

Alaska Transit Office
Division of Program Development,
Alaska Department of Transportation & Public Facilities

SFY2012 NEW/EXPANSION VEHICLE & EQUIPMENT HUMAN SERVICES GRANT APPLICATION

FTA Section 5310 Elderly Individuals and Individuals with Disabilities Program
 FTA Section 5316 Jobs Access & Reverse Commute Program (JARC)
 FTA Section 5317 New Freedom Beyond the ADA Program
 Alaska Mental Health Trust Authority Coordinated Transportation Program

Agency Name Test Agency - System Account

Mailing Address *

Street Address

City, State, Zip *

Tax ID (FEIN)

Telephone * **Fax**

Website

Required fields are marked with a red asterisk (*)
Do not enter any formatting (dollar signs, commas, etc.) in numeric fields.

PROJECT OVERVIEW

1. Enter cost for each project in application (use whole dollars only, i.e., no decimals or commas). Match must be dollars, not in-kind, for vehicles. *** At least one row in the table below must be completed.**

Number Requested	Project	Enter Grant Request	Enter Match (min 20% cash; request divided by .80 minus request)	Enter Total Cost (match plus request)	Options	Diesel
<input type="checkbox"/>	ADA Minivan	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/>	ADA TAXI Minivan	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/>	ADA Van with Conversion	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/>	ADA Narrow-Body Cutaway	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/>	ADA Standard-Body Cutaway	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/>	ADA Mid-Size Bus	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> yes

<input type="checkbox"/>	ADA Stretcher-Equipped Paratransit Vehicle	<input type="text"/>				
<input type="checkbox"/>	Non-ADA Standard Minivan	<input type="text"/>				
<input type="checkbox"/>	Non-ADA Standard Passenger Van	<input type="text"/>				
<input type="checkbox"/>	Non-ADA Narrow-Body Cutaway	<input type="text"/>				
<input type="checkbox"/>	Non-ADA Standard-Body Cutaway	<input type="text"/>				
<input type="checkbox"/>	Non-ADA Mid-Size Bus	<input type="text"/>				
<input type="checkbox"/>	Other Coordinated Vehicles	<input type="text"/>				
<input type="checkbox"/>	Equipment	<input type="text"/>				
Total		<input type="text"/>				

Fuel Reimbursement Incentive Grant. Check the following box if you are applying for the fuel reimbursement incentive grant for the vehicle project(s) in this application. Please see application instructions in the Call for Applications. The grant amount will be determined by your location on a fuel pricing zone map (\$3,000, \$4,000, \$5,000). yes

2. **Narrative Description of Proposed Project(s).** Be sure to detail other Coordinated vehicles and non-ADA vehicles which are not priority for funding. If you are applying for non-ADA vehicles, you must document how non-ambulatory passengers will be offered equivalent service. *

After the narrative, please provide the number of ambulatory and non-ambulatory seats for each vehicle. *

Vehicle #	Vehicle Type	Number Ambulatory Seats	Number Non-Ambulatory Seats (wheelchair, stretcher)
#1	<input type="text"/>	<input type="text"/>	<input type="text"/>
#2	<input type="text"/>	<input type="text"/>	<input type="text"/>
#3	<input type="text"/>	<input type="text"/>	<input type="text"/>

#5

UTILIZATION OF EXISTING VEHICLES

3. What types of services are provided by your existing vehicle fleet that carry clients? (Please check all that apply) *

- Fixed route transit Deviated fixed route transit Demand responsive, transporting your agency's clients only Demand responsive, transporting clients for multiple agencies in your coordinated group Other

If "Other" please describe:

4. How many trips do you estimate were made by your agency's vehicles delivering rides to clients for the last year? Please provide subtotals by client type (elderly, persons with disabilities, work trips for economically disadvantaged, other). *

What is the year being reported? * Jul 08 - Jun 09 Calendar year 2008

Passenger Type	# of Trips
Trips for people who are elderly	<input type="text"/>
Trips for people with disabilities	<input type="text"/>
Work trips for economically disadvantaged	<input type="text"/>
Other	<input type="text"/>
Total	<input type="text"/>

MAINTENANCE OF EXISTING VEHICLES

Note: If you are applying for your first vehicle, you need to submit your anticipated vehicle maintenance plan or schedule.

5. Who performs your vehicle maintenance? *

6. Do you have a written preventive maintenance plan for the vehicles? * yes no

7. Describe where your agency will store the vehicle(s) purchased with these funds. Indicate whether there is an enclosed and/or secure area (i.e., gated fenced lot, fully enclosed unheated garage, heated garage, carport, etc.). *

USE OF THE NEW VEHICLE

8. Describe in narrative the type of service to be provided by the vehicle(s). Then fill in the following tables to detail the purpose of the rides, the type of passengers, and the hours of operation of each vehicle requested. *

Table 8a. Total of proposed uses for each vehicle should equal 100%. *

Type of Transport	Vehicle 1 % Use	Vehicle 2 % Use	Vehicle 3 % Use	Vehicle 4 % Use	Vehicle 5 % Use
Meal delivery	<input type="text"/>				
Medical transport (appointments, pharmacies, etc.)	<input type="text"/>				
Shopping	<input type="text"/>				
Employment-related (transport to jobs, training, child care, job placement, interviews)	<input type="text"/>				
Community/social/leisure activities or places (e.g. senior centers)	<input type="text"/>				
Other (please explain below)	<input type="text"/>				
Total	<input type="text"/>				

If you entered something in "Other", please explain *.*

Table 8b. Total of proposed uses for each vehicle should equal 100%. *

Passenger Type	Vehicle 1 % Use	Vehicle 2 % Use	Vehicle 3 % Use	Vehicle 4 % Use	Vehicle 5 % Use
Ambulatory passengers	<input type="text"/>				
Wheelchair passengers	<input type="text"/>				
Non-emergency stretcher passengers	<input type="text"/>				
Total	<input type="text"/>				

*

Table 8c. In the table below, please detail the anticipated hours of operation of each requested vehicle. For the description in the first row, shorthand abbreviations are expected, e.g. "M-F 9am-7pm, Sa-Su on-call only." *

	Vehicle #1	Vehicle #2	Vehicle #3	Vehicle #4	Vehicle #5
Describe the hours of operation	<input type="text"/>				
Avg. daily weekday hours	<input type="text"/>				
Avg. daily weekend hours	<input type="text"/>				

9. Justify the seating capacity of the vehicle(s) requested. Would all the seats be filled at any given time? How often? *

10. Provide the estimated number of trips per year (measured by passenger boardings) that will be provided by the proposed vehicle(s) for: persons with disabilities, persons who are elderly, work trips for economically disadvantaged, and other. *

Passenger Type	# Passengers Vehicle 1	# Passengers Vehicle 2	# Passengers Vehicle 3	# Passengers Vehicle 4	# Passengers Vehicle 5
Persons with disabilities	<input type="text"/>				
Persons who are elderly	<input type="text"/>				

Low-income persons who need work-related rides					
Total					

11. Provide the estimated number of trips per year (measured by passenger boardings) that will be provided by the proposed vehicle(s) for [Alaska Mental Health Trust Beneficiaries](#).

*

12. Will the proposed new/expansion vehicle(s) provide service that currently can not be provided with better utilization of other existing service delivery or resources? Please explain. Does the vehicle fill a "gap in service" for target populations; in other words, without it, they would have no transportation they could

use? Please explain. *

13. If your agency or group of agencies is already operating transportation service, is your system advance reservation only? Or do you also carry passengers who call for on-demand service? *

14. Will the new/expansion vehicle(s) be used as part of a coordinated service; that is, will it's use be shared among agency partners or to meet the needs of their combined clients? * yes no

15. What is the name and date of adoption of the Public Transit-Human Services Community Coordination Plan to which your agency is a member partner? *

16. Please describe the coordinated service, agencies participating, and particularly the role of the proposed vehicle(s). Please scan and email a copy of the signed written agreement your agency has with other participating agencies. Subject line should read: New/Expansion Vehicle and Equipment (agency name)

Application agreement.

17. Please list by number a specific identified strategy or strategies from your community coordination plan **with its precise page number** for each project in this application, and provide an explanation of how each project is derived from each strategy. **No project is eligible for federal funding without being derived from a specific**

strategy with page number in your plan. *

18. Please identify the numeric priority ranking (1, 2, etc) assigned by your coordination group for each project listed in your coordination plan and resolution, including the projects in this application. *

FINANCIAL INFORMATION

19. In the following table, please document the amount and source of applicant matching funds and ongoing operating funds for the vehicle(s) requested. * Every row in the table below is required.

Matching Funds & Ongoing Operating Expenses		
Resource Description	Monetary Value	How Will You Pay for This? Identify the source of cash or in-kind (Note: In-kind cannot be used for Vehicle Match)
Match	<input style="width: 100%;" type="text"/>	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Are you applying for match in this application?	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
If so, how much?	<input style="width: 100%;" type="text"/>	
Insurance	<input style="width: 100%;" type="text"/>	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Storage	<input style="width: 100%;" type="text"/>	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Routine Inspection & Maintenance	<input style="width: 100%;" type="text"/>	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>

Major Maintenance & Repair	<input type="text"/>	
Fuel	<input type="text"/>	
Driver(s)	<input type="text"/>	

20. How do you plan to fund your ongoing operating costs for this project for the life of the project (4-12 years or 100,000-125,000 miles depending on selected project)? Be as specific about your future funding sources as you can. Extract this information from your written Community Coordination Plan if available. *

EXAMPLE

21. Special Notes about Your Proposed Project (Optional). Use this section to briefly note anything about your project that might require special consideration in the funding process.

SAFETY AND RISK MANAGEMENT

22. Please provide a description of any accidents or incidents that have occurred in the last 2 years with your vehicles, the outcome of the accident or incident, and your agency response to the event(s).

NOTE: An accident involves any damage arising from a collision; an incident is a non-collision occurrence, such as a client falling inside the vehicle, a "near miss," a passenger getting very ill while riding. *

ADA Compliance

Americans with Disabilities Act (ADA)
All vehicle project applicants complete this page.

23. APPLICANT:

*

24. Does your project meet ADA requirements? By checking this box you are certifying that your project meets ADA requirements. * yes

Application Confirmation Page

25. I am sending emails with attachments to accompany this application (send to Jessica DeBartolo at: jessica.debartolo@alaska.gov)

* yes no

26. By checking this box you are confirming the following:

- You understand and have completed all of the required questions for your project(s).
- You understand that all accompanying documentation for your application must be received by 11:59pm on January 31, 2011, or your application may be deemed unresponsive.

* yes

SAMPLE