**I. GENERAL INFORMATION**

**APPLICATION CHECKLIST – Exhibit A**

*(Organize grant material in this order)*

|  |  |
| --- | --- |
| **Complete?** | **Part I - General Information** |
| [ ]  | Application checklist  |
| [ ]  | Applicant Information Form  |
|  |  |
|  | **Part II – Project Need** |
| [ ]  | Project Need Answers  |
| [ ]  | Vehicle Inventory  |
|  |  |
|  | **Part III - Fiscal/Managerial Capability** |
| [ ]  | Fiscal/Managerial Answers |
| [ ]  | Estimated Capital Budget  |
| [ ]  | Estimated Annual Transportation Operating Cost  |
| [ ]  | Most recent audit *(or Waiver of Audit Requirement from State Board of Accounts)* |
|  |  |
|  | **Part IV – Coordination**  |
| [ ]  | Coordination Answers |
| [ ]  | Other documented evidence of coordinated effort |
|  |  |
|  | **Part V – Certifications** |
| [ ]  | Certificate of Incorporation from Indiana Secretary of State (1st page only) |
| [ ]  | Authorizing Resolution  |
| [ ]  | Standard Assurances  |
| [ ]  | Bankruptcy & Litigation Certification  |

**One hard copy application (bound in a three ring binder) and one electronic application (compiled in this order) must be submitted by**

**4:00 PM on May 30, 2024**

**APPLICANT INFORMATION – Exhibit B**

**1. Applicant:**

**2. Address:**

**3. Contact Person:**

**4. Telephone:**

 **E-mail address:**

**5. Applicant Type:**

 [ ]  Non‑Profit Corporation [ ]  Eligible Public Body

**6. Geographical area(s) served by requested equipment:**

**7. Number and type of vehicles requested:**

**8. Total Project Cost $**       (capital only)

**9. The type of service you provide: 10. Requested vehicle(s) will:**

 [ ]  Demand Response [ ]  Replace existing service

 [ ]  Fixed Route [ ]  Expand existing service

 [ ]  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Start new service

**11. Total number of one‑way passenger trips provided by your agency in previous calendar year**:

**12. Total Vehicle Miles traveled by your active vehicle fleet in previous calendar**

**year:**

*The total distance traveled by active passenger vehicles (during the provision of passenger transportation service)*

**13. Total Operating Expenses** (cost of providing transportation services) **in previous calendar year:**  $

**14. Ridership characteristics (%)**

      White       Seniors (age 65 and up)

      African American       Disabled (under age 65)

      Hispanic       Other (specify)

      American Indian **100% Total**

      Asian/Pacific Islander

      Other (including multi-racial)

**100% Total**

**II. PROJECT NEED**

A. Project Need: **Answer the following questions thoroughly, but briefly (max 4 pages).**

1. Provide a brief overview of your agency programs and service area. If contracting for service, also provide an explanation of the service provider arrangement.

 **Answer:**

2. Vehicle Usage Information: **For b. – g., provide data for each requested vehicle separately. Provide vehicle data, not agency data, by filling in the blanks.**

1. Describe the service your agency will provide with the requested equipment (type of service, service hours, days of service, trip purpose, rider eligibility, and service area).

**Answer:**

1. Number of unduplicated transportation clients per year =
2. Number of unlinked passenger trips provided per year =
3. Average number of hours the vehicle will be in service on a weekly basis =
4. Average number of weekly one-way passenger trips =
5. A: Average number of passengers per vehicle trip =

B: Number that are wheelchair passengers =

1. A: Vehicle seating Capacity with wheelchair spaces occupied =

B: Vehicle seating Capacity without wheelchair spaces occupied =

3. **IF REQUESTING REPLACEMENT VEHICLES** - Demonstrate urgency of need for equipment requested: age/condition/mileage of vehicle(s) to be replaced, condition of active vehicle fleet, availability of backup vehicles, accessibility needs (refer to Vehicle Inventory).

**Answer:**

4. **IF REQUESTING EXPANSION VEHICLES** - Provide the following information:

1. Provide documentation of how need was identified. If applicable, provide the number of trip denials during the past year, or persons on waiting list. How many of these trip denials are individuals with disabilities?
2. How many annual one-way trips will the additional vehicle(s) provide?
3. How will your agency pay for the cost (driver wages, fuel, maintenance) of operating the additional vehicle(s)?

 **Answer:**

5. Briefly describe how the proposed equipment helps to address any identifiedsenior/disabled transportation service gaps/needs in your service area.

 **Answer:**

6. **Please provide the last six (6) digits of the Vehicle Serial Number for each vehicle your agency wants to replace.** These numbers must match the vehicle serial numbers on your Vehicle Inventory.

 **Answer:**

7. If requesting a Small/Medium/Large Transit vehicle without a lift, *provide*

 *a brief explanation why your agency is requesting a non-lift vehicle.*

**Answer:**

|  |
| --- |
| **VEHICLE INVENTORY – Exhibit C** |
| **Mark vehicle(s) this request would replace with an asterisk (\*)** |
|  |  | **Vehicle** | **Lift/** | **Seating** | **Capital**  | **Odometer** | **Condition** |
| **Year/** | **Vehicle** | **Serial**  | **Ramp** | **Capacity** | **Funding Sources** | **Mileage as** | **of Vehicle** |
| **Model** | **Type** | **Number** | **Equipped** |  | **federal & local** | **of 12/31/14** | **(see below)** |
| **\*04/Example** | **C** | **3BOYB1117H517K923** | **YES** | **10** | **Section 5310/United Way** | **149,799** | **Fair** |
|        |        |        |        |        |        |        |        |
|        |        |        |        |        |        |        |        |
|        |        |        |        |        |        |        |        |
|        |        |        |        |        |        |        |        |
|        |        |        |        |        |        |        |        |
|        |        |        |        |        |        |        |        |
|        |        |        |        |        |        |        |        |
|        |        |        |        |        |        |        |        |
|        |        |        |        |        |        |        |        |
|        |        |        |        |        |        |        |        |
|  |  |  |  |  |  |  |  |
| Total Seating Capacity of Active Vehicles       | (For vehicle fleets larger than 10 vehicles, copy form and continue) |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | **Vehicle Type Abbreviations** |  | **Please use the following scale to indicated Condition of Vehicle:** |
|  | CAR | Sedan/Station Wagon |  |   |  |  |   |
|  | MVMV-1 | Mini-vanMV-1 |  | GOOD - Requires standard maintenance |  |   |
|  | LFMV | Low Floor Mini-van |  | FAIR - Requires frequent minor problems |  |   |
|  | A | Standard Van |  | POOR - Requires frequent major problems |  |   |
|  | B | High Top van, no lift |  | BAD - use presents continued major mechanical problems |   |
|  | C | High Top van with lift |  |  |  |  |  |
|  | BOVC | Body on Chassis vehicle |  |  |  |  |  |

**III. FISCAL/MANAGERIAL CAPABILITY**

**Answer the following questions thoroughly, but briefly (max 4 pages).** Attach other documentation as necessary.

 A. Fiscal/Managerial Documentation:

1. Provide the previous calendar year’s transportation service data:
* Total one-way passenger trips

**Answer:**

* Total vehicle miles

**Answer:**

* Total operating expenses

**Answer:**

1. Using the above information, calculate and include operating cost per mile, as well as operating cost per one‑way passenger trip.You may also include other data that reflects the quality and effectiveness of your transportation services.

**Cost Per Mile:**

**Answer:**

**Cost Per One-Way Passenger Trip:**

**Answer:**

1. List the number and type of personnel involved in operating and managing your transportation service. This includes all full/part‑time/volunteer managers, drivers, dispatchers and mechanics that are employees of your organization or contracted to provide your transportation service.

**Answer:**

4. Describe provisions made to assure proper maintenance of vehicles. Identify the person(s) or business responsible for providing vehicle maintenance. Describe your agency's preventative maintenance program or measures (attach preventative maintenance plan if available).

 **Answer:**

 5. Describe provisions made to ensure safe operation of vehicles: Driver selection and training policies, recent driver training, safety standards, transportation service policies, insurance coverage, etc.

 **Answer:**

 6. How does your agency advertise availability of vehicles for transportation? Provide documentation of written policies regarding transporting of service animals, personal care attendants and portable oxygen.

 **Answer:**

7. Identify source, amount, and status of 20% match for the requested equipment. Are other requests for this equipment pending?

 **Answer:**

8. Identify current/anticipated sources of operating funding available to support the operation of the requested equipment throughout its useful life.

**Answer:**

**ESTIMATED CAPITAL BUDGET – Exhibit D**

**1. Estimated Vehicle Cost Quantity Unit Cost Total**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  4 passenger low-floor minivan (ramp) |       | \* | $78,000 | = |       |
|  8 passenger Small Transit Vehicle with lift |       | \* | $135,300 | = |       |
|  12 passenger Medium Transit Vehicle with lift |        | \* | $140,000 | = |       |
|  16 passenger Large Transit Vehicle with lift |        | \* | $143,000 | = |       |
| TOTAL ESTIMATED VEHICLE COSTS |        | \* |  |  |       |

**2.** **Vehicle Options**

 Delete lift on small transit vehicle \_\_\_\_\_ \* -($7,700) \_\_\_\_\_\_\_\_

 Delete lift on medium or large transit vehicle \_\_\_\_\_ \* -($6,600) \_\_\_\_\_\_\_\_

 Small, Medium and Large transit vehicles without lifts are available, as long as the applicant meets all the requirements of the Americans with Disabilities Act.

**3. TOTAL CAPITAL REQUEST**

**4. REVENUE**

 a. Federal Request (80% of TOTAL)

 b. Local Cash Contribution (20% of TOTAL)

Identify the specific sources of funds (public and private) used as local contribution. Applicants may provide local match from other federal programs that are eligible to be expended for transportation, with the exception of USDOT/FTA programs:

**5. TOTAL REVENUE** (must equal total capital request, line 3)

Prepared by Title Date

**ESTIMATED ANNUAL TRANSPORTATION OPERATING BUDGET – Exhibit E**\*

 \***(Not a request for operating funds)**

**1. Expense Expected Cost**

 Driver Salaries and Fringe Benefits

 Other Staff Salaries and Fringe Benefits

 (Supervisor, Administrative, Dispatch, etc.)

 Vehicle Operation (fuel, oil, tires, maintenance, repair, etc.)

 Vehicle Insurance

 Other

**2. TOTAL EXPENSE**

**3. Revenue**

Show whether your organization will cover any of these costs by charging fares or collecting donations from passengers. If yes, specify amount of fare or donation requested for a one‑way trip.

 **Fare/Donation Revenue Amount**

**4.** List and identify other specific sources and amounts of funds that will be available to cover operating costs. The total amount listed below ‑ plus fare revenue ‑ should equal the total operating costs estimated above.

 **Source of Funds Amount**

**5. TOTAL REVENUE** (must equal total expenses, line 2):

Prepared by Title Date

**\* Estimated total operating cost for all of your agency’s transportation services (excluding vehicle purchases) for ONE year.**

**IV. COORDINATION**

This section is your opportunity to demonstrate a strong working relationship with local public and private transportation providers in your service area. Applicants must work together with local transit and paratransit operators in developing a comprehensive transportation network in the project area. Applicants should also seek to coordinate services with other programs for seniors and individuals with disabilities. In addition, Federal legislation which authorizes funding for transportation requires that all projects selected for funding from 5310 program must be derived from Coordinated Public Transit-Human Services Transportation Plan for the Michiana region (Available at [www.macog.com](http://www.macog.com)). All vehicle requests must address at least one (1) of the Section 5310 strategies identified Coordinated Plan.

1. Identify the strategy(ies) identified in the Coordinated Plan that the requested vehicle(s) will address and describe how the vehicle request will address the need.

**Answer:**

1. Discuss the level of coordination with other agencies anticipated with each requested vehicle.

**Answer:**

1. Discuss the level of private sector involvement anticipated with each requested vehicle.

**Answer:**

1. How many trips has your agency provided for other agencies in the past 24 months?

**Answer:**

Please list the agencies and the number of trips provided for each (if available).

**Agency Name # of Trips**

1. Applicants should submit evidence of coordination with other non‑profit, for‑profit and public transportation providers. This includes service agreements, resource sharing, referral arrangements, coordinated vehicle dispatch, memorandum of understanding, coordination action plans, joint training, etc.

**V. CERTIFICATIONS**

**AUTHORIZING RESOLUTION FOR NON‑PROFIT ORGANIZATIONS – Exhibit F**

A resolution of (Name of Organization) recommending approval of an application to MACOG for assistance (Federal Section 5310) in purchasing equipment to provide transportation services to seniors and individuals with disabilities within the South Bend Urbanized Area.

WHEREAS, the (name of organization) is submitting an application to MACOG for assistance in purchasing Brief Description of Equipment Requested).

WHEREAS, the contract for financial assistance requires that the (name of organization) obligate local funding equal to twenty percent (20%) of the total project cost, being $ (20% of Cost) of $ (100% of Cost) , to MACOG upon execution of the funding contract.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of (name of organization) that (organization officer) is authorized to commit organization resources, to execute and file an application for and to contract on behalf of the (name of organization) with the MACOG to aid in the financing of capital equipment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of President, Governing Board)

­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)

**STANDARD FEDERAL CERTIFICATIONS & ASSURANCES FFY 2024–Exhibit G**

1. The applicant has or will have by the time of delivery, sufficient funds to operate and maintain the vehicles and equipment financed with Federal assistance awarded for its project;
2. The applicant has coordinated or will coordinate to the maximum extent feasible with other transportation providers and users, including social service agencies authorized to purchase transit service;
3. The applicant has complied or will comply with all applicable civil rights requirements;
4. The applicant has complied or will comply with applicable requirements of U.S. DOT regulations regarding participation of disadvantaged business enterprises in U.S. DOT programs;
5. The applicant has complied or will comply with Federal requirements regarding transportation of seniors and individuals with disabilities;
6. The applicant has complied or will comply with applicable provisions of 49 CFR part 605 pertaining to school transportation operations;
7. Viewing its demand responsive service to the general public in its entirety, the applicant has complied or will comply with the requirement to provide demand responsive service to individuals with disabilities, including individuals who use wheelchairs, meeting the standards of equivalent service set forth in 49 CFR 37.77(c), before purchasing non-accessible vehicles for use in demand responsive service for the general public;
8. The applicant has complied or will comply with the requirement that its project provide for the participation of private mass transportation companies to the maximum extent feasible;
9. The applicant has complied or will comply with all applicable lobbying requirements for each application (per 49 CFR 20.110) exceeding $100,000;
10. The applicant has complied or will comply with all applicable non-procurement suspension and debarment requirements;
11. The applicant has complied or will comply with applicable FTA Intelligent Transportation Systems architecture requirements to the extent required by FTA.
12. Will comply with all applicable federal requirements per the FTA Federal Fiscal Year 2024 Annual List of Certifications and Assurances for Federal Transit Administration Grants and Cooperative Agreements, as referenced at <https://www.transit.dot.gov/funding/grants/grantee-resources/certifications-and-assurances/fy2024-annual-list-certifications-0>

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Representative of Applicant Date

**ADA TRANSPORTATION SERVICE PROVISIONS**

The Federal Transit Administration and the Michiana Area Council of Governments expect all Section 5310 grantees to meet the following transportation-related provisions of the Americans with Disabilities act:

1. Your agency shall transport all common wheelchairs and their users. "Common" wheelchairs fit on a 30"x 48" lift platform, weigh under 600 lbs. (including user) and include 3-wheel scooter mobility devices.
2. Wheelchair users must permit chairs to be secured. The Grantee must provide designated securement locations.
3. Service cannot be denied because a "common" wheelchair cannot be satisfactorily secured or restrained by the vehicle’s securement system.
4. The grantee may recommend to a user of a wheelchair that the individual transfer to a vehicle seat. However, the grantee may not require the individual to transfer.
5. Where necessary, or upon request, the grantee’s personnel shall assist individuals with disabilities with the use of the securement systems, ramps and lifts. If it is necessary for the personnel to leave their seats to provide this assistance, they shall do so.
6. The grantee shall permit individuals with disabilities who do not use wheelchairs, including standees, to use a vehicle’s lift or ramp to enter the vehicle.
7. The grantee shall permit service animals and personal care attendants to accompany individuals with disabilities in vehicles and facilities.
8. The grantee shall make available to individuals with disabilities adequate information concerning transportation services and schedules. This obligation includes making communications available in accessible formats "usable to" the individual.
9. The grantee shall permit a passenger who uses a lift to exit a vehicle at any designated stop, unless; the lift cannot be deployed, the lift will be damaged if it is deployed, or temporary conditions at the stop (not under control of the grantee) preclude the safe use of the stop by all passengers.
10. The grantee shall allow passengers to travel with a respirator or portable oxygen supply, consistent with the applicable Department of Transportation rules on the transportation of hazardous materials (49 CFR subtitle B, Chapter 1, Subchapter C).
11. The Grantee shall ensure that adequate time is provided to allow individuals with disabilities to complete boarding or disembarking from the vehicle.
12. The grantee shall maintain in operative condition those features of facilities and vehicles that are required to make them readily accessible to, and usable by, individuals with disabilities. These features include, but are not limited to, lifts (and other means of access to vehicles), securement devices, elevators, signage and systems to facilitate communications with individuals with impaired vision or hearing.
13. Accessibility features shall be repaired promptly if they are damaged or out-of-order. When an accessibility feature is out-of-order, the grantee shall take reasonable steps to accommodate individuals with disabilities who would otherwise use the feature. This does not prohibit isolated or temporary interruptions in service or access due to maintenance or repairs.
14. Grantees must treat individuals with disabilities with respect and courtesy, with appropriate attention to the differences among people and disabilities.
15. All personnel must be "trained to proficiency", appropriate to their duties.
16. For further information regarding ADA, please reference <https://www.transit.dot.gov/ADA>

**BANKRUPTCY & LITIGATION CERTIFICATION – Exhibit H**

If your agency answers “Yes” to any of the questions, please provide a brief explanation. *Failure to answer these questions will delay processing of your grant application. Answering “N/A” is an insufficient answer for these questions.*

|  |  |  |
| --- | --- | --- |
| Yes | No | **Question** |
| [ ]  | [ ]  | Has your agency (or the contracted provider) ever declared bankruptcy? |
| [ ]  | [ ]  | Is your agency (or the contracted provider) in litigation or has any claims of violation of law or regulations filed against it (during the past three years)? |
| [ ]  | [ ]  | Is your agency (or the contracted provider) had been named in any lawsuits or complaints, with respect to service or other transportation benefits, which allege discrimination on the basis of disability (during the past three years)? |
| [ ]  | [ ]  | Is your agency (or the contracted provider) been named in any lawsuits or complaints, which allege discrimination on the basis of race, color, or national origin with respect to service or other transportation benefits (during the past three years)? |
| [ ]  | [ ]  | Has your agency (or the contracted provider) participated in a civil rights compliance review within the past three years? |

|  |
| --- |
| If “yes” to any questions above, provide an explanation (use additional paper if necessary): |

*Answering “yes” will not automatically disqualify your application. MACOG will review each situation to gauge its relevance to your application.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Representative of Applicant Date