



REGIONAL TRANSPORTATION COMMISSION

Metropolitan Planning • Public Transportation & Operations • Engineering & Construction

Metropolitan Planning Organization of Washoe County, Nevada

**SECTION 5310: ENHANCED MOBILITY OF SENIORS
AND INDIVIDUALS WITH DISABILITIES
FY2022 & FY2023 APPLICATION**

Application Due: April 26, 2021 at Noon -- Submit to: jmeyers@rtcwashoe.com

DATE:

PROJECT TITLE:

SECTION I: APPLICANT INFORMATION

Applicant's Legal Name:				
Contact Person/Title				
Address:				
City:		State:	Zip code:	
Telephone #:		Email Address:		
DUNS #:		Applicant Fiscal Year:		

REQUEST TYPE (check all that apply)

Continuation of an Existing Project New Project

Operating Capital Mobility Management*

**The RTC encourages applicants to apply for mobility management funding to assist in the administration of the program. This funding can be used to fund a staff position that is responsible for administering the program (partner coordination, invoice preparation and submittal, reporting preparation and submittal) and can be the main point of contact for RTC staff.*

ORGANIZATION TYPE (check all that apply)

<input type="checkbox"/> Local Government Authority	<input type="checkbox"/> Private Non-Profit Organization
<input type="checkbox"/> Public Operator of Public Transportation Services	<input type="checkbox"/> Private Operator of Public Transportation Services

SUPPLEMENTAL INFORMATION – See Appendix A

<input type="checkbox"/>	Copy of current IRS W-9 Taxpayer Identification Certification Form, new applicants only
<input type="checkbox"/>	Service Area/Route Map (if applicable)
<input type="checkbox"/>	Attachment 1: Vehicle Inventory (if requesting funds for vehicles)
<input type="checkbox"/>	Attachment 2: Maintenance of Vehicles & Vehicle Being Replaced (if requesting funds for vehicles)
<input type="checkbox"/>	Current Letters of Support for project
<input type="checkbox"/>	Last three (3) years of financial audits, new applicants only
<input type="checkbox"/>	Most recent financial audit, existing applicants only

CERTIFICATIONS - See Appendix B

Please provide an explanation for any documentation not submitted.

	Certifying Authority
	Local Share Certification
	Title VI Plan Certification, new applicants only
	EEO Certification
	Single Agency Audit Certification
	Traditional Project Certification Eligibility-Units of Local Government, new applicants only
	Private Non-Profit Organizations-Certification Eligibility, new applicants only

SECTION II: PROJECT UNDERSTANDING

Needs & Benefits (50 Points)

The following questions should be answered for all projects, unless otherwise noted. *If you need additional space, attach separate document.*

1. Describe the project (500 words)

1a. Estimated number of individuals to be served by your project annually.

	Unduplicated Number of Riders/Users Annually		Total Number of Trips/Users Annually	
	Existing (Current Operations Only)	Projected*	Existing (Current Operations Only)	Projected*
Seniors 60 years of Age and Over (Projects Serving Seniors)				
Individuals with Disabilities				
General Public				
Total				

Definition of Unduplicated Users/Riders: Unduplicated Users/Riders are counted based on an annual basis. Each user/rider is counted only once annually, no matter how many times he/she utilizes the service or facility. If records are unavailable to accurately count the number of unduplicated users/riders, an estimate is acceptable.

*1b. Explain how you derived at your projections (200 words)

1c. Provide the temporal and geographic scope of activities in the table.

Day of Week	Operating Hours	Geographic Coverage	
		Core Service Area Specify Municipal and County Areas Covered	Special Destination Trips Outside of Core Service Area (if applicable)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

4. Specify what unmet needs this project is designed to meet and what strategies will be used to address those needs by checking all applicable boxes below.

RTC Coordinated Human Services Public Transportation Plan		
UNMET NEEDS/ GAPS	COORDINATION STRATEGIES	
<input type="checkbox"/> Affordability of transportation	<input type="checkbox"/> Goal #1: Create a Local Coordinating Council	
<input type="checkbox"/> Expanded service area boundaries and service hours	<input type="checkbox"/> Goal #2: Enhance Mobility and Accessible Transportation Options	
<input type="checkbox"/> Need for additional help to/ from the vehicle	<input type="checkbox"/> Microtransit Expansion	<input type="checkbox"/> Expansion of RTC ACCESS Service Area
<input type="checkbox"/> Reservation requirements	<input type="checkbox"/> Subsidized Transportation Network Companies	<input type="checkbox"/> Vehicle Sharing
<input type="checkbox"/> Need for a centralized information directory	<input type="checkbox"/> Expansion of RTC's Washoe Senior Ride Program	<input type="checkbox"/> Utilization of Volunteer Drivers
	<input type="checkbox"/> Expansion of RTC's SMART Trips Program	<input type="checkbox"/> Utilization of Nonprofit Transportation Providers
	<input type="checkbox"/> Goal #3: Creation of One-Call/One-Click Center	
<p>MORE DETAILS: https://www.rtcwashoe.com/wp-content/uploads/2021/02/Washoe-County-CHSPTP-Update-Final-Report.pdf</p>		

5. How will you utilize the strategies you identified in Question 4 to address your unmet needs? (500 words)

Coordination, Partnership & Outreach (20 Points)

6. How will this project utilize or coordinate with other human service agencies and/or public transportation providers? If the project will not include coordination, provide detailed explanation for the reasons that coordination cannot occur. (200 words)

7. How does this project improve access to other transportation services that go beyond the project's geographic boundary? (200 words)

8. How will the target population be given priority on all project activities, if the service is not restricted to the target population? (200 words)

9. How will the project be marketed to the target population and promote public awareness? Include information on how populations with Limited English Proficiency will be apprised of the project and whether marketing materials will be available in other languages. (200 words)

Project Readiness (30 Points)

SECTION III: BUDGET REQUEST

OPERATING BUDGET REQUEST

The project operating budget estimate should be based on actual annual expenditures for existing services. Budgets for New Services without an operating history should detail the sources of their estimated budgets. Applicants who are operating their own services shall fill out Items A-D in the Budget Details. Applicants who are contracting for service should only fill out Item E.

Budget Detail Year 1

<u>Estimated Operating Expenses</u>	
a. Wages, Salaries & Benefits	\$
b. Maintenance & Repairs	\$
c. Fuel	\$
d. Insurance	\$
e. Contract Services (specify):	\$
<u>Total Operating Expenses</u>	\$
Less Estimated Revenue (enter negative number)	\$ ()
Net Operating Cost	\$
Total Section 5310 funding request (<i>Expenses must exceed minimum of \$50,000</i>)	\$
Local Share (50% of net operating cost)	<i>Not required</i>

Budget Detail Year 2

Estimated Operating Expenses		
a. Wages, Salaries & Benefits		\$
b. Maintenance & Repairs		\$
c. Fuel		\$
d. Insurance		\$
e. Contract Services (specify):		\$
Total Operating Expenses		\$
Less Estimated Revenue <i>(enter negative number)</i>		\$ ()
Net Operating Cost		\$
Total Section 5310 funding request <i>(Expenses must exceed minimum of \$50,000)</i>		\$
Local Share (50% of net operating cost)		Not required

CAPITAL BUDGET REQUEST

	<u>Federal Request</u>	
	<u>Year 1</u>	<u>Year 2</u>
Vehicle(s)*	\$	\$
Facility Improvement	\$	\$
Computer Software Hardware/Technology	\$	\$
Other Yr1: Other Yr2:	\$	\$
Total Capital Request	\$	\$

**Complete Attachment B – Vehicle Inventory (if requesting funds for vehicles)*

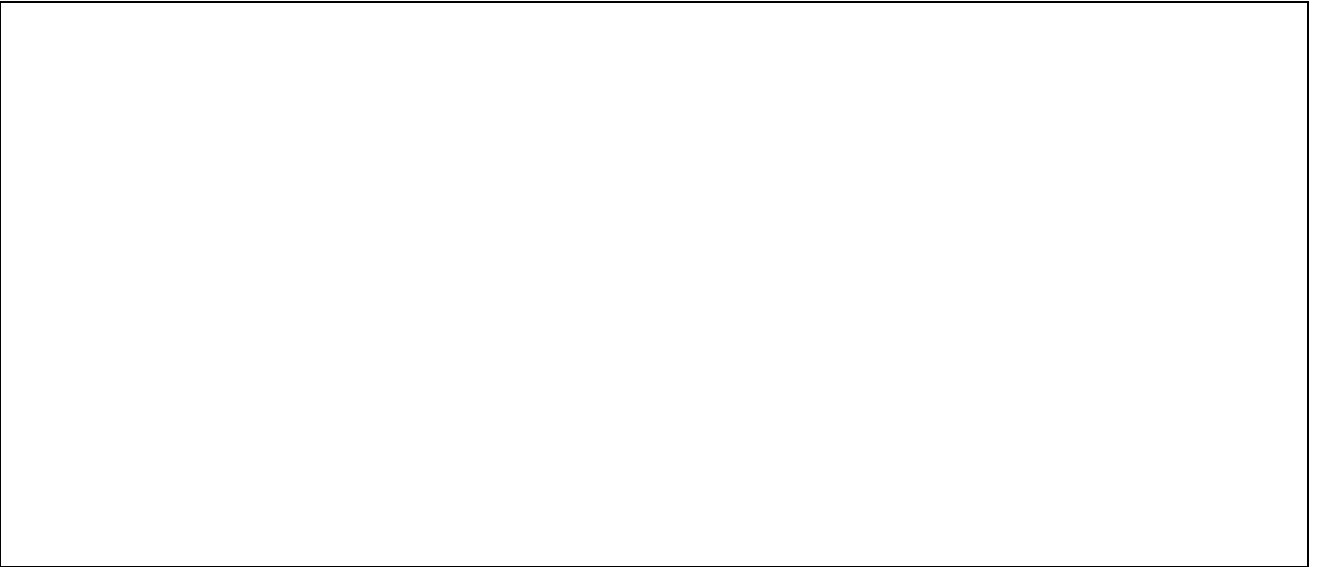
MOBILITY MANAGEMENT BUDGET REQUEST (Capital)

<u>Major Activities</u>	<u>Federal Request</u>	
	<u>Year 1</u>	<u>Year 2</u>
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total Mobility Management Request	\$	\$

Mobility management consists of short-range planning and management activities and projects for improving coordination among public transportation and other transportation service providers carried out by a recipient or subrecipient through an agreement entered into with a person, including a government entity, under 49 U.S.C. Chapter 53 (other than Section 5309). Mobility management does not include operating public transportation services.

The RTC encourages applicants to apply for mobility management funding to assist in the administration of the program. This funding can be used to fund a staff position that is responsible for administering the program (partner coordination, invoice preparation and submittal, reporting preparation and submittal) and can be the main point of contact for RTC staff.

1. Describe the methodology used to develop the budget. (200 words)



2. Describe how you intend to maintain your project after grant funding ends. (200 words)



3. Provide a list of federal grants that your agency has administered within the last three years. (200 words)

APPENDIX A
SUPPLEMENTAL INFORMATION

Attachment 1: Vehicle Inventory

To be completed if 5310 funding will be used to fund capital purchase of a new or used vehicle.

Current Vehicle Inventory

Type	Current Mileage	Year of purchase	Fuel Type ¹	Passenger Capacity	ADA Equipped	Condition of Vehicle ²	On-Board Communication ³	Annual Trips	Funding Type ⁴
1.									
2.									
3.									
4.									
5.									

Are all of your vehicles covered by insurance? YES NO

Do any of your vehicles require a CDL*? YES NO If yes, how many vehicles require a CDL? ___

Proposed Capital Vehicle Purchase

Type	New or Used ⁵	Year of purchase	Fuel Type ¹	Passenger Capacity	ADA Equipped	Condition of Vehicle ²	On-Board Communication ³	Insurance Coverage ⁶	CDL Required
1.									
2.									
3.									
4.									
5.									

1 - Gasoline, Diesel, Electric, Hybrid, Etc.
 2 - New, good, fair, poor condition of vehicle
 3 - Radio, AVL, Other (please specify)

4 - Source of funds (State, Local, Federal) used to purchase vehicle.
 5 - If vehicle is used, note the mileage at the time of purchase.
 6 - Minimum amount of insurance required to operate the vehicle.

* All drivers of motor vehicles designed to transport sixteen or more passengers (including the driver) or of vehicles which have a gross combination weight rating of 26,001 pounds or more must have a CDL. Mechanics that drive the vehicles must also have a CDL.

Attachment 2: Maintenance of Vehicles and Vehicle Being Replaced

(For vehicle requests only)

To assure that vehicles acquired with Federal Transit Assistance funds are maintained in optimal operating condition, it is required that they be maintained in accordance with the vehicle manufacture's recommended maintenance schedule. Applicants must verify by certifying below:

Maintenance Certification

_____ certifies that vehicles purchased under Section 5310 will be maintained in accordance with the detailed maintenance and inspection schedule provided by the manufacturer.

(Signature of Authorized Representative)

(Printed name)

(Title)

(Date)

Vehicle Being Replaced

This vehicle will be taken out of service *(can be used as backup)*.

Applicant: _____

Year of Vehicle Being Replaced: _____

(Vehicle must have been in service for at least four years or has a minimum of 100,000 miles.)

Make: _____

Model: _____

Vehicle Identification Number: _____

Mileage (indicate date of mileage): _____ *(date)*

Vehicle Condition: _____

Identify the type of vehicle requested that will replace the vehicle listed above: _____

APPENDIX B

REQUIRED CERTIFICATIONS

CERTIFYING AUTHORITY

I am duly authorized to make the following certification on behalf of the Applicant Organization and based on my position, knowledge and experience with the Applicant Organization:

- 1) the information contained in the Application, including attachments, is true and correct;

- 2) the Applicant has the requisite fiscal, managerial, and legal capabilities to carry out the operations and maintenance of the Project in accordance with 49 U.S.C. Section 5310; and

- 3) the Applicant shall adhere to the federal, state and local requirements related to the Project.

Signature of Authorized Official

Date

Title

LOCAL SHARE CERTIFICATION FORM

I, the undersigned representing _____
(Insert Legal Name of Applicant) (Insert Name of Authorized Official)

do hereby certify to the Regional Transportation Commission, that the required \$_____ in
local match funds are available and that the source of the funds are from _____;
(be specific)

and comply with local share requirements in FTA Circular 9030.1E, which are:

- a. Cash from non-governmental sources other than revenues from providing public transportation services;
- b. Non-farebox revenues from the operation of public transportation service, such as the sale of advertising and concession revenues. A voluntary or mandatory fee that a college, university, or similar institution imposes on all its students for free or discounted transit service is not farebox revenue;
- c. Amounts received under a service agreement with a State or local social service agency or private social service organization;
- d. Undistributed cash surpluses, replacement or depreciation cash funds, reserves available in cash, or new capital;
- e. Amounts appropriated or otherwise made available to a department or agency of the Government (other than the Department of Transportation); and
- f. In-kind contribution such as the market value of in-kind contributions integral to the project may be counted as a contribution toward local share.

Signature of Authorized Official

Date

Title

NOTE: THIS FORM IS NOT REQUIRED BUT MAY HELP PROJECT SCORING IF A LOCAL MATCH IS AVAILABLE.

**TITLE VI PLAN CERTIFICATION FORM
(New Applicants Only)**

Title VI of the Civil Rights Act of 1964 provides that no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any program or activity receiving Federal financial assistance. The program receiving such funds, shall abide by, and is committed to ensuring that no person is excluded from participation in or denied the benefits of, its activities or services on the basis of race, color, or national origin.

I, the undersigned representing _____
(Insert Legal Name of Applicant) *(Insert Name of Authorized Official)*

do hereby certify to the Regional Transportation Commission,

that the attached Title VI Plan, approved on _____ is in effect.

OR

that a Title VI Plan will be developed should an award be made pursuant to this application.

Signature of Authorized Official

Date

Title

**EQUAL EMPLOYMENT OPPORTUNITY (EEO)
CERTIFICATION FORM**

Agencies that have 50 or more transit-related employees are required to prepare and maintain an EEO Program. Transit-related employees are defined as all part-time employees and employees with collateral duties that support the transit program. For example, anyone who processes payments for a 5310-funded project would be considered a transit-related employee.

I, the undersigned representing _____ *(Insert Legal Name of Applicant)* _____ *(Insert Name of Authorized Official)*

do hereby certify to the Regional Transportation Commission,

- This organization will not have 50 or more transit-related employees even if awarded this project.
- This organization has 50 or more transit-related employees and attached is our EEO Program.
- This organization will develop and submit an EEO Program should we be awarded a 5310 project and have more than 50 transit-related employees.

Signature of Authorized Official

Date

Title

SINGLE AGENCY AUDIT CERTIFICATION FORM

In accordance with CFR, Title 2-Subtitle A, Chapter II, Part 200, Subpart F, *Audit Requirements*, a Grantee that expends \$750,000 or more of federal funds from all sources during its fiscal year is required to have a single audit performed in accordance with CFR, Title 2, Part 200.

Please check the appropriate box:

- I certify our agency did not expend \$750,000 or more in federal awards during our most recent fiscal year ending on _____(mm/dd/yy).

- I certify our agency expended or will expend \$750,000 or more in federal awards during our most recent fiscal year ending on _____(mm/dd/yy) and has fulfilled or will fulfill the audit requirement under CFR, Title 2, Part 200.

- In the event my agency does receive \$750,000 or more in total from all federal sources during the current fiscal year, my agency will comply with the Single Audit Act and submit to the RTC a copy of its most recent audit conducted in compliance with the Act.

Signature of Authorized Official

Date

Title

Local Governmental Authority Certification

(For Government Entities Only)

For governmental entities to be eligible for the "Traditional – Capital" 5310 funding, the state or local government authority needs to be approved by the State to coordinate services for seniors and individuals with disabilities or certify that there are no non-profit organizations readily available in the area to provide the service. See 49 U.S.C. 5310(b)(1) and (b)(2).

As the authorized representative of _____, I certify that:

Our agency is approved by the State to coordinate services for seniors and individuals with disabilities.

OR

There are no nonprofit organizations readily available in the area to provide the service as described in the 5310 application.

(Signature of Authorized Representative)

(Printed name)

(Title)

(Date)

PRIVATE NON-PROFIT ORGANIZATION CERTIFICATION ELIGIBILITY

Private Non-Profit Organization

As a private non-profit organization, _____
(insert name of private non-profit organization)

have attached to this application our IRS 501(c)(3) letter establishing our eligibility for Section 5310 funding.

Signature of Authorized Official

Date

Title