5310: Enhanced Mobility of Older Adults and Individuals with Disabilities

FFY YEAR 2019 FUNDING APPLICATION

DUE: January 13, 2020 at 4:00 p.m.

To be considered for this grant, the applicant must attend an informational meeting about the grant on:

December 3, 2019 at MORPC office 111 Liberty Street, Columbus, Ohio 43215 from 3:30 pm to 5:00 pm

December 5, 2019 at the Delaware County Transit Board office 119 Henderson Court, Delaware, Ohio 43015 from 2:00 pm to 3:00 pm

OR discuss with MORPC staff the intentions and expectations behind the applicant's ask.

MORPC staff wants to ensure sure that what you are asking to fund is feasible. If you cannot make the informational meeting and/or would like to schedule a meeting beyond that, contact Mike Borger at mborger@morpc.org or 614-233-4155.

Eligible Applicants

This request is for private non-profit organizations, state and local government agencies, public or private operators of public transportation services that are seeking operational funding for transportation projects which will continue or increase access to transportation options for older adults or individuals with disabilities within the Columbus Urbanized Area (Franklin, Delaware, and portions of Fairfield and Licking counties) of Central Ohio (see *figure 1*.)

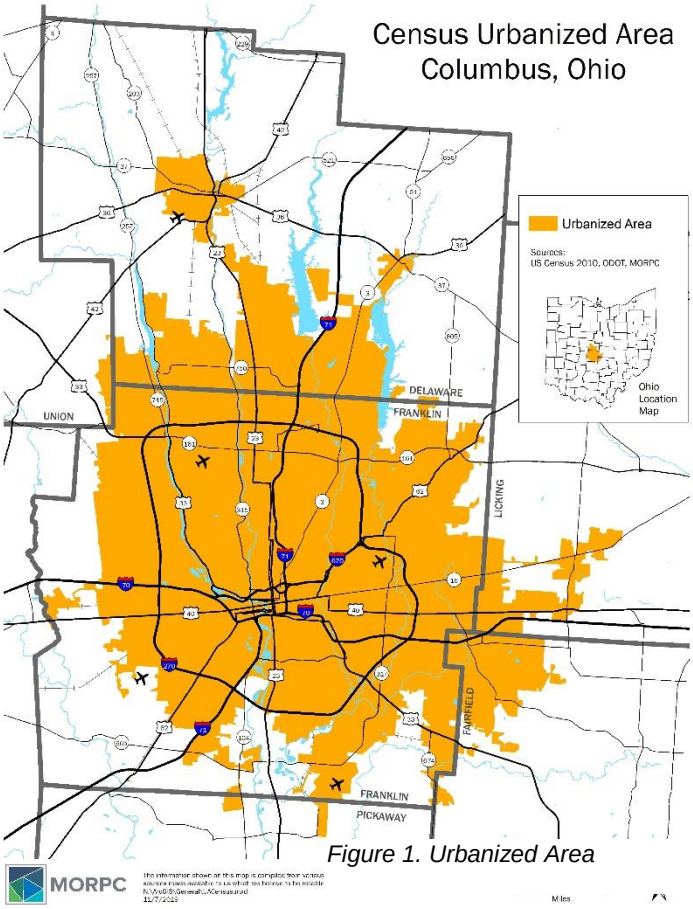

Figure 1. Urbanized Area

Submission Deadline and Requirements

1. Requests must be received at MORPC by 4:00 p.m. on Monday, January 13, 2020.
2. Please submit one [1] original hard copy file and one [1] searchable* PDF file of this request along with the required attachments
    a. *Please save your final document as a PDF and do not scan the document after it is printed.
    b. PDF-ed versions can be emailed to mborger@morpc.org
3. Send to : MORPC ATTN: Mike Borger 111 Liberty Street, Suite 100 Columbus, OH 43215

This request will be reviewed by MORPC. Project requests will be selected based upon availability of funds.

Instructions on filling out and submitting this application:

1. **To respond to the questions**: You must fill out all appropriate boxes provided below.
    a. Please also review the Appendices and fill the ones that are appropriate for your organization.
2. **For any open-ended responses:** You must keep your response to the question. If you feel you must submit any extra information about your agency, please do so as an attachment.
3. Some of the sections may not apply to every request. These sections will be highlighted and explained, but if you have any further questions, please contact MORPC staff.
4. **Funding Requests**: Section 5310 funds can cover operational costs (though this may be limited to transit agencies) and other capital costs. A full breakdown of other capital costs can be found in Section 4. See below for a brief outline of covered items under other funding.
    a. Vehicles
    b. Communication equipment and computer hardware/software
    c. Capitalized maintenance of vehicles
    d. Mobility management
    e. Other miscellaneous capital
        i. Purchased transportation; passenger facilities; support facilities and equipment; lease of equipment if more cost effective than purchase; etc.
        ii. **All miscellaneous capital requests must be vetted by MORPC staff before the application is submitted.**

All reimbursements for other funding requests will require proof of the funds spent, which includes cancelled checks and invoices submitted to MORPC. Vehicle purchases will require local match before ordering each vehicle.

Section 1: Agency Information

Please check ONE of the options below:

☐ New Applicant ☐ Returning Applicant

APPLICANT INFORMATION					
Organization Name					
Returning Applicant					
Project Title					
Street Address					
City		State		ZIP	
Organization Type	☐Local Government		☐Private Non-Profit		
	☐Private For-Profit		☐Public Non-Profit		
Contact Person					
Contact's Title					
Contact's Email Address					
Contact's Phone #					
Federal Tax ID #		Duns #		OH Charter #	
Service Area					
Service Area Population (General information about the population in service area.)					
Trip Destinations Outside Service Area (Explain if and when organization may transport to destinations outside service area.)					

Please identify your agency's future capital needs from 2021 to 2024. This will assist MORPC in documenting the capital needs in the Columbus urbanized area.

Year	2021	2022	2023	2024
Type Vehicles Equipment Capitalized Maintenance Purchase Transportation Mobility Management				
Cost Vehicles Equipment Capitalized Maintenance Purchase Transportation Mobility Management				

Audit

⬓Please provide a copy of your organization's most recent audit as an attachment to your request.

References for New Recipients

Please fill out the table below with references from up to three of your current funders. By filling out this table you are allowing MORPC to contact these references.

ORGANIZATION NAME	CONTACT NAME	PHONE NUMBER	EMAIL

Funding Request and Local Match Certification

I, the undersigned, representing _____(Legal Name of Agency), do hereby certify to the Mid-Ohio Regional Planning Commission (MORPC) that the required local match for the proposed project will be available in the following amount(s), from the following source(s) by the start date of the proposed project.

Requested Items	QTY	Total Cost (Estimate)	Federal Share (80%)	Local Share (20%)	Funding Source(s) (Be Specific)
Vehicle(s)					
Operating					

Computer Hardware/Software					
Capitalized Maintenance					
Mobility Management					
Misc. Capital					

Authorizing Signature	
Printed Name	
Title	
Organization	
Date	

Section 2: Project Description and Agency's Management Capacity

Inadequate Public Transit in Service Area
In an effort to decrease gaps in service, it is encouraged to increase service in areas that do not have adequate public transit.
Please Check ONE of the options below:

☐ There is a public transit system in my area.*
☐ There is not a public transit system in my area.

IF THERE IS A PUBLIC TRANSIT SYSTEM IN YOUR SERVICE AREA:
Please expand on the relationship between your service and the public transit system. Explain coverage of the public transit service and your service area and if you work with the public transit agency and how.

Project Description

Use the space provided to give a brief description of your project:

Brief Description of Project (What items and cost breakdown, with total cost)	
Local Match	
Current Funding for Program	
Project Location (City/County)	
Project Need (Why will these funds fulfill a need your agency has in helping the targeted populations?)	
Project Goals & Objectives	
Project Non-Vehicle Capital Requests (Description and amount)	

Project Vehicle Capital Requests (Number, type, and total cost of vehicles, if this for a new expansion vehicle, or a replacement vehicle)	

Returning Applicants: Use the space provided to give a short update on your program, and identify any changes since your last request. Be sure to include a summary of prior vehicle use.

Project Alignment with Goals from the Regional Coordinated Plan Describe how your project aligns with the goals of the regional Coordinated Public Transit-Human Services Plan. Be sure to complete certification in Appendix A.

Agency's Management Capacity

All Applicants: Answer the questions below.

Is your organization public or private?	
Is your organization a non-profit or for-profit?	
Is your transportation program open to anyone that fit a certain set of criteria (ie: age, disability status, geography)? Yes/No	
Is your transportation program only available to clients of your agency?	

New Applicants: Use the spaces provided to give a brief description of your structure, making sure to address the following:

Governing Structure	
Organizational Structure	
Funding Sources	

Returning Applicants: Please use the space provided to give a short update on your structure, noting any changes since your last request.

Section 3: Coordination Efforts

Please provide a list of coordinating agencies below and include a brief description of your current coordination efforts with each agency.

- If you coordinate transportation in one project with more than one agency, please list all the agencies together and explain the project.
    - This could include contracted work with another agency, cooperative fuel purchases, etc.
- A letter of support from each coordinating agency is required.
- A list containing additional coordinating agencies may be included with attachments at the end of your request.

	Agency Name	Coordination Efforts
1		
2		
3		
4		
5		
6		
7		

Section 4: Funding Requests

Current Vehicle Inventory

Complete the information in the tables below for each vehicle used to transport passengers, listing replacement vehicles first.

Current Inventory of Vehicles	
Number of Accessible Vehicles	
Total Number of Vehicles	
% of Accessible Vehicles	

Make	Model	Year	VIN	Replacement Vehicle Yes/No	# of ambulatory passengers /wheelchairs	Mileage	Year Purchased Or Leased	Total One Way Passenger Trips Per Year*	12-Month Maintenance /Repair Costs

Previous Vehicle Utilization - The minimum useful life for vehicles is 4 years or 100,000 miles for sedans; or 5 years or 120,000 miles for minivans, accessible vans, MV-1s, and LTL/LTNs; or 6 years or 150,000 miles for LTVs. *A trip is counted every time a passenger boards a vehicle. For example: 10 people in one vehicle going to and from one location adds up to 20 passenger trips.

Purchasing Vehicles

MORPC purchases vehicles off of the Ohio Department of Transportation's (ODOT) contract for vehicle purchasing. In 2019, ODOT changed the way it does vehicle contracts. Now, instead of one vendor per vehicle type, there may be more than one vendor. This means that the purchaser can decide which vendor to use. **Choosing a vendor is the applicant's responsibility.**

Available vehicle types for this round of funding:

- LTV-FS (Light transit vehicle Fiberglass over Steel Construction)
- LTV-HC (Light Transit Vehicle Honey-comb Construction)
- LTL (Low Floor Light Transit Vehicle)
- LTN (Light Transit Vehicle Narrow Body)
- AV (Accessible Van)
- MMV (Modified Mini Van)

The applicant must submit a fully filled out and vendor approved Vehicle Cost Worksheet with this application to be considered for funding. These forms were attached with the packet for this application and can also be found here:

Vendor List by Vehicle Type

LTV-FS	LTV-HC	LTL	LTN	AV	MMV

Vehicle Utilization Estimate

Fill out the table below. You may apply for up to three vehicles. Please see Vehicle Usage Calculations in Appendix D for further information on calculating this information.

	Vehicle 1	Vehicle 2	Vehicle 3
Type of vehicle requested			
Number of days per week vehicle will be operated			
Estimated passenger trips to be provided per year*			
Estimated mileage per year			
Estimated hours per year			
Replacement or new vehicle?			

Estimated Cost of Vehicle (based on worksheet)			

Previous Vehicle Utilization - The minimum useful life for vehicles is 4 years or 100,000 miles for vans and sedans or 5 years or 150,000 miles for buses. Vans and sedans should have at least 90,000 miles and buses should have at least 135,000 miles at the time of Request submission
If your agency operates multiple vehicles, your fleet must be at least 50% accessible before a non-accessible vehicle will be approved.

Available Vehicle Types for this Application

LTV- FS types:	LTV-HC types:	LTL types:	LTN types:	AV type:	MMV type:
Light Transit Vehicle Fiber- glass over Steel Construction	Light Transit Vehicle Honey-comb Construction	Light Transit Vehicle, Low Floor	Light Transit Vehicle Narrow Body	Accessible Van –	Modified Mini Van
LTV-12-2	LTV-12-2	LTL-12-2	LTN-6-3	Accessible Vehicle	Dodge Caravan
LTV-0-6	LTV-0-6	LTL-12-3	LTN-8-2		
LTV-16-2	LTV-16-2	LTL-16-2			
LTV-12-3	LTV-12-3				
LTV-13-2	LTV-13-2				

As previously stated, new state vehicle contracts have been awarded and there are now multiple vendors for each type of vehicle, with the exception of the MMV.

The new vendors are:

- Modified Minivan (MMV) – Braun
- Accessible Van (AV) – American Bus, BSI, & Driverge (formerly TransitWorks)
- Light Transit Narrow Body (LTN) – American Bus, BSI, & TESCO
- Light Transit Low Floor – American Bus & TESCO
- Light Transit Fiberglass over Steel – BSI, Myers, & TESCO
- Light Transit Honeycomb – Myers & TESCO

Please note that are two (2) new changes to the MMV and LTN. The MMV now has an option for an in-floor ramp (please see a short demo video here).

The LTN is no longer a Ford E-350 cutaway vehicle as in the past. It is now a **Ford Transit cutaway 350 Passenger Van** with a side lift and transit bus door.

We encourage all subrecipients to take a look at all vendors for the vehicle they are interested in. Though the base vehicle prices vary, the options can change the overall cost of the vehicle depending on the vendor.

If a subrecipient wishes to order any options not listed on the Vehicle Cost Worksheet, they must be invoiced separately and paid for with 100% local funds.

If you have any questions about any of the vehicles or options, please contact the vendor directly. The contact name and info can be found here or on the Vehicle Cost Worksheet for award subrecipients (see Appendix D for Vehicle Cost Worksheets.)

Communication Equipment and Computer Hardware/Software Funding Requests

In the space below, please explain how the communication equipment or computer hardware or software will be utilized and benefit the agency, including improvements in service, coordination or reduction in cost, etc.

Please give a breakdown of the capital funding requests by item.

Capital Funding Request (Be Specific)	**Type (Communication Equipment, Computer Hardware/Software)**	**Unit Cost**	**QTY**	**Total Cost**	**20% Local Match**	**80% Federal**

Capitalized Maintenance

Capitalized Maintenance includes all expenses associated with the preventive maintenance of transit service-related vehicles. Vehicles that are eligible for Capitalized Maintenance reimbursement are **active** vehicles that have been purchased through previous Section 5310.

Please fill out the fields below with your estimated costs per each category. Listed below are the eligible items that may be reimbursed per line item.

Eligible Expenses	Total Cost	20% Local Match	80% Federal
501.02 - Mechanics & Bus Washers			
502.15 - Mechanics & Bus Washers *(fringes include vacation time, sick leave time, holiday pay, uniforms, etc.)*			
503.05 - Repairs and oil changes done other than in-house			
504.01 - Fuel for service vehicle purchase of case of oil for in-house charges			
504.02 - Tires - repairs for revenue vehicles, new repair for service vehicles			
504.99 - Repairs - for example, other than tires, vehicle washing, vehicle towing			
TOTAL			

Mobility Management

Please provide a work plan and general overview of your current or planned mobility management program. Please include how this will (or does if it is part of an existing program) fit in with your agency's transportation program, what tasks will be involved, and how it will (or does) interact with other agencies.

Name the person (if already employed by your organization) who will be designated as the lead on this project. Discuss this person's education and experience and explain how it is sufficient for the success of the project. If you don't currently have a mobility management project, discuss the minimum qualifications required and preferred qualifications desired for your ideal candidate to lead the project.

State the number of hours (out of a possible 2,080) that this person will be performing mobility management project activities. State the estimated number of paid leave hours and estimated number of unpaid leave hours. For a 40-hour workweek, the total project hours, paid leave hours, and unpaid leave hours must equal 2,080.

	Total Cost	20% Local Match	80% Federal
Work hours associated with mobility management activities (out of total possible of 2,080 at full time)			
Estimated number of paid leave hours			
Estimated number of unpaid leave hours			

For applicants that also operate a transportation service:

Name manager/supervisor of transportation service	
List the responsibilities, if any, related to your transportation services that the mobility management project leader will have	

When will:

Project Start Date	
Project End Date	

Budget Narrative

Please include a detailed budget narrative to justify the expenses listed below with mobility management.

Please fill out the fields below with your estimated costs per each category. Listed below are examples of the eligible items that may be reimbursed per line item.

Eligible Expenses	Total Cost	20% Local Match	80% Federal
501.02 - Mobility Manager and Other Staff			
503.02 - Advertising provided by an advertising agency			
503.06 - If you pay to have your facility cleaned by a janitorial service			
504.99 - Office supplies, postage			
505.00 - Telephones, gas, electric, water & sewage, pager and cell phone rental, trash collection			
509.01 - Memberships & Publications (only 90% of OPTA & APTA is allowable)			
509.02 - Costs associated with meetings & conferences, driver meal reimbursement for out of county trips, if agency policy			
509.08 - Brochures, marketing system, advertising for hiring, public notices			

509.99 - Copying, staff recognition, parking (not food or gifts)			
512.12 - Lease costs of office facilities, equipment, and furnishings			
600.00 - In-kind costs for payment to county, city agency support that are not direct charges			
501.02 Salaries and Wages			
502 Fringe Benefits			
503.02 Advertising Fees			
503.03 Professional & Technical Services			
503.06 Custodial Services			
503.99 Other Services			
504.99 Materials and Supplies			
505 Utilities			
506 Casualty and Liability Costs			
509.01 Dues and Subscriptions			
509.02 Travel and Meetings			
509.08 Advertising/Promotional Media			
509.99 Other Misc. Expenses			
512.12 Leases & Rentals of Facilities			
600 Indirect Expenses			
TOTAL			

Miscellaneous Capital Project Request

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:
  (a) 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.
  (b) Building an accessible path to a bus stop that is currently inaccessible, including curb cuts, sidewalks, accessible pedestrian signals, or other accessible features.
  (c) Adding an elevator or ramps, detectable warnings, or other accessibility improvements to a non-key station that are not otherwise required under the ADA.
  (d) Improving signage or wayfinding technology.
  (e) 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.

Please describe items of miscellaneous capital you are requesting

Miscellaneous Capital Request	Total Cost	20% Local Match	80% Federal
TOTAL			

Section 5: Title VI Data Collection

Purpose: The FTA requires that transit systems provide certain types of demographic information in order to determine the number of minority persons served in its transit service area. MORPC has determined it is necessary to collect this data in the form of Transit Clients served.

Please complete the form using the number of transportation clients served. An individual client may be reported as both a low-income and a minority client. Only report the transit system's clients served. DO NOT report U.S. Census percentages or passenger trips. Use your client database to determine the number of low-income and/or minority clients. Use agency contact data if available. If you don't have that information, provide your best estimate and footnote how you arrived at that estimate at the bottom of the page. Please use the most up-to-date data.

For more information concerning Title VI requirements go to Title VI Circular 4702.1B, "Title VI Requirements and Guidelines for FTA Recipients": http://www.fta.dot.gov/civilrights/12328.html.

Transportation Clients Served	Category
	Low-Income means a person whose median household income is at or below the Department of Health and Human Services' poverty guidelines.
	Minority Persons include the following:
	American Indian and Alaska Native, which refers to people having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
	Asian, which refers to people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.
	Black or African American Populations, which refers to peoples having origins in any of the Black racial groups of Africa.
	Hispanic or Latino Populations, which includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
	Native Hawaiian and Other Pacific Islander, which refers to people having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Title VI General Reporting Requirements

A one-page separate attachment is allowed if more space is needed.

Please provide responses to each of the questions listed below. If you have supporting documentation, please simply state "see documentation."

Describe the procedure for investigating and tracking Title VI complaints filed against the agency. Is this procedure available to members of the public upon request?

Describe the mechanism for disseminating this information to the public. Provide a summary of public outreach and involvement activities undertaken and a description of the steps taken to ensure minority, low-income, and Limited English Proficiency populations have meaningful access to these activities.

Provide a list of all active lawsuits or complaints against your organization alleging discrimination based on race, color, or national origin with respect to service or other transit benefits. Each lawsuit or complaint must include the date of the investigation, lawsuit, or that complaint was filed, a summary of the allegations, the status of the investigation, lawsuit, or complaint and actions taken in response to the investigation, lawsuit, or complaint.

Do you have a mechanism in place to ensure meaningful access to the benefits, services, information, and other important portions of your programs and activities for individuals who are Limited English Proficient?

Summarize all civil rights compliance reviews conducted by other local, state, or federal agencies during the past three years. (This question is for the applicant, which includes the entire agency, or if a government entity, the county or city.)

Appendix A

Self-Certification that Project is Included in Coordinated Public Transit-Human Services Transportation Plan

This project is included in, or is consistent with, the overall goals and objectives of the Delaware and Franklin Counties Coordinated Plan.

I, (name of authorized authority) _____, do hereby certify that the project named (project name)_____ is derived from the Locally Developed, Coordinated Public Transit-Human Services Transportation Plan for Delaware and/or Franklin County.

Agency/Organization Name	
Signature of Authorized Official Date	
Printed Name of Authorized Official	

Appendix B

Resolution for Certification of a Public Body

A public body is a city, county, township, transit board or DD Board. Section 501(c)(3) nonprofit agencies are not public bodies.

The _____ (Agency Name) certifies that it is a governmental authority and that no nonprofit corporation or associations are readily available in the proposed service area to adequately provide the service.

_____

Signature of Authorized Official Date

_____

Title

_____

Attest Date

Appendix C

SAMPLE Resolution of Authorizing Board

WHEREAS, _____ (Agency/Organization Name) is submitting a Request to the Mid-Ohio Regional Planning Commission ("MORPC") for Columbus Urbanized Area Federal Transit Administration (FTA) funding from the Enhanced Mobility for Older Adults and Individuals with Disabilities program (Section 5310); and

WHEREAS, MORPC is the designated recipient of the Enhanced Mobility for Older Adults and Individuals with Disabilities (Section 5310) program for the Columbus Urbanized Area authorized to make grants to public bodies, private nonprofit organizations, and other eligible entities; and

WHEREAS, the Enhanced Mobility for Older Adults and Individuals with Disabilities program provides eighty percent (80%) federal funds for capital projects and fifty percent (50%) federal funds for operating projects to support alternatives to public transportation projects that assist Older Adults and individuals with Disabilities, new or expanded transportation services and alternatives that go beyond the requirements of the Americans with Disabilities Act (ADA) of 1990 for individuals with disabilities; and

WHEREAS, the Enhanced Mobility for Older Adults and Individuals with Disabilities program is paid on a reimbursement basis, requiring the applicant to first expend funds then request reimbursement from MORPC, which will, in turn, request the funds from FTA; and

WHEREAS, the applicant certifies it will provide at least twenty percent (20%) local matching funds for capital or planning projects and fifty percent (50%) local matching funds for operating projects from sources other than federal Department of Transportation funds; and

WHEREAS, this project is included in the Delaware and Franklin Counties Coordinated Plan for the Columbus, Ohio Urbanized area; and

WHEREAS, _____ (Agency/Organization Name) agrees to abide by federal requirements as a sub-recipient of FTA funds, including Federal Fiscal Year 2018 Certifications and Assurances inclusive of provisions of Title VI of the Civil Rights Act of 1964, and all subsequent annual Certifications and Assurances during the length of the agreement, including federal procurement, maintenance, useful life, disposition standards, and ongoing reporting; and

WHEREAS, _____ (Agency/Organization Name) is authorized to execute a contract with MORPC if selected for the Enhanced Mobility for Older Adults and Individuals with Disabilities program; now therefore

BE IT RESOLVED by the Governing Body of _____ (Agency/Organization Name) that:

Authorization is given to _____ (Authorized Official/Executive Director) to submit this Request to MORPC, acting as the designated recipient of FTA funds, for the Enhanced Mobility for Older Adults and Individuals with Disabilities Program and to execute a contract with MORPC if selected for funding.

Appendix D

Vehicle cost worksheets may be found on the MORPC website here:

The above link will take you to cost sheets related to the following vehicles: LTL, LTN, LTV, LTC-HC, LTV-FS, MMV and AV. Please save and submit and required sheets with your application.