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| SECTION I. APPLICANT INFORMATION |

|  |  |
| --- | --- |
| Legal Name of Organization: | |
| Address: | |
| City/Town: | Zip code: |

| Website: |
| --- |
| Phone Number: -- |

| Application Contact Name: |
| --- |
| Application Contact Title: |
| Application Contact Email Address: |

| Authorized Official Name: |
| --- |
| Authorized Official Title: |
| Authorized Official Email Address: |

|  |
| --- |
| Agency/Organization Type:  Private Nonprofit Organization[[1]](#footnote-2) State or Local Governmental Entity |

|  |
| --- |
| What is your organization’s mission and purpose? (Limited to 400 Characters): |
|  |

|  |
| --- |
| What are the transportation services your organization provides? (Limited to 400 Characters): |
|  |

|  |
| --- |
| What is the current number of drivers in your organization with (only) a Public Passenger Endorsement (PPE)?: |
|  |

|  |
| --- |
| What is the current number of drivers in your organization with a Commercial Driver’s License (CDL)?: |
|  |

|  |
| --- |
| What is the current number of vehicles in your organization’s fleet?: |

|  |
| --- |
| SECTION II. PROJECT PROPOSAL |

1. Why is your organization requesting funding for a vehicle? Select one.

To continue to provide existing service by replacing a vehicle in the current fleet

To expand on existing service

To start a new service

If your organization is requesting funding to continue to provide existing service, indicate the following information for the vehicle proposed for replacement.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year** | **Make** | **Model** | **VIN Number** | **Mileage** | **License Plate** |
|  |  |  |  |  |  |

Does your organization have the title to the vehicle proposed for replacement?  Yes  No

Does your organization wish to replace a vehicle that has not met its useful life but requires excessive maintenance?  Yes  No

If yes, explain below any major component problems of the vehicle proposed for replacement, including but not limited to repeated engine replacement, excessive repairs during the warrantee period due to a design flaw or repair costs that amount to more than the vehicle replacement cost.[[2]](#footnote-3)

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|  |

1. How would your organization manage access to the transportation services it provides? Select all limits that apply and explain below.

|  |
| --- |
| To qualify to use your organization’s transportation services: |
|  |
| Passengers must travel to/from a select list of destinations or origins |
| Passengers must have a qualifying trip purpose (i.e., medical) |
| Passengers must be members of the organization  Passengers are asked to make a donation |
| Passengers must reside in certain municipalities |
|  |
| Explanation:   |  | | --- | |  | |

1. Identify the type of vehicle your organization is interested in obtaining. This should be consistent with the vehicle type indicated in the budget page.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Vehicle Type** | | | | | | | | | |
|  | Conf. A | Conf. B | Conf. C | Conf. D | Conf. E | Conf. F | Conf. Fa | Conf. G | Conf. H | Conf. I |
| Vehicle 1 |  |  |  |  |  |  |  |  |  |  |

1. Describe how your organization would use the vehicle to serve seniors and/or individuals with disabilities.

|  |
| --- |
|  |

1. What is your organization’s proposed service area? List all of the municipalities the requested vehicle wouldregularly travel to and indicate the primary service location(s).

|  |  |
| --- | --- |
| Municipality 1: | Municipality 6: |
| Municipality 2: | Municipality 7: |
| Municipality 3: | Municipality 8: |
| Municipality 4: | Municipality 9: |
| Municipality 5: | Municipality 10: |
| Additional municipalities: | |

1. Specify the hours of operation and expected number of one-way trips **per day** for the requested vehicle.

|  | **Start (AM/PM)** | **End (AM/PM)** | **# of Passenger Trips** |
| --- | --- | --- | --- |
| Sunday |  |  |  |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |

1. What gap identified in the [Locally Coordinated Public Transit Human Service Transportation Plan](https://portal.ct.gov/DOT/Publictrans/Bureau-of-Public-Transportation/Human-Services-Transportation-Programs) (LOCHSTP) does your organization’s proposal address? Select all that apply.

|  |  |
| --- | --- |
| **Information & Awareness Gaps**  Inter-regional coordination  Informational awareness & service marketing  Centralized information resource  Passenger training  **Temporal Gaps**  Weekday off-peak service  Weekend service  Holiday service  Urgent Non-Emergency Medical Transportation (NEMT)  Same-day service | **Geographical Gaps**  Service to/from rural areas  Inter/Intra-regional transportation  **Client Gaps**  Non-ADA eligible service  Door-to-Door service  Door-through-Door service  **Service Quality Gaps**  Accessible vehicle (non-taxi)  **Other (specify):** |

1. CTDOT continuously updates the LOCHSTP plan, to identify existing gaps in transportation for seniors, people with disabilities and persons earning low-income, and devise strategies to address those gaps and improve coordination of services. Would your organization be interested in participating in the process or receiving information about it?

Yes  No

If yes, *and* your organization has not already received LOCHSTP outreach from CTDOT, a regional Mobility Manager or the local Regional Council of Governments, indicate your organization’s designated contact information below and the Section 5310 team will relay your organization’s interest to the appropriate CTDOT contact.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Title** | **Email Address** | **Phone Number** |
|  |  |  |  |

1. How are the current transportation services in your organization’s proposed service area insufficient in serving the needs of seniors and individuals with disabilities? Select all that apply.

Other services in the proposed service area do not have accessible transportation or vehicles

Other services require a fee

Other services have more restrictive operating hours or days

Other services have more restrictions on trip purpose

Other services don’t provide transportation to the necessary trip destinations or origins

Other services have a more limited geographic service area

Other services require transfers or additional connections to access trip destinations

Other services can only be accessed by overcoming physical barriers, such as inaccessible bus stops or sidewalks

No other services exist for seniors and/or people with disabilities in the proposed service area

Miscellaneous (specify):

1. How would your organization’s vehicle fulfill the unmet needs identified in question #9?

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|  |

1. How does your organization determine that there are no (other) nonprofit organizations readily available in the area to provide the proposed service?

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|  |

1. How would your organization inform seniors and individuals with disabilities about the service provided with the vehicle?

|  |
| --- |
|  |

1. How would your organization inform seniors and individuals with disabilities with Limited English Proficiency (LEP) about the service provided with the vehicle? Select all that apply.

|  |
| --- |
| Enlist the help of bilingual staff or employees proficient in another language, including sign language |
| Utilize a professional translation service |
| Offer Language Identification and/or I Speak cards  Subscribe to a language interpretation service on an as-needed basis |
| Communicate with relatives or guardians of the LEP individual  Provide picture cards or visual aids  Coordinate with another municipal department, nonprofit organization or local government to share translation resources  Miscellaneous (specify): |
|  |

1. Estimate the number of individuals in the following groups to be served by the vehicle(s):

|  |  |  |  |
| --- | --- | --- | --- |
| Black | Pacific Islander | Alaskan Native | White |
| Hispanic | American Indian | Asian | Other |

1. Explain how the number of individuals in question #14 were estimated. Note that organizations not currently collecting this information from passengers may request it on a voluntary basis.

|  |
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1. Would your organization make the requested vehicle available for use by another nonprofit organization, municipal department, or other municipality outside of your organization’s transportation service operating hours?  Yes  No

If yes, explain the arrangement in detail below and note the organization or municipality with whom the vehicle would be shared.

|  |
| --- |
|  |

1. Would your organization coordinate with a nonprofit organization or municipality to provide service using the requested vehicle?  Yes  No

If yes, explain the coordination in detail below[[3]](#footnote-4):

|  |
| --- |
|  |

If no, explain why and indicate any ongoing discussions or proposed plans to coordinate that have not yet been implemented:

|  |
| --- |
|  |

1. Would your organization operate the service provided with the vehicle?  Yes  No
2. Would your organization contract out the service?  Yes  No

If yes, identify the service provider below[[4]](#footnote-5):

|  |
| --- |
|  |

1. Has your organization published a Public Notice[[5]](#footnote-6) in a major newspaper to notify other transportation operators of your intent to apply for Section 5310 capital funding?

Yes  No

1. How does your organization’s request for vehicle funding complement other sources of funding or grants received from local, state and/or federal public resources?

|  |
| --- |
|  |

1. How would your organization resolve a complaint regarding the vehicle or service?

|  |
| --- |
|  |

1. Who in your organization would be responsible for ensuring timely maintenance of the vehicle, completing quarterly reporting and communicating with the Connecticut Department of Transportation (CTDOT)? Include the name, title and contact information of the responsible individual(s) for each.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Title** | **Email Address** | **Phone Number** |
| **Maintenance:** |  |  |  |  |
| **Reporting:** |  |  |  |  |
| **Communication:** |  |  |  |  |

1. Where would the vehicle be located when not in use?

|  |
| --- |
|  |

1. Who would perform preventative maintenance and repairs on the vehicle? (Name and full address)

|  |
| --- |
|  |

1. Who would perform preventative maintenance and repairs on the vehicle lift? (Name and full address)

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| --- |
|  |

1. Describe your organization’s proposed maintenance plan and schedule for the vehicle.

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| SECTION III. ANNUAL BUDGET |

The annual budget page is available on the state contracting portal (CTsource) with the 2023 Section 5310 grant application materials and is titled *Section 5310 Traditional Capital Application – Budget Page.* The budget page must be completed and submitted as part of the application package.

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| SECTION IV. CERTIFICATION FOR NONPROFIT ORGANIZATIONS & ELIGIBLE PUBLIC BODIES |

Federal Transit Administration Section 5310 Program

2023 Funding Cycle

Title 49 U.S.C. 5310(a)(1) authorizes funding for public transportation capital projects planned, designed and carried out to meet the special needs of elderly individuals and individuals with disabilities.

Title 49 U.S.C. 5310(a)(2) provides that a State may allocate the funds apportioned to it to a governmental authority that certifies that there are not any non-profit organizations readily available in the area to provide the special transportation services.

I  (Name of Authorized Official) certify that there are no non-profit organizations serving  (Name of Organization) that meet the special transportation needs of seniors and individuals with disabilities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Authorized Official

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Official[[6]](#footnote-7)

Date

|  |
| --- |
| SECTION V. TITLE VI REQUIREMENTS ACKNOWLEDGEMENT |

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance.[[7]](#footnote-8)

If awarded Section 5310 funding, your organization:

1. Would be responsible for reviewing and ensuring compliance with all applicable provisions and requirements of FTA Circular 4702.1B “[Title VI Requirements and Guidelines For Federal Transit Administration Recipients](https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/FTA_Title_VI_FINAL.pdf).”
2. Would be required to develop a Title VI Program and submit it to the Connecticut Department of Transportation (CTDOT) Office of Contract Compliance (OCC) for acceptance **prior** to receiving funding.
3. Would be required to include the documents listed below into a Title VI program:
   1. Title VI Notice to the Public
   2. Title VI Complaint Process and Procedures
   3. Title VI Complaint Form
   4. Title VI Complaint Log
   5. Public Participation Plan
   6. Language Assistance Plan (including a Four-Factor Analysis)
   7. A table depicting the membership of non-elected committees and councils (membership of which is selected by the recipient), broken down by race, and a description of the process the organization uses to encourage minority participation.
4. Would be required to update the Title VI Program periodically (at least every three years), to incorporate changes and additional responsibilities that may arise.

I have read and been informed of the Title VI requirements my organization would need to comply with if awarded Section 5310 funding. I understand that failure to comply with the requirements under Title VI may result in a delay or denial of funding.

Grant Applicant Signature:

Printed Name:

Date:

|  |
| --- |
| SECTION VI. APPLICANT SIGNATURE |

**Required Signature:** By typing my name on the signature line below, I confirm that I have completed this application to the best of my knowledge on behalf of my organization, and that I have read and understand the *2023 Section 5310 Application Instructions*. I have made a copy of the completed application packet for my records.

Grant Applicant Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant Applicant Signature[[8]](#footnote-9):  Date:

1. **Additional Requirement**

   If your organization is a Private Nonprofit Organization, include a copy of your *Articles of Incorporation* with this application, even if your organization has previously received Section 5310 grant funding. [↑](#footnote-ref-2)
2. **Additional Requirement**

   Attach copies of repair bills and correspondence with the vendor and/or original equipment manufacturer for a vehicle proposed for replacement that has not met its useful life and requires excessive maintenance. [↑](#footnote-ref-3)
3. **Additional Requirement**

   If your organization currently coordinates with a nonprofit organization or municipality to provide transportation service or share a vehicle, include a copy of the interagency agreement with the application. [↑](#footnote-ref-4)
4. **Additional Requirement**

   If your organization currently contracts out service, include a copy of the service agreement with this application. [↑](#footnote-ref-5)
5. **Additional Requirement**

   Attach evidence of efforts made to notify other transportation providers of your proposed service. This must include 1) A copy of the Public Notice as it was published, 2) A paid invoice from the newspaper (tear sheet), 3) A copy of each email or letter sent to transit operators in the proposed service area no less than one week prior to the publish, and 4) Any written comments received from interested parties [↑](#footnote-ref-6)
6. Authorized official may be an Executive Director, Mayor, Town Manager, First Selectman or the lead of an organization. CTDOT will only accept electronic signature. [↑](#footnote-ref-7)
7. Specifically, Title VI 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." (42 U.S.C. Section 2000d). [↑](#footnote-ref-8)
8. Name of person who completed the grant application. CTDOT will only accept electronic signature. [↑](#footnote-ref-9)