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| tcrpclogowfullname | **2021 Call for Projects**  **Section 5310**  **Grant Application** |

**Section 5310: Enhanced Mobility of Seniors & Individuals with Disabilities**

**2021 Grant Application**

**All applications are to be submitted to Tri-County Regional Planning Commission:**

**Attn: Reema Abi-Akar**

**456 Fulton Street, Suite 401**

**Peoria, IL 61602**

**OR**

**rabiakar@tricountyrpc.org**

**SUBMITTED BY**

Insert Applicant Name Here

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# Section 5310 Grant Program Overview

1. ***Program Purpose***

The Section 5310 Program provides capital and operating grants to assist communities or agencies in meeting the transportation needs of individuals with disabilities and older adults when the existing transportation service provided is unavailable, insufficient, or inappropriate to meeting these needs.

1. ***Eligible Recipients***

There are three categories of eligible sub-recipients of Section 5310 funds: a) private non-profit organizations; b) state or local government authorities; and c) operators of public transportation services. If applying for a vehicle, equipment, or mobility management projects, state or local government authorities must certify that there are no nonprofit organizations readily available in the area to provide that service.

1. ***Project Requirements***

In order to be eligible for funding, submitted projects must:

* Exceed the ADA minimum requirements;
* Improve access to fixed-route service and decrease reliance by individuals with disabilities on ADA-complementary paratransit service; or
* Provide alternatives to public transportation that assist seniors and individuals with disabilities with transportation.

1. ***Eligible Projects***

Following is a list of project types and examples of projects that are eligible for funding under the Section 5310 Grant Program (if you have a question as to whether your project is eligible, please contact Reema Abi-Akar at rabiakar@tricountyrpc.org):

**Capital Projects**

* **Rolling Stock**

Replacement vehicles; New service vehicles; and Expanded service vehicles.[[1]](#footnote-1)

* **Non-Rolling Stock**

Radios or other communication equipment; Computer hardware and software; Transit-related intelligent transportation systems (ITS); Wheelchair restraints; Wheelchair lifts; Benches, shelters, and other passenger amenities; Wayfinding and signage; and Dispatch systems.

* **Mobility Management and Coordination Programs**

Promotion, enhancement, and facilitation of access to transportation services, including the integration and coordination of services for individuals with disabilities and seniors; Support for short-term management activities to plan and implement coordinated services; Development and operation of one-stop transportation traveler call centers to coordinate transportation information on all travel modes and to manage eligibility requirements and arrangements for customers among supporting programs; Operational planning for the acquisition of intelligent transportation technologies to help plan and operate coordinated systems inclusive of geographic information systems (GIS) mapping, global positioning system technology, coordinated vehicle scheduling, dispatching and monitoring technologies, as well as technologies to track costs and billing in a coordinated system, and single smart customer payment systems; and Funding to support the administrative costs of sharing services provided to clients along with other seniors and/or individuals with disabilities and the coordinated usage of vehicles with other nonprofits.

**Operating Projects**

* **Operating Projects**

Expansion of paratransit service parameters beyond the three-fourths mile required by the ADA; Expansion of current hours of operation for ADA paratransit services that are beyond those provided on the fixed-route services; Incremental cost of providing same day service; Incremental cost of making door-to-door service available to all eligible ADA paratransit riders, but not on a case-by-case basis for individual riders in an otherwise curb-to-curb system; Enhancement of the level of service by providing escorts or assisting riders through the door of their destination; Support of administration and expenses related to voucher programs for transportation services offered by human service providers; Mileage reimbursement as part of a volunteer driver program, taxi trips or trips provided by human service agencies; and support for volunteer driver programs.

***Please note that projects that fill or alleviate regional transit Grey Areas will be given priority when considering a decrease in local cost share requirements.*** *See E. Local Match Requirements below, plus footnote, for more details.*

1. ***Local Match Requirements[[2]](#footnote-2)***

* For capital costs, the local share is 20%.
* For operating costs, the local share is 50%.

1. Application Instructions

**General**

This is an interactive form and designed to be filled out in Microsoft Word. Use the Tab key to move between fields or click directly in a text box to begin entering your information.

**Proposed Project**

* Please be sure to identify each component of the project for which funding is being requested (i.e., This project is requesting capital funding for dispatching software for same-day reservations, and operating funding to hire a driver and run the service).
* To determine the estimated annual number of trips generated, use one of the following equations which best suits your project (please note that a trip is defined as each time a passenger boards):

*If estimate is based on trips per hour:*

**no. of trips per hour** X **hours of service operated per day** X **no. of days service is operated per year**

*Example: 3(trips/hour) X 13(hours/day) X 312(days/year) = 12,168 passenger trips generated per year*

*If estimate is based on trips per day:*

**no. of trips per day** X **no. of days service is operated per year**

*Example: 8(trips/day) X 220(days/year) = 1,760 passenger trips generated per year*

**Project Budget**

* Please manually total the project budget and review the required match calculations: All numbers are to be entered manually.
* The match requirement for capital projects (including mobility management) is 80% federal / 20% local.
* The match requirement for operating projects is 50% of the net project cost. Revenues are strictly based on fares generated by the project. Please note that revenues are not an eligible operating expense and should not be included in the net operating cost of the project.
* For operating projects, outline the costs for the duration of the project (1-2 years). When estimating your cost over the two-year period, be sure to factor in cost escalations. Please identify all “other expenses” (under operating budget) in the space provided.
* Total Project Costs and Local Match must be entered manually.

**Sources of Local Match**

* Indicate all sources of local match and status. Status could be noted as secured or dependent upon grant approval.

**Scalability**

* Describe whether or not the project for which you are applying can be implemented on (a) a more limited scope or if it can (b) be implemented in phases. This question will help the selection committee decide on funding amounts for the projects selected.

**Application Process:**

APPLICATIONS ARE DUE FRIDAY, OCTOBER 1, 2021 AT CLOSE OF BUSINESS (4pm).

Once applications are received, TCRPC staff will review for completion. Applications will be scored by TCRPC staff (please see scoring criteria in Appendix A of each application) and will be endorsed/voted on by the HSTP Urban Subcommittee at the a future meeting. Final selection is contingent upon approval from the FTA. Funding for awarded projects will be available in Winter 2021-2022.

For questions about the application process, or to determine if your project is eligible, contact Reema Abi-Akar at rabiakar@tricountyrpc.org or 309-673-9330.[[3]](#footnote-3)

Please submit your applications to:

|  |  |  |
| --- | --- | --- |
| Tri-County Regional Planning Commission  Attn: Reema Abi-Akar  456 Fulton St. Suite 401  Peoria, IL 61602 | OR | rabiakar@tricountyrpc.org |

# Applicant Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Legal Name of Applicant: | | | Click or tap here to enter text. | | | | | | | | | | | | | |
| Contact Person: | | | Click or tap here to enter text. | | | | | | | | | | | | | |
| Address: | | | Click or tap here to enter text. | | | | | | | | | | | | | |
| City/State/Zip: | | | Click or tap here to enter text. | | | | | | | | | | | | | |
| Telephone: | | | Click or tap here to enter text. | | | | | | | | | | | | | |
| Email: | | | Click or tap here to enter text. | | | | | | | | | | | | | |
| Applicant Type: | State or Local Government | | | | | | | Private Non-Profit | | | | |
|  | Public Transportation Provider | | | | | | |  | | | | | |
| Funding Requested For: | | Click or tap here to enter text. | | | | | | | | | | | | | | |
| Rolling Stock (Capital) | | | | Non-Rolling Stock (Capital) | | | | | Mobility Management (Capital) | | | | | | Operating | | | |
| (80/20) | | | | | (80/20) | | (80/20) | | | | | (50/50) | | | |
| Project Information | | | | | | | | | | | | | | | | | |
| Specific Area To Be Served: | | | | | | City(ies) | Click or tap here to enter text. | | | | | | | | | | |
|  | | | | | | County(ies) | Click or tap here to enter text. | | | | | | | | | | |
|  | | | | | | Other | Click or tap here to enter text. | | | | | | | | | | |
| Service Provider (if different than above)  Use additional sheets if more than one Service Provider. | | | | | | | Click or tap here to enter text. | | | | | | | | | | |
| Organization Name: | | | | | | | Click or tap here to enter text. | | | | | | | | | | |
| Contact: | | | | | | | Click or tap here to enter text. | | | | | | | | | | |
| Title: | | | | | | | Click or tap here to enter text. | | | | | | | | | | |
| Address: | | | | | | | Click or tap here to enter text. | | | | | | | | | | |
| City/State/Zip: | | | | | | | Click or tap here to enter text. | | | | | | | | | | |
| Telephone: | | | | | | | Click or tap here to enter text. | | | | | | | | | | |
| E-mail: | | | | | | | Click or tap here to enter text. | | | | | | | | | | |
| I certify that the information and statements provided in this application are correct and complete, that we have the ability to carry out the project as described, and that we are able to commit the appropriate funding amount for local match. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | Click or tap here to enter text. | | | | | | |
| Signature of Executive Director or Authorized Representative | | | | | | | | | |  | Date | | | | | | |
| Click or tap here to enter text. | | | | | | | | | |  |
| Print Name of Executive Director or Authorized Representative | | | | | | | | | |  |  | | | | | | |

# Project Application

1. Applicant, Existing Services, and Service Area
2. Please provide a brief description of the applicant and its background with implementing this type of project.

Click or tap here to enter text.

1. Provide a brief description of the applicant’s existing services and clients.

Click or tap here to enter text.

1. Provide a description of the applicant’s service area. Attach any maps if necessary.

Click or tap here to enter text.

1. Proposed Project
2. Describe the proposed project, indicating the specific service to be provided to implement, support, or maintain transportation service for elderly individuals or individuals with disabilities.

Click or tap here to enter text.

1. Identify the number of estimated individuals with disabilities and older adults to be served by the project and describe how this estimate was derived.

Click or tap here to enter text.

1. Describe how the project will increase accessibility for older adults or individuals with disabilities.

Click or tap here to enter text.

1. Estimate the number of one-way passenger trips per year this service will generate (if applicable). A trip is defined by each time an individual passenger boards.

Click or tap here to enter text.

1. Identify the service area to be covered by the project (if applicable). Attach maps if necessary.

Click or tap here to enter text.

1. Responsiveness to Project Selection Criteria
2. Describe how the project responds to one or more of the strategies identified in the Region 5 HSTP. This includes service gaps, challenges of the project area, or other issues:

Click or tap here to enter text.

1. Describe any coordination activities that your organization participates in. (e.g. HSTP meetings, obtaining customer input, joint driver training, coordination of client rides, vehicle sharing, etc.)

Click or tap here to enter text.

1. What efforts have been undertaken to identify and obtain local funding for this project? What local funding sources have been committed to the project? (Attach documentation if necessary).

Click or tap here to enter text.

1. Project Budget

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Capital Equipment**  **(Rolling Stock, Non-Rolling Stock, Mobility Management)** | | | | | | **Total Capital Cost** |
| **Rolling Stock** | | | | | | |
| Click or tap here to enter text. | | | | | | Click or tap here to enter text. |
| **Non-Rolling Stock** | | | | | | |
| Click or tap here to enter text. | | | | | | Click or tap here to enter text. |
| **Mobility Management** | | | | | | |
| Click or tap here to enter text. | | | | | | Click or tap here to enter text. |
| **Total Capital Cost** | | | | | **(1)** | Click or tap here to enter text. |
| **Federal Share Capital Cost (80%)** | | | | | **(2)** | Click or tap here to enter text. |
| **Local Share Capital Cost (20%)** | | | | | **(3)** | Click or tap here to enter text. |
|  | | | | | | |
| **Operating** | | **Year 1** | **Year 2** | | | **Total Operating**  **Cost** |
| Labor | | Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. |
| Fringe Benefits | | Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. |
| Indirect Costs | | Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. |
| Fuel and Oil | | Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. |
| Maintenance | | Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. |
| Vehicle Insurance | | Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. |
| Purchased Transportation | | Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. |
| Other Expenses\* | | Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. |
| **Total Operating Expenses (A)** | **(5)** | Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. |
| **Total Operating Revenue (B)** | **(6)** | Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. |
| **Net Operating Project Cost (A-B)** | **(7)** | Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. |
| Note: The amount of eligible Operating expense does not include revenues. | | | | | | |
| **Federal Share Operating (50%)** | **(8)** | Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. |
| **Local Share Operating (50%)** | **(9)** | Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. |
|  | | | | | | |
| **PROJECT COST SUMMARY**  *\*\*Enter sum of all sub-totals for entire project (capital and operating) in the boxes below:* | | | | | | |
| **Total Project Cost** | | | | **(1+7)** | | Click or tap here to enter text. |
| **Total Federal Share** | | | | **(2+8)** | | Click or tap here to enter text. |
| **Total Local Share** | | | | **(3+9)** | | Click or tap here to enter text. |
| **Total Revenue** | | | | **(6)** | | Click or tap here to enter text. |
| \* Please Indicate Other Expenses Here: | | | | | | |
| Click or tap here to enter text. | | | | | | |
| Click or tap here to enter text. | | | | | | |

1. Sources of Project Funding

Please list the source of local matching funds. Include specific dollar amounts for each. Please note that fare box revenue cannot be used as a source of local match.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Agency Name/Source** | **Type** | **Amount** | **Matching Project** | | | |
| **Rolling Stock** | **Non-Rolling Stock** | **Mobility Management** | **Operating** |
| *Example Agency* | *Donation* | *$5,000* |  | *X* |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **TOTAL** |  |  |  |  |  |

## Project Scalability

1. Could the project be implemented on a more limited scope with less funding?

Yes  No

If “Yes” please describe:

Click or tap here to enter text.

1. Could the project be implemented in phases depending upon the availability of project funding?

Yes  No

If “Yes” please describe:

Click or tap here to enter text.

## Project Timeline

Provide an estimated operational plan for providing the service including timeline and milestones

|  |  |
| --- | --- |
| **Timeline and Project and Milestones**  Describe briefly the major steps that will be followed from project start through project end. For the Date, please indicate estimated Completion of each task after grant approval. | |
| **Milestone** | **Date** |
| Click or tap here to enter text. | Click or tap here to enter text. |
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# Appendices

## Section 5310 Project Evaluation Criteria

|  |  |  |
| --- | --- | --- |
| Project Eligibility Screening Criteria | | Eligible / Ineligible |
| Proposed Project addresses unmet transportation needs of persons with disabilities and/or older adults seeking integration into the workforce and full participation in society. | | Eligible / Ineligible |
| Project application identifies and addresses one or more of the goals, objectives, or service gaps identified in the Region 5 HSTP. The application should identify the goals/objectives/service gap(s) addressed by the project and how the project addresses the goals/objectives/service gap(s). | | Eligible / Ineligible |
| Project Evaluation Criteria / Corresponding question in application | Definition (possible points) | Maximum Points |
| Applicant participates in local coordination process. (Page 8, Question 2) | * Leadership participant/evidence of extra effort (20) * Active Participant/evidence of some effort (15) * Participant/evidence of minimal effort (10) * Does not participate/little or no effort (0) | 20 |
| Project application identifies one or more local funding sources and evidences those sources are committed to supplying the necessary local match for duration of the project. (Pages 8, 9, & 10) | • Strong evidence of local match (10)  • Some evidence of local match (5)  • No evidence of local match (0) | 10 |
| Project increases mobility options for elderly individuals and/or individuals with disabilities. (Page 7) | Project provides greater mobility by:  • Increasing service levels (hours of a day / days of a week) or providing a new service to meet a need(5)   * Increasing/improving/adding accessibility features for target populations (lifts, signage, bus stops, etc.) (5) * Introduces mobility management techniques (5) * Continuing service to targeted populations (5) | 20 |
| Projects will be operational within a reasonable timeframe. (Page 12) | Project is operational (i.e., starts providing services) within a short time-frame (for operating: within said time of receiving grant agreement; for capital: within said time of receiving the asset):  • Within 6 months (10)  • Within 6-12 months (5)  • Over 12 Months (0) | 10 |
| Estimate number of new customers that will be served or benefited by the project for the target population. (Page 7, Question 2) | Estimate number of new customers as a result of the project for the target population:  • 20 or more new customers (25)  • 10 – 20 new customers (10)  • 1 – 10 new customers (5) | 25 |
| Maximum Points Available | | **85** |

1. Requested funds for vehicles should go through IDOT’s Consolidated Vehicle Procurement (CVP) program. [↑](#footnote-ref-1)
2. Due to the addition of COVID relief funds through ARP and CRRSAA (with as low as 0% local share requirements) in this year’s call for projects, there is a chance that some projects will be funded at a lower local cost share requirement. This determination will be based on the results of the project evaluation criteria and the prioritization of projects that fill the Grey Areas determined in the Grey Area Study.

   With this in mind, please apply for these funds under the assumption that if selected, your project will require the minimum local match commitment. [↑](#footnote-ref-2)
3. Please note that *Reema will be out of the office from 9/15-10/1/2021*. In her absence, if needed, please contact Michael Bruner ([mbruner@tricountyrpc.org](mailto:mbruner@tricountyrpc.org)) or Gabriel Guevara ([gguevara@tricountyrpc.org](mailto:gguevara@tricountyrpc.org)) at 309-673-9330. [↑](#footnote-ref-3)