

PROJECT SUBMITTAL FORM

2017 CALL FOR PROJECTS

FEDERAL TRANSIT ADMINISTRATION (FTA) FUNDING
AVAILABLE FOR:

§5310 - ENHANCED MOBILITY OF SENIORS AND
INDIVIDUALS WITH DISABILITIES PROGRAM

SUBMITTING AGENCY: _____

To be considered for Enhanced Mobility of Seniors and Individuals with Disabilities Program funding, **project proposals must be received by 5 pm, Central Standard Time, on Friday, April 7, 2017.**

The information in this application is public record. Therefore, applicants should not include information regarded as confidential.

To the best of my knowledge and belief, all information provided in this project proposal is true and correct. As the person duly authorized to sign on behalf of the project sponsor, I certify the project sponsor will comply with the necessary Federal Transit Administration regulations and grant management requirements if assistance is awarded.

Representative

Date

Title

APPLICATION TIPS

Information about the 2017 Call for Projects and complete application instructions can be found at www.nctcog.org/ftafunding.

Eligible applicants for Enhanced Mobility of Seniors and Individuals with Disabilities (\$5310) funds include:

- State or local governmental agencies;
- Publicly owned operators of public transportation services;
- Privately owned operators of public transportation services (for shared-ride services only); and
- Private non-profit organizations.

A Project Submittal Checklist is provided on page 11 to assist in putting together a complete proposal that must consist of one (1) original hard copy and one (1) copy in portable document format (PDF) on either a CD or flash drive. Graphics, such as maps or photographs, can also be submitted as PDF files.

Project proposals should be submitted:

By Mail To:

North Central Texas Council of Governments
Transportation Department
Attn: Leah Brown
P.O. Box 5888
Arlington, Texas 76005-5888

OR

In Person To:

North Central Texas Council of Governments
Transportation Department
Attn: Leah Brown
616 Six Flags Drive
Centerpoint Two
Arlington, Texas 76011

SECTION I. APPLICANT OVERVIEW

Applicant

Agency Name: _____

Federal Taxpayer ID*: _____

* Must attach a copy of current IRS W-9 Taxpayer Identification Certification Form to this application.

Main Office

Address: _____

City: _____, State/Zip: _____

Mailing Address (if different)

Address: _____

City: _____, State/Zip: _____

Agency Type

Please identify your agency as one of the following:

- State or local governmental agency
- Publicly owned operator of public transportation services
- Privately owned operator of public transportation services
- Private non-profit organization*

* Must attach documentation certifying non-profit status

Existing Grantee of Federal or State Grant Funding

Please list federal or State grant program(s) for which the agency is an existing recipient.

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Project Title/Name

Title/Name: _____

This Project is

- A new project
- An expansion or continuation of an existing §5310 project

If an existing project, indicate the year(s) when funds were competitively awarded: _____

Project Summary

Funding Requested

Indicate the total project cost (include federal and non-federal funds) and the type(s) of funding your agency is seeking for the proposed project.

- Capital: \$_____
- Operating: \$_____

Total Funding Requested: \$_____

Year(s) of Funding Requested

- 1 Year
- 2 Years
- 3 Years

Urbanized Area for which Funding is Requested

- Dallas-Fort Worth-Arlington
- Denton-Lewisville

Service Area of Proposed Project

City(s): _____

County(s): _____

Total Population in proposed service area: _____

Total Population of seniors in service area: _____

Total Population of individuals with disabilities in service area: _____

Overall Service Expectations of Project

Proposed number of seniors expected to be served annually: _____

Unit of Measurement: _____

Proposed number of individuals with disabilities expected to be served annually: _____

Unit of Measurement: _____

Unit of measurement used to determine the number of persons served can include: one way trips, number of persons trained, number of customers served, etc.

Agency Contacts

Primary Contact: _____

Title: _____

Phone: _____

Email: _____

Secondary Contact: _____

Title: _____

Phone: _____

Email: _____

Contract Authority

List the name and title of person authorized to enter into contracts and amendments with the North Central Texas Council of Governments.

Name: _____

Title: _____

SECTION II. PROJECT UNDERSTANDING

Needs Assessment (25 points)

Describe how and when the project need was identified. Explain how the proposal will benefit seniors and/or individuals with disabilities.

Briefly describe or cite sources supporting this need.

May include demographics, site specific studies, surveys, customer testimonials, etc.

List the strategies identified in Access North Texas that support the proposed project. Explain how this project will specifically address the strategy.

The regional coordination plan, Access North Texas, may be reviewed at www.accessnorthtexas.org.

Implementation, Operations, Sustainability (40 points)

Implementation and Operations

Please provide a timeline for the proposed project with major milestones.

Milestones are tasks that need to be completed by a specific time in order for the project to be a success. Assume the project will begin in March 2018.

Briefly describe how the project will address the following:

Provide service that is non-duplicative

Serve the special needs of seniors and/or individuals with disabilities

Identify the key deliverables for the proposed project.

If funded, the deliverables listed will be evaluated as part of the ongoing project management process.

Agency and Personnel Capability

Identify all staff that will be involved in implementing the proposed project. Provide a summary of their qualifications, roles and responsibilities, and percentage of time allocated to the project.

Describe the agency's operational, technical, administrative and institutional capability to carry out the proposed project successfully.

Marketing and Outreach

Describe how the agency will disseminate information to seniors and/or individuals with disabilities and agencies that can utilize and benefit from the proposed project.

Budget

Complete the “Project Budget Workbook” (in Microsoft Office Excel format). If applying for funding from more than one Urbanized Area (UZA), please complete a separate Project Budget Workbook for each.

Describe your efforts to leverage funds and/or existing resources to support the implementation of this project.

Can the project be implemented on a limited or expanded scope? Explain.

Conduct a cost-benefit analysis for the proposed project. Briefly explain the reasonability of the calculated cost.

Divide the total project cost by the number of persons served (as measured by one-way trips, persons trained, persons utilizing capital asset, or other unit). Refer back to the unit of measure you choose under Overall Service Expectations for Project on page 4.

Performance Measures

Discuss data that the implementing agency will collect to evaluate project performance annually.

Sustainability

If this is an existing or expanded §5310 project: Discuss previous/current efforts to seek additional funding from agencies and programs. Explain the status and/or outcomes. If this is a new §5310 project: Discuss how the agency intends to maintain the project after grant funding ends.

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Coordination, Collaboration, Partnership (20 points)

List existing public/private transportation providers the project will utilize. Discuss the proposed scope and roles/responsibilities of the provider(s).

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List additional stakeholders that will participate in the implementation of the project. Discuss the proposed scope and roles/responsibilities of the agencies.

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Overall Strategic Value (15 points)

How does the proposed project serve an immediate need that cannot be filled otherwise?

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How is the project innovative in finding a unique way of addressing the transportation needs of seniors and/or individuals with disabilities?

Discuss other considerations and pertinent information that demonstrate the strategic value of the proposed project.

SECTION III. SUPPLEMENTAL INFORMATION

Please attach the following documents:

Service Area/Route Map (if applicable)

Vehicle Fleet List and Plan (if requesting funds for vehicles)

Local Match Supporting Documentation

Letters of Support

Other Relevant Information: _____ (limit 2 pages)

Project Submittal Checklist

Applications are not complete unless one (1) original signed hard copy and one (1) copy in electronic format is provided on CD or flash drive in portable document format (PDF). Graphics, such as maps or photographs, may also be submitted as PDF files. Incomplete applications may be disqualified from the evaluation.

Applicant Overview (Section I)

- Copy of current IRS W-9 Taxpayer Identification Certification Form
- Documentation Certifying Non-Profit Status (if applicable)

Project Understanding (Section II)

- Project Understanding
- Budget Workbook

Supplemental Information (Section III)

- Service Area/Route Map (if applicable)
- Vehicle Fleet List and Plan (if requesting funds for vehicles)
- Local Match Supporting Documentation
- Letters of Support
- Other Relevant Information (limit 2 pages)