



FY2020 & FY2021 Application

Section 5310: Enhanced Mobility of Seniors and Individuals with Disabilities

Application Due: April 22, 2021 at Noon -- Submit to: Section5310@rtachicago.org

DATE:

PROJECT TITLE:

| APPLICANT INFORMATION | | | | | |
|-------------------------|--|------------------------|--|-----------|--|
| Applicant's Legal Name: | <input style="width: 980px; height: 20px;" type="text"/> | | | | |
| Contact Person/Title | <input style="width: 980px; height: 20px;" type="text"/> | | | | |
| Address: | <input style="width: 980px; height: 20px;" type="text"/> | | | | |
| City: | <input style="width: 95%; height: 20px;" type="text"/> | State: | <input style="width: 95%; height: 20px;" type="text"/> | Zip code: | <input style="width: 95%; height: 20px;" type="text"/> |
| Telephone #: | <input style="width: 95%; height: 20px;" type="text"/> | Email Address: | <input style="width: 980px; height: 20px;" type="text"/> | | |
| DUNS #: | <input style="width: 95%; height: 20px;" type="text"/> | Applicant Fiscal Year: | <input style="width: 980px; height: 20px;" 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"/> 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.

1. Check what goal(s) from the HSTP and strategies from the ON TO 2050 Plan this project is designed to address to meet the needs of seniors and individuals with disabilities (check all applicable boxes below):

| <p align="center">Human Services Transportation Plan MORE DETAILS: https://www.rtachicago.org/sites/default/files/2021-03/HSTP%20Report%20Final.pdf</p> | <p align="center">ON TO 2050 Plan MORE DETAILS: https://www.cmap.illinois.gov/2050/principles</p> |
|--|--|
| <input type="checkbox"/> Goal #1 - Establish Mobility Mgmt & Travel Training Network (pg 71) | <input type="checkbox"/> Facilitate Partnerships for Service Sharing and Consolidation |
| <input type="checkbox"/> Goal #2 - Expand Service Areas and Hours (pg 74) | <input type="checkbox"/> Make Transit More Competitive |
| <input type="checkbox"/> Goal #3 - Coordinate Fare Media & Implement Capped Fares (pg 75) | <input type="checkbox"/> Ensure Equitable Transit Access |
| <input type="checkbox"/> Goal #4 - Coordinate Volunteer Driver Support Programs (pg 76) | <input type="checkbox"/> Improve Access to Public Rights of Way for Pedestrians, Cyclists, Seniors, and People with Disabilities |
| <input type="checkbox"/> Goal #7 - Explore Collaboration/ Consolidation of Similar Services (pg 81) | <input type="checkbox"/> Improve the effectiveness and accessibility of demand response services |
| <input type="checkbox"/> Goal #8 – Explore Regional 1-Call/1-Click Service (pg 83) | <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"/> Goal #9 - Develop Accessibility Infrastructure Database (pg 85) | |

SECTION 1: APPLICANT QUESTIONS

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

2. Describe the project in detail and explain how your project will support the strategies for each HSTP goal checked in question #1 (applies to new and existing projects);

SECTION 1: APPLICANT QUESTIONS

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

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

4. How does this project improve access to other transportation services that go beyond the project's geographic boundary?

SECTION 1: APPLICANT QUESTIONS

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

5. How will the target population be given priority on all project activities, if the service is not restricted to the target population?

6. Describe how the project be marketed to serve 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.

SECTION 1: APPLICANT QUESTIONS

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

7. How will this project utilize or coordinate with public transportation providers and /or other human service agencies? If the project will not include coordination, provide detailed explanation.

8. Describe your organizations experience, knowledge, technical and administrative ability, and financial capacity to successfully and efficiently manage federal grants?

SECTION 2: PERFORMANCE MEASURES

This section details performance measures associated with each project type and HSTP goal area. Performance measures will be used to monitor and assess each project’s progress, improvements and overall effectiveness towards improving transportation options for older adults and people with disabilities. Each applicant is required to provide baseline data and projections (where applicable) for each HSTP goal area associated with the project application. Successful applicants will be required to report quarterly on each associated performance measure. Data will also be used to evaluate future Section 5310 project applications (for ongoing operating projects).

| Goal #1: | Description: | Potential Performance Measures: |
|---|--|---|
| Establish Mobility Management and Travel Training Networks | Projects that support this goal are largely tied to operating projects. Because of this, performance measures are tied to progress made with operating projects. | <ul style="list-style-type: none"> • New partners added to Section 5310-funded operating projects. • Increase in hours and geographic coverage of operating projects. |
| Please explain how you will gather and report on identified performance measures for this project and identify any additional performance measures that will be used. | | |

| Number of Partners | | |
|---------------------------|--------------------------|--------------------------|
| Existing 2020 | Projected in 2021 | Projected in 2022 |
| | | |
| | | |

| PROVIDE THE TEMPORAL AND GEOGRAPHIC SCOPE OF THE SERVICE | | | |
|---|--|---|---|
| Day of Week | Existing Operating Hours 2020 | Projected Expansion Hours 2021 | Projected Expansion Hours 2022 |
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |
| Saturday | | | |
| Sunday | | | |

| Core Service Area Specify Municipal and County Areas Covered | | | Special Destination Trips Outside of Core Service Area (if applicable) | | |
|--|-----------------------|-----------------------|--|-----------------------|-----------------------|
| Existing 2020 | Projected 2021 | Projected 2022 | Existing 2020 | Projected 2021 | Projected 2022 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Goal #2: | Description: | Potential Performance Measures: |
|---|--|---|
| Expand Service Areas and Hours | Projects that support this goal are operating projects, many of which are existing projects previously funded by Section 5310. Existing projects are expected to provide data (where available) for previous years as well as projections in each area. New project applications are required to provide projections only. | <ul style="list-style-type: none"> • Extend service area boundaries. • Extend hours of operation for night/early morning. • Current and projected ridership. |
| Please explain how you will gather and report on identified performance measures for this project and identify any additional performance measures that will be used. Please provide details on how you derived at your projections (explain how you will extend service boundaries, hours of operation, and increase ridership). | | |

Number of individuals to be served by your project annually

| | Current Ridership (Existing projects) | | Projected Annual Ridership (All projects) | |
|---|--|-------------|--|-------------|
| | 2019 | 2020 | 2021 | 2022 |
| Seniors 65 years of Age and Over (Projects Serving Seniors) | | | | |
| Individuals with Disabilities | | | | |
| General Public | | | | |
| Total | | | | |

PROVIDE THE TEMPORAL AND GEOGRAPHIC SCOPE OF THE SERVICE

| Day of Week | Existing Operating Hours 2020 | Projected Expansion Hours 2021 | Projected Expansion Hours 2022 | Number of New Riders Expansion Hours & Service Area |
|--------------------|--|---|---|--|
| Monday | | | | |
| Tuesday | | | | |
| Wednesday | | | | |
| Thursday | | | | |
| Friday | | | | |
| Saturday | | | | |
| Sunday | | | | |

| Core Service Area Specify Municipal and County Areas Covered | | | Special Destination Trips Outside of Core Service Area (if applicable) | | |
|---|-----------------------|-----------------------|---|-----------------------|-----------------------|
| Existing 2020 | Projected 2021 | Projected 2022 | Existing 2020 | Projected 2021 | Projected 2022 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Inter-County Transfers or Services | | |
|---|---|------------------|
| List of Partners | Interagency Agreement Y/N or in-progress | County(s) |
| | | |
| | | |
| | | |
| | | |
| | | |

| Goal #3: | Description: | Potential Performance Measures: |
|---|---|--|
| Coordinate Fare Media and Implement Capped Fares for Certain Trips | Projects that support this goal are largely policy changes related to operating projects. | <ul style="list-style-type: none"> • Longer distance trips are more affordable. • Number of agencies that accept the common fare media. • New funding sources identified to support the reduction in fare revenue for longer-distance trips that are provided for a capped fare rate. |
| Please explain how you will gather and report on identified performance measures for this project and identify any additional performance measures that will be used. | | |

| Goal #4: | Description: | Potential Performance Measures: |
|---|---|---|
| Coordinate Volunteer Driver Support Programs | Projects that support this goal are new or existing operating projects. | <ul style="list-style-type: none"> • Trip calls are converted from undeliverable turndowns (outside area or hours) to filled by volunteer. • Stability of or growth of screened and trained volunteer driver pool. • Volunteer hours of service. |
| Please explain how you will gather and report on identified performance measures for this project and identify any additional performance measures that will be used. | | |

| Goal #7: | Description: | Potential Performance Measures: |
|--|--|--|
| Explore Collaboration / Consolidation of Similar Services | Projects that support this goal are planning projects or activities carried out by a mobility manager. | <ul style="list-style-type: none"> • Feasibility of collaboration among human service agencies is explored • If determined to be more cost effective, agency transportation program administration functions will be consolidated. • If determined to be more cost effective while preserving quality of service, vehicles will be purchased by a single lead agency and all trips will be scheduled and dispatched from a central office. • Cost savings achieved through collaboration. • Quality of service is maintained or improved after collaboration. • Agencies secure funding to replace or partially replace ongoing Section 5310 program awards. |
| Please explain how you will gather and report on identified performance measures for this project, and identify any additional performance measures that will be used. | | |

| Goal #8: | Description: | Potential Performance Measures: |
|---|---|---|
| Establish Regional One Call / One Click Service | Projects that support this goal are planning projects to conduct feasibility studies or capital funding to implement software | <ul style="list-style-type: none"> • Total usage and frequency of usage by customers. • Accuracy of transportation information. • Types of trips planned. • Customer satisfaction |
| Please explain how you will gather and report on identified performance measures for this project and identify any additional performance measures that will be used. | | |

| Goal #9: | Description: | Potential Performance Measures: |
|---|---|---|
| Create an Accessibility Infrastructure Database | Projects that support this goal are planning projects to conduct data collection and or/ create a database. | <ul style="list-style-type: none"> • Completion of database • Percentage of regional inventoried / number of communities inventoried • Usage of database |
| Please explain how you will gather and report on identified performance measures for this project and identify any additional performance measures that will be used. | | |

SECTION 3: 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.

| Operating Expense | Year 1 Request | | Year 2 Request | |
|-------------------|----------------|-----------------|----------------|-----------------|
| | Federal 50% | Local 50% Match | Federal 50% | Local 50% Match |
| TOTALS | \$ | \$ | \$ | \$ |

| Capital Expense | Year 1 Request | | Year 2 Request | |
|---|----------------|-----------------|----------------|-----------------|
| | Federal 80% | Local 20% Match | Federal 80% | Local 20% Match |
| Computer Software Hardware/ Technology | \$ | \$ | \$ | \$ |
| Facility Improvements | \$ | \$ | \$ | \$ |
| TOTALS | \$ | \$ | \$ | \$ |

Rolling Stock is not eligible.

| Mobility Management Expense | Year 1 Request | | Year 2 Request | |
|--------------------------------|----------------|-----------------|----------------|-----------------|
| | Federal 80% | Local 20% Match | Federal 80% | Local 20% Match |
| Major Activities | \$ | \$ | \$ | \$ |
| 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.

Mobility Management used for staff position is intended to build coordination among existing public transportation provider and other transportation service providers with the result of expanding the availability of service.

| Administration Expense (Itemize) | Year 1 Request | | Year 2 Request | |
|-------------------------------------|----------------|----------------------------|----------------|----------------------------|
| | Federal 100% | No Local Match Required | Federal 100% | No Local Match Required |
| Item: | | | | |
| | \$ | \$0 | \$ | \$0 |
| | \$ | \$0 | \$ | \$0 |
| | \$ | \$0 | \$ | \$0 |
| TOTALS | \$ | \$0 | \$ | \$0 |

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.

Describe the methodology used to develop the above budgets.

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

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

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

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.



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