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Application Due: May 2, 2019 at Noon -- Submit to: Section5310@rtachicago.org

DATE:

PROJECT TITLE:

APPLICANT INFORMATION					
Applicant's Legal Name:	<input type="text"/>				
Contact Person/Title	<input type="text"/>				
Address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip code:	<input type="text"/>
Telephone #:	<input type="text"/>	Email Address:	<input type="text"/>		
DUNS #:	<input type="text"/>	Applicant Fiscal Year:	<input type="text"/>		

REQUEST TYPE (check all that apply)				
<input type="checkbox"/> Operating	<input type="checkbox"/> Capital	<input type="checkbox"/> Mobility Management	<input type="checkbox"/> Administration	
	<input type="checkbox"/> New Project	<input type="checkbox"/> Continuation of an Existing Project		

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

CERTIFICATIONS AND BOARD RESOLUTION See Appendix A. <i>Please provide an explanation for any documentation not submitted.</i>	
<input type="checkbox"/>	Certifying Authority
<input type="checkbox"/>	Local Share Certification
<input type="checkbox"/>	Title VI Plan Certification (New Applicants Only)
<input type="checkbox"/>	EEO Certification
<input type="checkbox"/>	Single Agency Audit Certification
<input type="checkbox"/>	Traditional Project Certification Eligibility-Units of Local Government (New Applicants Only)
<input type="checkbox"/>	Private Non-Profit Organizations-Certification Eligibility
<input type="checkbox"/>	Approved Board Resolution (authorizing application submittal and name of authorized official)



SECTION 1: APPLICANT QUESTIONS

The following questions should be answered for all projects, unless otherwise noted.

If you need additional space, attached 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 your projections (200 words)

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

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



2. What is your plan for assessing project performance¹? (200 words)

3. What entity is currently or will operate the service (operating projects only)? (200 words)

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.

HSTP UNMET NEEDS	HSTP STRATEGIES	Select Regional Strategies in CMAP ON TO 2050
MORE DETAILS: https://www.rtachicago.org/sites/default/files/documents/Exhibit%20A_HSTP.pdf		MORE DETAILS: ON TO 2050 Plan
<input type="checkbox"/> Centralized Information	<input type="checkbox"/> Improve Service Integration	<input type="checkbox"/> Facilitate Partnerships for Service Sharing and Consolidation
<input type="checkbox"/> Spatial Limitations	<input type="checkbox"/> Improve Accessibility	<input type="checkbox"/> Make Transit More Competitive
<input type="checkbox"/> Temporal Limitations	<input type="checkbox"/> Tools that Improve Productivity	<input type="checkbox"/> Ensure Equitable Transit Access
<input type="checkbox"/> Program Eligibility and Trip Purpose Limitations	<input type="checkbox"/> Flexible Transit Services	<input type="checkbox"/> Improve Access to Public Rights of Way for Pedestrians, Cyclists, Seniors, and People with Disabilities
<input type="checkbox"/> Service Redundancies		<input type="checkbox"/> Improve the effectiveness and accessibility of demand response services
<input type="checkbox"/> Service Quality and Miscellaneous Issues		<input type="checkbox"/> Transit providers, local governments, and the private sector should work together to explore new ways to provide targeted, flexible and/or on-demand service in EDAs, low density areas, and for seniors and people with disabilities
<input type="checkbox"/> Sustainability		

¹ The assessment could be based on any number of factors, for example: number of trips; seniors served; individuals with disabilities served; quality of service; on-time performance; outreach; coordination; etc. The RTA will require detailed project status reports with performance information from all projects. Beyond that, subrecipients will be asked to provide additional performance metrics specific to their projects in status reports.



Regional
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Authority

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

9. How will the project be marketed to the target population? 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)
10. Provide a list of federal grants that your agency has administered within the last three years. (200 words)
11. During the course of the project, do you expect to provide an overmatch? (All operating projects in the traditional category provide an overmatch). If yes, provide the source of the overmatch. (200 words)



SECTION 2: 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

Estimated Operating Expenses	\$
a. Wages, Salaries & Benefit	\$
b. Maintenance & Repair	\$
c. Fuel	\$
d. Insurance	\$
e. Contract Services (specify): _____	\$
Total Operating Expenses	\$
Less Estimated Revenue	\$ ()
Net Operating Cost	\$
Total Section 5310 funding request	\$
Local Share (50% of net operating cost)	\$

Budget Detail Year 2

Estimated Operating Expenses	\$
a. Wages, Salaries & Benefit	\$
b. Maintenance & Repair	\$
c. Fuel	\$
d. Insurance	\$
e. Contract Services (specify): _____	\$
Total Operating Expenses	\$
Less Estimated Revenue	\$ ()
Net Operating Cost	\$
Total Section 5310 funding request	\$
Local Share (50% of net operating cost)	\$

CAPITAL BUDGET REQUEST

	Federal Request 80% of Total Cost	Local Share 20% of Total Cost	Total Cost
Facility Improvement	\$	\$	\$
Computer Software Hardware/Technology	\$	\$	\$
Total Capital Request	\$	\$	\$

Rolling Stock is not eligible.



MOBILITY MANAGEMENT BUDGET REQUEST

Major Activities	Federal Request 80% of Total Cost	Local Share 20% of Total Cost	Total Cost
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTALS	\$	\$	\$

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.

ADMINISTRATION BUDGET REQUEST (ITEMIZE)

Item	Cost	Federal Request 100% of Total Cost
	\$	\$
	\$	\$
	\$	\$
TOTALS	\$	\$

All administration expenses must directly support the project and may not exceed 10% of the total federal share requested. Only direct costs are eligible for reimbursement, unless your organization has a cost allocation plan approved by your federal cognizant agency.

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

Appendix A

CERTIFICATIONS AND BOARD RESOLUTION



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.

Note: Authorized Official should be that of the official named in the Governing Board Resolution unless other documentation is provided.

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 Authority, 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.

Note: Authorized Official should be that of the official named in the Governing Board Resolution unless other documentation is provided.

Signature of Authorized Official

Date

Title



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 Authority,

- 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.
- that _____ will adopt the RTA's Title VI Plan.
(Insert Legal Name of Applicant)

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 Authority,

- 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 fulfil the audit requirement under CFR, Title 2, Part 200.
- In the event the 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 RTA a copy of its most recent audit conducted in compliance with the Act.

Signature of Authorized Official

Date

Title



TRADITIONAL PROJECT CERTIFICATION ELIGIBILITY UNITS OF LOCAL GOVERNMENT

(New Applicants Only)

Public agencies must certify that no non-profit agencies are readily available in order to be eligible for traditional 5310 project funding.

- As a unit of local government, (insert name of unit of local government) certifies that no non-profit agency is readily available in the area. The RTA will contact you to assist with the certification process.

- As a unit of local government, (insert name of unit of local government) does not wish to become a certified agency.

Signature of Authorized Official

Date

Title



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 is our IRS 501(c)(3) letter establishing our eligibility for Section 5310 funding.

Signature of Authorized Official

Date

Title



GOVERNING BOARD RESOLUTION

This or a similar resolution is required of all applicants.

Resolution No.

Project Title

Resolution authorizing applications for and execution of a FY2018 and FY2019 Section 5310 grant agreement under the Regional Transportation Authority's general authority to make such Grants.

Whereas, the Regional Transportation Authority (the "Authority"), is authorized make such grants as the designated recipient of the FY2018 and FY2019 Section 5310 program for Northeastern Illinois; and

Whereas, the Authority has the power to expend funds for use in connection with FY2018 and FY2019 Section 5310 projects, and

Whereas, the Authority has the power to make and execute all contracts and other instruments necessary or convenient to the exercise of its powers, and

Whereas, approval for said funds will impose certain financial and reporting obligations upon the recipient.

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BOARD OF THE [Insert Name of Applicant]:

Section 1. That the [Insert Authorized Official], {Authorized Official Title} and his/her successor is authorized to execute and file applications on behalf of [Insert Name of Applicant] with the Regional Transportation Authority for a FY2018 and FY2019 Section 5310 grant for [Insert Project Title].

Section 2. That the [Insert Authorized Official], {Authorized Official Title} and his/her successor is authorized to furnish such additional information, assurances, certifications and amendments as the Regional Transportation Authority may require in connection with this FFY2018 and FY2019 Section 5310 grant agreement application.

Section 3. That the [Insert Authorized Official], {Authorized Official Title} and his/her successor certify that {Insert Name of Applicant} will provide the required local match from {Insert Source of Funds for Local Match} funds.

Section 4. That the [Insert Authorized Official], {Authorized Official Title} and his/her successor is authorized and directed on behalf of the [Insert Name of Applicant] to execute and deliver grant agreements and all subsequent amendments thereto between the [Insert Name of Applicant] and the Regional Transportation Authority for FY2018 and FY2019 Section 5310 grant, and the Secretary of the (Name of Applicant) is authorized and directed on behalf of the [Insert Name of Applicant] to attest said agreements and all subsequent amendments thereto.

Section 5. That the [Insert Authorized Official], {Authorized Official Title} and his/her is authorized and directed to take such action as is necessary or appropriate to implement, administer and enforce said agreements and all subsequent amendments thereto on behalf of the [Insert Name of Applicant].

PRESENTED and ADOPTED the _____ day of _____, 20_____

Signature of Authorized Official

Signature of Attest

Title

Title