



# 49 U.S.C. Section 5310

## Program

*Enhanced Mobility for Seniors and Individuals with Disabilities*

Application

**Due to HDOT by COB: July 6, 2018**

**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:

Physical Address

City

State

County

Zip Code

Contact Person (project manager)

Phone

Fax

E-mail Address

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.)

## IIC. Transportation Information – List All Non-FTA and FTA-Funded Vehicles In Your Fleet

Applicant Organization Name:										
Year	Make	Model	License Plate #	VIN	Odometer Reading	Seating Capacity	W/C Lift or Ramp	# of W/C Tiedown	Program Name	5310 Yes/No

### IIC. Transportation Information – List All Non-FTA and FTA-Funded Vehicles In Your Fleet

[illegible]



### IIIA. Project Information – Vehicle Description

Please select the vehicle type

Vehicle Type	Seating Capacity (including driver)	No. of Wheelchair Position(s)	Select Vehicle Type (Check one only)
Minivan \$60,000 (Estimated Cost)	6		
Modified Raised Roof Van (Mid Roof) \$65,000 (Estimated Cost)	10	2	
Cutaway Van \$100,000 (Estimated Cost)	15	3	
Unmodified Raised Roof Van (Mid Roof) \$50,000 (Estimated Cost)	15	N/A	

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.

### 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.)

#### IV. Financial Information

Provide and attach your organization's Financial Statement for the current or most recent period and two previous years. These statements will be used to review financial stability and sustainability.)

Fluctuations in Revenue and Income – If fluctuations in estimated revenue or expenses vary or are expected to vary over the next two years, provide reasons for the anticipated or actual fluctuations and how such fluctuations will affect the program's financial stability and sustainability.)

#### VA. Management Information – Organizational Structure

Describe the overall organizational structure of your organization. If available, provide an Organization Chart.

Number of Employees (Identify the number and type of your employees.)

[	]	Full-time	
[	]	Part-time	
[	]	Volunteer	
[	]	Contract	
[	]	[	]
[	]	[	]

Service Years (Identify the number of years your organization has been in business and service years.)

Organization has been in business for	[	]
Transportation services were provided for	[	]
Transporting the elderly or disabled was provided for	[	]

## 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

State of Hawaii  
Department of Transportation  
Statewide Transportation Planning Office

Standard Assurance with Regard to  
Nondiscrimination as Required by 49 CFR Part 27

Name of Applicant Organization: \_\_\_\_\_

Pursuant to the requirements of Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) the aforementioned Applicant Organization in desiring to avail itself of Federal financial assistance from the United States Department of Transportation (USDOT), hereby gives assurance that no qualified handicapped person shall, solely by reason of his or her handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination, including discrimination in employment, under any program or activity that receives or benefits from Federal financial assistance provided by the USDOT 49 U.S.C. Section 5310 Program.

The Applicant Organization further assures that its programs will be conducted, and its facilities operated, in compliance with all the requirements imposed by or pursuant to 49 CFR Part 27.

The person or persons whose signatures appear below are authorized to sign the assurance on behalf of the Applicant Organization.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_



State of Hawaii  
Department of Transportation  
Statewide Transportation Planning Office

Title VI of the Civil Rights Act of  
1964 Assurance of Compliance

Name of Applicant Organization: \_\_\_\_\_

Hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (Public Law 88-352) and all requirements imposed by the United States Department of Transportation (USDOT), to the end that, in accordance with Title VI of the Act, no person in the United States shall, on the ground of race, color or national origin, be excluded from participation, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant Organization receives Federal financial assistance from the Section 5310 Program; and hereby gives assurance that it will immediately take any measures necessary to effectuated this agreement.

If any personal property is so provided this assurance shall obligate the Applicant Organization for the period during which it retains ownership or possession of the property. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant Organization by the USDOT under the Section 5310 Program, this assurance shall obligate that the Applicant Organization, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purposed involving the provisions of similar services or benefits. In all other cases, this assurance shall obligate the Applicant Organization for the period during which the Federal financial assistance is extended to it by the USDOT 49 U.S.C. Section 5310 Program.

This assurance is given in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Applicant Organization by the USDOT under the 49 U.S.C. Section 5310 Program. The Applicant Organization recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant Organization; its successors, transferees, and assignees. The person or persons whose signatures appear below are authorized to sign assurance on behalf of the Applicant Organization.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_