



49 U.S.C. Section 5310

Program

Enhanced Mobility for Seniors and Individuals with Disabilities

Application

Due to HDOT by COB: Friday, June 5, 2020

NOTE: Please complete all sections of this application. Application packages with incomplete and/or missing information will not be considered. Please contact Robyn Fujioka at (808) 831-7988 if you have any questions.

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

Local Match (Applicant Share)

Estimated Total Cost of Project(s)

Authorized 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
200 Rodgers Boulevard
Honolulu, HI 96819
Attention: Section 5310 Program

1. General Information – Applicant's Information

Name of Applicant Organization:

Address:

City:

State:

Zip Code:

Authorizing Representative and Title
Name:

Title:

Telephone:

Fax:

Email:

Website:

Type of Business: (choose one)

Private Non-Profit Organization

Government Entity

Previous Section 5310 Funding: (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. _____

☐ Applicant Organization has never received Section 5310 funding.

Service Area: Choose one option that best describes the population size of the total service area.

Population less than 50,000 - Non-Urbanized Area

Population between 50,000 - 199,999 - Urbanized Area

Population equal to or greater than 200,000 - Urbanize Area

2a. Applicant Organizational Structure

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

Number of Employees: (The number and type of your employees.)

- ____ Full-Time
- ____ Part-Time
- ____ Volunteer
- ____ Contract
- ____ Other (describe):
- ____ Other (describe):

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

- ____ year(s) Applicant Organization has been in business
- ____ year(s) transportation services were provided
- ____ year(s) transportation services were provided for the elderly and/or disabled

2b. Applicant Organization's Transportation Management Information

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

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

3a. Transportation Information – Driver Selection and Training

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

☐ Verify driver credentials and records

☐ Verify driver's license

☐ Verify driver's insurance

☐ 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)

3b. 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.)

FEÖ@•ãÄ^] æ/æ å Maintenance ServiceÁ

2. Body Repair & Maintenance Service

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

3c. Transportation Services

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.)

3d. Transportation Information – List All Non-FTA and FTA-Funded Vehicles In Your Fleet (repeat this page as necessary)

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

4a. Applicant Organization's Non-Transportation Programs - (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

4b. General Information – Applicant Organization’s Transportation Programs – (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 (attach a separate sheet if necessary)

is attached: YES NO

5a. Project Information – Project Use (describe for each vehicle if applying for multiple vehicles and repeat page as necessary)

Identify the program for which the vehicle will be used.

Program Name

1a. Projected Monthly Primary Use

	Projected Unduplicated Riders	Projected Single Trips
Elderly Non-Disabled		
Non-Elderly Disabled		
Elderly Disabled		
Total		

1b. Describe the Primary Use of the vehicle you are applying for.

2a. Projected Monthly Incidental Use

	Projected Unduplicated Riders	Projected Single Trips
Non-Elderly Non-Disabled (clients of organization)		
Staff/Volunteer/Other		
Total		

2b. Describe the Incidental Use and how it will not affect the Primary Use of the transportation of the elderly and/or disabled.

3. Projected Monthly Percentages of Usage

	Projected Unduplicated Riders	Projected Single Trips
Primary Use		
Incidental Use		

4. Transportation Service Area

5. Transportation Service Benefits

5. Passenger Fees or Fares per Single Trip

5b. Project Information – Project Need (describe for each vehicle if applying for multiple vehicles and repeat page as necessary)

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

5c. Project Information – Project Benefits and Sustainability (describe for each vehicle if applying for multiple vehicles and repeat page as necessary)

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

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.

5d. Project Information – Vehicle Description (describe for each vehicle if applying for multiple vehicles and repeat page as necessary)

Please select the vehicle type

Vehicle Type	Seating Capacity (including driver)	No. of Wheelchair Position(s)	Select Vehicle Type (Check one only)
Minivan	6		
Modified Raised Roof Van (Mid Roof)	10	2	
Cutaway Van	15	3	
Unmodified Raised Roof Van (Mid Roof)	15	N/A	

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.

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 the department? Yes No
 - 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.

6. Financial Information

Financial Statement - Provide and attach 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 the reasons for the anticipated or actual fluctuations and how such fluctuations will affect the program's financial stability and sustainability.

7. Legal Information

Legal Resource (check one)

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

8. 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 Department 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. Please 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
 - The date and name of transportation providers contacted indicating that your current and near future transit services are not similar.

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.

9. 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 effectuate 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 purpose 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: _____