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| tcrpclogowfullname | **2023 Call for Projects**  **Section 5310**  **Grant Application** |

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

**2023 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**

**funding@tricountyrpc.org**

**SUBMITTED BY**

Insert Applicant Name Here

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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).

**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 (*Note:* *Purchasing vehicles are unfortunately not eligible for this funding stream*).
* 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 a two-year period, be sure to factor in cost escalations. Please identify all “other expenses” (under the 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 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, September 15, 2023, by 4:00 p.m.

Once applications are received, TCRPC staff will review them for completion and score them (please see scoring criteria in Appendix A of each application). Then, the HSTP Urban Subcommittee will endorse/vote on them at a future meeting. The final selection is contingent upon approval from the Federal Transit Administration (FTA), and funds will be available after the FTA issues their approval.

For questions about the application process, or to determine if your project is eligible, contact Reema Abi-Akar at funding@tricountyrpc.org or 309-673-9330.

**Please submit your applications to:**

|  |  |  |
| --- | --- | --- |
| Tri-County Regional Planning Commission  Attn: Reema Abi-Akar  456 Fulton St. Suite 401  Peoria, IL 61602 | OR | funding@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[[1]](#footnote-1): | | Click or tap here to enter text. | | | | | | | | | | | | | | |
|  | | | | Non-Rolling Stock (Capital) | | | | | Mobility Management (Capital) | | | | | | Operating | | | |
|  | | | | | (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 for Your Area (if different than above). | | | | | | | Click or tap here to enter text. | | | | | | | | | | |
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|  | | | | | | |
| 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 the local match. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  |  | | | | | | |
| Signature of Executive Director or Authorized Representative | | | | | | | | | |  | Date | | | | | | |
|  | | | | | | | | | |  |
| Print Name of Executive Director or Authorized Representative | | | | | | | | | |  |  | | | | | | |

# Project Application

1. Applicant, Existing Services, and Service Area or Jurisdiction
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/population.

Click or tap here to enter text.

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

Click or tap here to enter text.

1. Proposed Project
2. Describe the background and context of the proposed project.

Click or tap here to enter text.

1. Describe the purpose of the project and how it will increase accessibility for older adults or individuals with disabilities or other intended beneficiaries.

Click or tap here to enter text.

1. Describe the activities to be performed within the proposed project necessary to provide, implement, support, or maintain transportation services for older adults or individuals with disabilities.

Click or tap here to enter text.

1. Describe the expected outcomes and benefits of this project.

Click or tap here to enter text.

1. Estimate the number of new customers that will be served or benefitted by the project for the target population.

Click or tap here to enter text.

1. Identify the service area to be covered by the project (if applicable) and describe the location. 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 (see [pgs. 85-87 in the HSTP document](https://tricountyrpc.org/wp-content/uploads/HSTP-2023-Final_2.1.2023.pdf)):

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 or will be 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**  **(Non-Rolling Stock, Mobility Management)** | | | | | | **Total Capital Cost** |
| **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 the sum of all sub-totals for the 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** | | |
| **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 milestone

|  |  |
| --- | --- |
| **Timeline and Project and Milestones**  Briefly describe the major steps that will be followed from project start through project end. For the Date, please indicate the 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 |
| The 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 the application | Definition (possible points) | Maximum Points |
| Applicant participates in the local coordination process. (Page 6, 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 the duration of the project. (Pages 6-8) | • Strong evidence of local match (10)  • Some evidence of local match (5)  • No evidence of local match (0) | 10 |
| The project increases mobility options for older individuals and/or individuals with disabilities. (Page 5, Questions 2 & 3) | The 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 10) | Project is operational (i.e., starts providing services) within a short time frame (for operating: within the said time of receiving grant agreement; for capital: within the 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 5, Question 5) | Estimate the customers of new people 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. Please note that the purchase of vehicles is unfortunately **not eligible** for this funding stream. [↑](#footnote-ref-1)