

FY 2014

Phoenix-Mesa Urbanized Area

Grant Application

Section 5310 Enhanced Mobility of Seniors 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

REQUEST LIMITS:

***ONE PROJECT TYPE PER APPLICATION (Capital, Operating, Mobility Mgmt.)**

***LIMIT REQUEST TO ONE YEAR OF FUNDING**

***LIMIT REQUEST TO 5 VEHICLES**

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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
Provide this checklist and cover letter along with the application addressed to:
DeDe Gaisthea
Human Services Transportation Planner
302 N 1st Ave, Suite 300
Phoenix (MAG)

Including the following in your cover letter:

- 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

- Section 2 – Applicant Information
- Section 3 – Experience/Capabilities
- Section 4 – Project Description
- Section 5 – Mobility Management Position Request
- Section 6 – Vehicle(s) Request
- Section 7 – Operating Request
- Section 8 – Coordination
- Section 9 – Project Budget
- Section 10 – Support Documentation

Support Documentation Includes:

- Vehicle/Fleet Inventory (only if requesting a vehicle)
- MAG Summary Sheet
- Signed copy of Commitment to Coordination Strategies
- Signed copy of Certifications and Assurances
- Include a map or detailed description of your service area

SECTION 2 – APPLICANT INFORMATION

1. Legal Name of Applicant Organization:

2. Type of Organization:

501c3 Non-Profit State or Local Gov't Other

3. **Agency Official** – Person legally authorized to sign binding agreements/contracts (i.e. CEO, CFO, or Executive Director):

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

4. **Financial Contact** – Person responsible for all financial grant reporting, reimbursement requests, and documentation support for this project:

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

5. **Program Contact/Other** – Person responsible for administering the program (*if different than above*):

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

SECTION 3 – EXPERIENCE/CAPABILITIES

This section assists in determining your agency’s overall experience and ability to operate, manage, and administer the project, funding, and reporting for the grant.

6. How many years has your agency been providing this service? _____

7. Has your agency received grant funding in the last three years? Yes No
 If yes, please list the amount of grant funds received for the last three fiscal years.

Fiscal Year	Grant Funding
2013	
2012	
2011	

8. Please list the number of agency staff or volunteers your agency will dedicate to administer the project. Please include executive, financial, administrative, program and transportation positions, but exclude contractors/vendors. Please list positions in terms of Full Time Equivalent (FTE). (Example 10 FT and 1 PT = 10.5 FTE).

Staff Type	Number of FTE Positions
Executive	
Financial	
Administrative	
Program Staff	
Transportation Staff	
Volunteer	
Other (Please List):	
TOTAL POSITIONS:	

9. Please discuss the availability, reliability and source (general funds, fundraising, etc.) of required matching funds for the proposed equipment, position or service.

10. Please describe your agency's ability to continue to fund the project AFTER the federal funding is expended.

11. Does your agency have policies and/or procedures in place for the following areas:

- | 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 |

12. 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

13. Does your agency have any previously awarded, yet unexpended Section 5310 or Section 5317(New Freedom) grants?

Yes- If yes, please list. No

Grant and Funding Type (5310 or 5317) (Operating, Capital, or Mobility Mgt)	Federal Fiscal Year Rcvd	Project Description	Award Amount	Funds Expended to Date	Balance Remaining	Expected Date of Final Expenditure
Ex: 5317 Operating	2012	Taxi Vouchers	300,000	275,000	25,000	6/30/2013

14. Please provide an explanation for any unexpended funds:

SECTION 4 – PROJECT DESCRIPTION

15. Title of Project:

16. Which program are you applying for?

- Elderly and Persons with Disabilities (5310)
 New Freedom (5310)

17. What type of funding are you requesting?

- Vehicle(s) or Equipment (Capital; 80/20 Match)
 ADA Compliant Vehicle(s) or Equipment (Capital; 85/15 Match)
 Mobility Management (Capital; 80/20 Match)
 Operating Assistance (Operating; 50/50 Match)

18. Project will fund which of the following:

- New or Expanded Service or Mobility Manager / Expansion Vehicles
 Continue Existing Service or Mobility Manager / Replacement Vehicles

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

	Federal Share:	Local Share:	Project Total:
ADA Capital (85/15):			
Capital (80/20):			
Operating (50/50):			
Mobility Mgmt. (80/20):			

20. The Federal Transit Administration requires an estimated start date and end date for every project. For start dates, all applicants may use the tentative date of expected grant award – November 30, 2014. For vehicles and capital equipment, applicants may use the end date of expected delivery (March 30, 2014). For operating assistance and mobility management projects, applicants must anticipate the date of their last expenditure for the grant.

Estimated Project Start Date: November 30, 2014

Estimated Project End Date:

21. Please describe your project and request for funding.

22. Please describe how your project will address the needs of the target population. (Choose ONE- A or B corresponding to your project):

a. Provide transportation service that meets the needs of elderly/disabled (Traditional 5310):

OR

b. Provide new public transportation services for persons with disabilities or provide alternatives beyond those required by the ADA (New Freedom):

23. Provide the estimated unduplicated clients to be served annually by your 5310 project:

Elderly, Disabled Clients _____

Elderly, Not Disabled _____

Disabled, Not Elderly _____

Other (list) _____

24. Please describe how your project is cost-efficient or a good use of federal funding based on the number of clients served.

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

Monday - Friday Start Time: a.m. p.m.

End Time: a.m. p.m.

Saturday Start Time: a.m. p.m.

End Time: a.m. p.m.

Sunday Start Time: a.m. p.m.

End Time: a.m. p.m.

SECTION 6 – VEHICLES/ EQUIPMENT

(PART A Only applies for requesting vehicles; PART B Only applies for equipment).

A. VEHICLES

Costs are estimated and changes may occur. A second choice of vehicle is required pending confirmation of availability of vehicles. **ADA compliant vehicles (with lift/ramp) have an 85/15 match rate. Non-ADA compliant vehicles (no lift/ramp) have an 80/20 rate.**

Cutaway With Lift - Raised-roof “body-on-chassis cutaway” with wheelchair lift, seats up to nine (9) ambulatory passengers and has 2 wheelchair positions; **COST ESTIMATE: \$61,000**

Minivan With Ramp: Minivan with one (1) wheelchair position and manual accessibility ramp, seats up to five (5) ambulatory passengers. **COST ESTIMATE: \$38,000**

Passenger Van- No Lift: A Twelve (12) passenger (including driver) van without a wheelchair lift; **COST ESTIMATE: \$28,000**

Minivan No Ramp: A Seven (7) passenger (including driver) minivan without a wheelchair lift. **COST ESTIMATE: \$25,000**

29. Provide your requested vehicle(s) in rank order. Include your second choice alternative and the address where the vehicle will be located.

Rank	Type of Vehicle (First Choice)	Type of Vehicle (Second Choice)	Estimated Total Cost (100%)	Est. Federal Share (80 or 85%)	Est. Local Share (15 or 20%)
1.					
Vehicle location/address :					
2.					
Vehicle location/address :					
3.					
Vehicle location/address :					
4.					
Vehicle location/address :					
5.					
Vehicle location/address :					

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

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

31. Estimate the service hours, service miles and passenger trips for requested vehicle(s). Please provide the actual or average number of daily hours the vehicle is in service not the hours the vehicle is available for service.

Vehicle	Daily Service Hours	Daily Service Miles	Daily Passenger Trips

32. 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: _____

33. Do you charge fares?

- Yes - Amt \$ Donations – Requested Amt \$
- No

44. Please indicate in the table below which coordination activities your agency currently participates in. If not currently participating, please explain why.

YES	NO	COORDINATION ACTIVITIES
		Sends drivers to training held by others.
If no, explain:		
		Invites other drivers to attend their training
If no, explain:		
		Shares back-up vehicles with other agencies
If no, explain:		
		Provides information to clients on available services
If no, explain:		
		Works to identify availability on vehicles for other's clients
If no, explain:		
		Purchases rides for clients on other agencies
If no, explain:		
		Sells rides on service to other agencies
If no, explain:		
		Provides or participates in joint maintenance arrangements
If no, explain:		
		Participates in a joint/coordinated insurance pool
If no, explain:		

SECTION 9 – PROJECT BUDGET

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

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.

45. 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?

CAPITAL/MOBILITY MANAGEMENT BUDGET REQUEST			
Requests are limited to a one-time capital purchase or equal to one year of funding.			
EQUIPMENT REQUEST			
Requested Item(s)	Quantity	Unit Cost	Subtotal
MOBILITY MANAGEMENT- POSITION			
Staff Position Title	Number of Hours	Hourly Rate	Subtotal
MOBILITY MANAGEMENT PROJECT			
Requested Item(s)	Quantity	Unit Cost	Subtotal
VEHICLES			
Vehicle Type	Quantity	Unit Cost	Subtotal
TOTAL COST OF ALL PROJECTS			
80%	85%	*FEDERAL SHARE (80 or 85%)	
20%	15%	*LOCAL MATCH (15 or 20%)	
<i>*ADA compliant capital projects use an 85/15% match rate</i>			
SOURCE OF LOCAL MATCH:		FUNDING TYPE:	AMOUNT:

OPERATING BUDGET REQUEST		
Requests are limited to one year of funding for operating assistance.		
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 10 – SUPPORT DOCUMENTATION

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

- Service Area Map
- Vehicle/Fleet Inventory (For vehicle requests only)
- MAG Summary Sheet
- Commitment to Coordination Strategies – signed form
- FY 2013 Federal Transit Administration Certification& Assurances- signed form

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 NOTE: Vehicle footage is measured from bumper to bumper)	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
VEHICLE CONDITION DEFINITIONS	CODE
EXCELLENT: Brand new or less than one year old, no major problems exists, 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

MAG SUMMARY SHEET

<p align="center">MAG Region FTA (49 USC Section 5310) Grant 36 – 2014 Summary Sheet</p>							
Applicant	Itemize and list each request separately Indicate new or replacement	Clientele & Services	Service Area	Intended Use of Equipment or Project	# of Persons/ # of Trips to be served w/ project	Joint Use of Vehicles <hr/> Coordination efforts	Applicant History (list previous awards by year)

2014 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 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.

Agency Name: _____

Authorized Representative of Applicant Signature _____

Printed Name _____ **Date:** _____

FTA FY 2014 CERTIFICATIONS AND ASSURANCES

Name of Applicant: _____

The Applicant agrees to comply with all applicable provisions. Included are the most common groups for agencies applying for Section 5310 federal funds. For a full list of the 2014 FTA Certifications and Assurances, see the Handbook & Program Guidelines.

GROUP	DESCRIPTION	
01.	Required Certifications and Assurances.	___X___
02.	Lobbying.	___X___
03.	Procurement and Procurement System.	___X___
04.	Private Sector Protections.	___X___
05.	Rolling Stock Reviews and Bus Testing.	___X___
06.	Demand Responsive Service.	___X___
07.	Intelligent Transportation Systems.	___X___
08.	Interest and Finance Costs and Leasing Costs.	___X___
09.	Transit Asset Management/Agency Safety Plan.	___X___
10.	Alcohol and Controlled Substances Testing.	___X___
16.	Seniors/Elderly/Individuals with Disabilities Programs and New Freedom Program.	___X___

**FEDERAL FISCAL YEAR 2014 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 2014, 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 2014.

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:** _____