. Management Information – Transportation Experience

Describe the organization's experience in providing transportation services and transporting elderly and/or disabled individuals.

Transportation Human Resources (Identify the employee positions your agency utilizes for transportation operations and management, roles and responsibilities, and number of hours performed by each per week.

VI. Legal Information

Legal Resource (check one)

- The Applicant Organization has legal counsel
- The Applicant Organization does not have legal counsel

VIIA. Other Federal Requirements

Non-Duplication of Transportation Services (check one) (Your organization is prohibited from providing any duplication of services to the elderly and/or disabled community unless there is an unmet need for such transportation service). The application must include at least:

- Letters from public, private and para-transit operators within the Applicant Organization's transportation service area notifying the Hawaii State Department of Transportation indicating that their current and near future operations do not provide similar services proposed in the application.
- Efforts of notification to public, private and paratransit operators with similar transportation services within the Applicant Organization's transportation service area Provide:
 - Copies of public notice in area newspapers with written comments from other transportation providers indicating that your current and near future transit services are not similar; and/or
 - Provide the date and name of transportation providers contacted indicating that your current and near future transit services are not similar.

VIIIB. Other Federal Requirements

Private Non-Profit Organizations: Provide the following:

- Copy of current Annual Domestic Non-Profit Corporation Exhibit or Non-Profit Status Letter from the Internal Revenue Service; and
- Copy of Incorporation Documentation

Government Agencies: Certify that public entity does not provide same transportation services provided by private or para-transit operators.

- Signed letter by the Director of the Government Agency and the Mayor of the County certifying that no other public, private or para-transit operator is willing and able to provide the transportation service of the Applicant Organization.

Title VI of the Civil Rights Act of 1964

- Signed Title VI of the Civil Rights Act of 1964 assurance.

Nondiscrimination on the Basis of Handicap as Required by 49 CFR Part 27

- Signed Nondiscrimination on the Basis of Handicap as Required by 49 CFR Part 27 assurance.

VIII. Certifying Authority

I am duly authorized to make the following certification on behalf of the Applicant Organization and based on my position, knowledge and experience with the Applicant Organization:

- 1) the information contained in the Application, including attachments, is true and correct;
- 2) the Applicant has the requisite fiscal, managerial, and legal capabilities to carry out the operations and maintenance of the Project in accordance with 40 U.S.C. Section 5310; and
- 3) the Applicant shall adhere to the federal, state and local requirements related to the Project.

_____, _____
Signature Title

Executed on _____ at _____
Date City/County and State