**Section 4 - Funding Requests - Miscellaneous Capital Requests**

Listed below are other capital expenses that can be applied for through the 5310 program. Any projects that require right-of-way are not eligible for funding.

* Passenger facilities related to *Section 5310-funded vehicles -*Example: Purchase and installation of benches, shelters, and other passenger amenities.
* Support facilities and equipment for *Section 5310-funded vehicles -*Example: Extended warranties that do not exceed industry standard; Transit-related intelligent transportation systems (ITS); Fare collection systems.
* Lease of equipment when lease is more cost effective than purchase.
* Acquisition of transportation services under a contract, lease, or other arrangement. This may include acquisition of ADA-complementary paratransit services when provided by an eligible recipient or subrecipient. Both capital and operating costs associated with contracted service are eligible capital expenses. User-side subsidies are considered on form of eligible arrangement.
* Public transportation projects that improve access to fixed-route service and decreased reliance by individuals with disabilities on ADA-complementary paratransit service:
  + Making accessibility improvements to transit and intermodal stations not designated as key stations as part of an alteration or renovation to an existing station, so long as the projects are clearly intended to remove barriers that would otherwise have remained.
  + Building an accessible path to a bus stop that is currently inaccessible, including curb cuts, sidewalks, accessible pedestrian signals, or other accessible features.
  + Adding an elevator or ramps, detectable warnings, or other accessibility improvements to a non-key station that are not otherwise required under the ADA.
  + Improving signage or wayfinding technology.
  + Implementation of other technology improvements that enhance accessibility for people with disabilities, including ITS. In the space below, describe the capital items to be funded.

**Your Organization Name:** Click or tap here to enter text.

Please describe items of miscellaneous capital you are requesting

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| **Miscellaneous Capital Request** | **Total Cost** | **20% Local Match** | **80% Federal** |
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