

**STATE OF CONNECTICUT
DEPARTMENT OF TRANSPORTATION**

**APPLICATION FOR CAPITAL ASSISTANCE
FOR
PRIVATE NONPROFIT ORGANIZATIONS
AND
ELIGIBLE LOCAL PUBLIC BODIES
TO PROVIDE
TRANSPORTATION SERVICES FOR
ELDERLY PERSONS AND PERSONS WITH DISABILITIES**

FEDERAL TRANSIT ADMINISTRATION'S
SECTION 5310 PROGRAM
Federal Fiscal Year 2012 Grant Cycle

*Applications must be received by both the Department of Transportation and the Regional Planning Organizations no later than **Friday, March 23, 2012.** Neither the Department nor the Regional Planning Organizations will review late applications.*

CONNECTICUT DEPARTMENT OF TRANSPORTATION
OFFICE OF TRANSIT & RIDESHARING, ROOM 1143 NE
P.O. Box 317546
NEWINGTON, CT 06131-7546
ATTN: ELLEN LAWRENCE

Please Read These Information Pages Thoroughly
General Information Concerning the Section 5310 Program

This application must be completed in its entirety. Please do not make changes to this application or submit old applications. This is the only application that will be accepted. Any other submittals will not be accepted.

Additional information may be obtained by calling (860) 594-2912

- Applicants must read the information listed below. Applications will be reviewed and prioritized for funding by the Regional Planning Organizations and the Department of Transportation.
- The Section 5310 grant for Federal Fiscal Year 2012 will be awarded as follows: The Federal Transit Administration (FTA) will pay 80% of the cost of a vehicle, but the total FTA grant amount shall not exceed \$40,000. The remaining balance of the vehicle cost must be funded by the awarded recipient. For example: A \$50,000 vehicle will be funded \$40,000 by FTA and \$10,000 funded by the recipient.
- If State funds become available, the State may fund some or all of the non-federal share, but only to the extent that the total State and Federal share combined together shall not exceed \$40,000 per vehicle.
- In order to be eligible for replacement, a vehicle must have reached the end of its useful life or the vehicle must have excessive maintenance costs that are documented and submitted with the application. Please do not submit maintenance documentation if the vehicle being replaced has reached the end of its useful life. Useful life is defined as 5 years of age or 125,000 miles for a bus and 4 years of age or 100,000 miles for a van.
- A vehicle being submitted for replacement must have reached the end of its useful life prior to submittal of this application.
- Applicants must be private nonprofit organizations or eligible local public bodies. As defined by the Federal Transit Administration (FTA), an eligible public body is one approved by the State to coordinate services for elderly persons and persons with disabilities; or which certifies to the Governor that no nonprofit organizations or associations are readily available in an area to provide the service. The certification form for local public bodies has been included in this package and must be completed and submitted with the application.
- All private nonprofit organizations that submit an application must be registered with the Secretary of the State's office.
- Applications must be filled out in duplicate, with one copy forwarded to your local Regional Planning Organization (RPO) and the other submitted to the Connecticut Department of Transportation (ConnDOT). Completed applications received by the due date will be reviewed and prioritized by both ConnDOT and your local RPO.

Applicants will receive notice of grant approval/denial prior to June 8, 2012.

- **Grants are awarded on a competitive basis. The average number of grants awarded over the past five years is 35 per year, statewide.**
- **Criteria for evaluating the applications can be found in Appendix G.**

If your organization is awarded a vehicle grant:

- **All recipients of Section 5310 funding must purchase wheelchair accessible vehicles in accordance with procedures established by ConnDOT and FTA.**
- **Insurance requirements are listed on page 11 and must be adhered to by each applicant applying for Section 5310 funding.**
- **All recipients of Section 5310 are required to submit Quarterly Operating Reports and Quarterly Maintenance Reports. Please refer to Appendix F.**
- **The State will not provide payments until a fully executed agreement is in place, the grantee receives the vehicle(s) and forwards the following completed documents to ConnDOT:**
 - **The Invoice Summary and Processing (ISP) form,**
 - **A proof of vehicle acceptance form,**
 - **A copy of the Certificate of Origin(s),**
 - **The completed CON-32 Certificate of Insurance Form,**
 - **The Post-Delivery Federal Motor Vehicle Safety Standards (FMVSS) Certification Requirement,**
 - **The Post-Delivery Purchaser's Requirements Certification, and**
 - **The Interim Bus Testing Program forms.**

Be aware that no payments can be issued between June 21 and July 20 of any calendar year.

- **Applicants should have sufficient financial resources to cover the total cost of the vehicle in the event the vehicle arrives and must be paid for prior to receipt of grant funds.**
- **For any vehicle purchased with Section 5310 funding, ConnDOT must be listed as first lien holder on the motor vehicle registration.**
- **Vehicle titles will be retained by ConnDOT until the useful life of the vehicle has lapsed.**
- **Vehicles must be registered in accordance with the rules and regulations of the Connecticut Department of Motor Vehicles.**
- **From the time of grant award, it takes approximately 15-18 months for physical delivery of vehicles.**

FTA Section 5310 CT-16-X038
Federal Fiscal Year 2012

Certification for Private Non-Profit Organizations
and Eligible Public Bodies

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 services.

I _____ certify that there are no non-profit
(Name of Authorized Official)

organizations serving _____
(Name of Eligible Public Body)

which meet the special needs of elderly individuals and individuals with disabilities.

Signature of Authorized Official

Date

Please follow directions carefully and complete all sections of this application. ConnDOT and the Regional Planning Organizations do not review, evaluate or prioritize incomplete applications.

I. GENERAL INFORMATION

Legal Name of Applicant Organization: _____

Primary Address: Street _____
P.O. Box # _____
City/Town _____
County _____
Zip Code _____

Name of Project Director: _____

Title of Project Director: _____

Telephone Number: (_____) ____ - _____

Fax Number: (_____) ____ - _____

Email Address of Project Director: _____

Nine-digit Federal Employer Identification Number: ____ - ____ - _____

Is your organization incorporated? ____ yes ____ no

If you answered "YES", a copy of your organization's Articles of Incorporation MUST BE ATTACHED.

(The Department of Transportation has Articles of Incorporation on file for those applicants who were awarded a Section 5310 grant last year. All other grant recipients must attach Articles of Incorporation if your organization is incorporated).

(Place a check mark next to the question that best fits your organization).

Does your organization serve primarily urban populations? ____ Yes ____ No

Does your organization service primarily rural populations? ____ Yes ____ No

I _____ (Project Director) certify that the information in this application is true to the best of my knowledge.

Name of Organization: _____

Current Services:

1. Describe the general services (non-transportation) currently provided by your organization. List the different programs of your agency and its activities.

2. If your organization has a website, please put the website address here.

Name of Organization: _____

3. Is your organization presently providing transportation services? _____ yes _____ no

4. If your organization is providing transportation services to the elderly and persons with disabilities, please answer the following questions.

A) Please fill in the hours of each day that your organization operates transportation. Provide the ridership by day of the week.

	Begin (AM/PM)	End (AM/PM)	# of Passengers
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

B) Please list the types of trips your organization provides. Ex: (Medical, Nutrition, Employment, etc.)

C) Please list the towns to which your organization operates transportation.

D) Does your organization charge any fares?

E) Does your organization operate a fixed route, dial-a-ride, mixed, etc? Please explain.

Name of Organization: _____

5. Current Vehicle Fleet

List your present equipment. Please fill in all boxes for each vehicle listed. If you have more than six vehicles in your fleet, you may use additional sheets, but **you must include all of the information requested below.**

	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Reg. # (License Plate)			
Vehicle ID #			
Type (car, van, bus, etc.)			
Passenger Capacity			
Model Year			
Current Mileage			
Special Equip. (lift, ramp, etc.)			
Original Funding Source of Vehicle (Sect. 5310, fund-raising, DDS, etc.)			
Are you planning to replace this vehicle with this application? (y/n)			

Name of Organization: _____

Current Vehicle Fleet (cont'd)

	Vehicle 4	Vehicle 5	Vehicle 6
Vehicle Reg. # (License Plate)			
Vehicle ID #			
Type (car, van, bus, etc.)			
Passenger Capacity			
Model Year			
Current Mileage			
Special Equip. (lift, ramp, etc.)			
Original Funding Source of Vehicle (Sect. 5310, fund-raising, DDS, etc.)			
Are you planning to replace this vehicle with this application? (y/n)			

Name of Organization: _____

6. If your organization has a vehicle that does not meet minimum useful life requirements to be eligible for replacement (4 years or 100,000 miles for a van, 5 years or 125,000 miles for a bus), but needs to be replaced due to excessive maintenance, please complete this page. Do not complete this information if your vehicle has reached the minimum useful life.

Describe the major component problems. These may include, repeated engine replacement, excessive brake and transmission replacement, excessive repairs during warrantee period due to design flaw, or repair cost more than replacement cost. Please attach to this application, copies of the repair bills or letters that have been submitted to the vendor and/or original equipment manufacturer.

Name of Organization: _____

II. PROPOSED TRANSPORTATION PROJECT

Number of vehicles being applied for: _____

Which type of vehicle do you intend to purchase? **Please check one.**

Lift-equipped **Mini-Bus** carries from 11 – 20 passengers _____

Lift-equipped **Van** carries 10 or less passengers _____

The following requirement will be included in the agreement between the State of Connecticut and applicants selected for funding.

Automobile Liability Insurance: One Million Dollars (\$1,000,000) for vehicles with a seating capacity of ten (10) or less passengers, (b) One Million Five Hundred Thousand Dollars (\$1,500,000) for vehicles with a seating capacity of eleven (11) through fourteen (14) passengers, and (c) Five Million Dollars (\$5,000,000) for vehicles with a seating capacity of fifteen (15) passengers or more, for all damages arising out of bodily injuries to or death of all persons in any one accident or occurrence, and for all damages arising out of injury to or destruction of property in any one accident or occurrence, and for all damages arising out of injury to or destruction of property in any one accident or occurrence, and shall include comprehensive and collision to provide for repair and replacement of vehicle(s).

Commercial General Liability including Contractual Liability Insurance, providing for a total limit of not less than One Million Dollars (\$1,000,000) single limit for all damages arising out of bodily injuries to, or destruction of, property including the loss of use thereof in any one accident or occurrence. Subject to that limit per accident or occurrence, the policy shall provide a total or aggregate coverage of Two Million Dollars (\$2,000,000) for all damages during the policy period.

Workers' Compensation Insurance shall also be carried in accordance with the requirements of the laws of the State of Connecticut and the laws of the United States respectively.

Seating capacity of vehicle for each vehicle being applied for:

How Many Ambulatory Passengers	How Many Wheelchair Passengers
Veh 1 _____	Veh 1 _____
Veh 2 _____	Veh 2 _____

Vehicle will be used to: (PLEASE CHECK ONE PER VEHICLE BEING APPLIED FOR).

Replace Existing Veh.	Expand Service	Start New Service
Veh 1 _____	_____	_____
Veh 2 _____	_____	_____

List all towns to be served. Please underline primary service location: _____

Location at which vehicle will be housed: _____

The following information should be provided for the vehicle(s) for which you are applying.

1. Type of service to be provided:

_____ % fixed route

_____ % demand responsive (dial-a-ride)

_____ % other (explain) _____

100% total

2. Target population - Place a check mark next to the type(s) of person(s) to be served:

_____ physically disabled (not elderly) _____ mentally disabled (not elderly)

_____ elderly and mentally disabled _____ elderly and physically disabled

_____ elderly (not qualifying as disabled)

3. Do you serve any other populations than what is listed above?

If so, what type of populations?

Name of Organization: _____

Concerning the vehicle(s) for which you are applying:

4. Estimate number of individuals in the following groups to receive service:

_____ Black _____ Pacific Islander
_____ Hispanic _____ American Indian
_____ Asian _____ Alaskan Native
_____ Other

5. Estimate number of elderly and/or disabled individuals to receive service per day:

_____ physically disabled (not elderly) _____ mentally disabled (not elderly)
_____ elderly and mentally disabled _____ elderly and physically disabled
_____ elderly (not qualifying as disabled)

6. Estimate the number of one-way passenger trips to be provided on the vehicle for which you are applying. A one-way passenger trip consists of transporting one individual from a pick-up point to his/her destination. (e.g. ten individuals transported to a medical site and returned to their homes would constitute twenty one-way passenger trips).

_____ trips per day _____ trips per month

7. When will your organization provide service on the vehicle for which you are applying? (Check all that apply).

_____ in the evening _____ out of region _____ for 6 or more hours per day
_____ through a coordinating entity _____ on weekends

NOTE: Please use realistic numbers in the above estimates. If you are selected, you will have six months to achieve these ridership goals or the State may require that the vehicle be returned to the Section 5310 program.

Name of Organization: _____

8. Describe in detail the proposed service by explaining the system of scheduling, dispatching, hours of operation, establishment of trip purpose.

9. Will your organization prioritize trip purposes? (Yes or No)

10. How will your organization let the target population know about the availability of service?

Name of Organization: _____

11. Describe the special efforts which are planned to serve low income elderly and/or disabled persons and the benefits to be derived from the proposed service to the elderly and/or disabled users.

Name of Organization: _____

III. ASSESSMENT OF OTHER LOCAL RESOURCES

1. Describe transportation now being provided to the elderly and/or persons with disabilities by other nonprofit organizations in your proposed service area including days and hours of operation, fares, types of passengers, etc.

Name of Organization: _____

2. Describe bus, taxi, and wheelchair accessible service available in your proposed service area[†] and why this service does not meet your transportation needs.

[†]Local public bodies and nonprofit organizations are expected to maintain public records that document procedures and efforts made to obtain private sector participation and the rationale used in making public/private service decisions.

Name of Organization: _____

3. Federal Transportation legislation requires a Locally Coordinated Public Transit Human Services Transportation Plan before the State of Connecticut can access funds for the Section 5310 plan. Projects to serve the elderly, people with disabilities or low income workers must be derived from this plan. Appendix A describes this planning process. Your RPO can help your agency be included in the planning process. The success of your application will be affected by the extent to which you coordinate with existing services provided in your region. **Describe plans to coordinate and/or combine your proposed service with the existing transportation services in your proposed service area, indicating efforts made toward regional coordination of service.** (Please see Appendix D and Appendix E for definitions of coordinated transportation). **ATTACH purchase of service agreements, interagency agreements or documentation of unsuccessful coordination efforts.** (Use additional sheets if necessary).

Name of Organization: _____

Attach evidence of efforts made to notify other public and private transit and paratransit providers of your proposed service. This MUST include:

4. Copies of the Public Notices placed in major newspapers in the proposed service area. A copy of the tear sheet (paid invoice from the newspaper) showing the dates published and cost. (See Appendix B).
5. A list of agencies and operators contacted. (See Sample Letter of Notification, Appendix C). The applicant, whenever practical, must request individual sign-offs from public and private for-profit transit operators in the service area stating that, “the services for-profit or public operator is able to provide are not designed to meet the special needs of elderly and/or disabled proposed in the application”.
6. Written comments from interested parties.

Name of Organization: _____

In order for the State to make the required assurance to FTA, each **public body** and **private nonprofit organization** applying for Section 5310 funding must provide to the State information addressing the following. **This section MUST BE COMPLETED IN ITS ENTIRETY or your application cannot be processed.** (Use additional sheets if necessary).

7. Does your transportation system currently utilize a private operator - such as a taxi/livery company - for all or part of your transportation requirements? If yes, please describe.

If no, please describe methods for periodically reviewing your transportation services to determine whether they can be provided more efficiently by the private sector.

8. Please describe all forums, meetings, hearings or other opportunities for involving the private sector early in the service development process.[†]
9. Please describe the process for reviewing any private sector transportation service proposals offered for consideration and the rationale for inclusion or exclusion.
10. Please list the criteria used for making public/private service decisions, including the methodology for making cost comparisons when there are two or more operators interested in providing service.
11. Please give a description and status report of any unresolved complaints received from private operators.
12. Please describe the local mechanism for resolving conflicts or complaints involving private operators.

[†]Public body applicants must afford an adequate opportunity for a public hearing, and such hearings must be held if someone with a significant economic, social or environmental interest in the matter requests a hearing.

Name of Organization: _____

IV. PROPOSED PROJECT BUDGET (MUST BE COMPLETELY FILLED IN).

1. Estimate reasonable annual OPERATING expenses **for the vehicle(s) for which you are applying**:

salaries _____

maintenance _____

fuel _____

insurance _____

overhead _____

other _____

TOTAL \$ _____

2. Indicate expected sources and dollar amounts of funds to be used to meet OPERATING expenses **for the vehicle(s) for which you are applying**. Please list specific funding sources, along with an estimation of your chances for obtaining this funding. **EACH COLUMN MUST BE FILLED IN.**

Funding Source	Dollar Amount	Probability of Funding (%)

3. Indicate expected sources and dollar amounts of funds to be used to provide the non-federal share of the CAPITAL expenses **for the vehicle(s) for which you are applying**. Please list specific funding sources, along with an estimation of your chances for obtaining this funding. **EACH COLUMN MUST BE FILLED IN.**

Funding Source	Dollar Amount	Probability of Funding (%)

Name of Organization: _____

V. MAINTENANCE OF PROJECT EQUIPMENT

1. Maintenance of Project Equipment is a priority of ConnDOT. Describe in detail your maintenance plan or the maintenance required by your service contract agreement.

2. What is the schedule for maintenance on your vehicle?

3. Please explain who performs the maintenance on your vehicles.

4. If your organization subcontracts maintenance, who is the subcontractor?

Appendix A

Community-Based Transportation Service Planning

The Connecticut Department of Transportation and regional planning organizations across the state are working together on a community planning process for Federal Transit Administration (FTA)-funded transportation of older adults (60+), persons with disabilities and individuals with low incomes. The plan will determine how those funds will be spent in Connecticut and will be developed through a process that includes representatives of public, private and nonprofit human services transportation providers and participation by the public. At this time the process only covers the three FTA-funded programs described below. In the future, it could encompass additional federally-funded and state-funded programs.

Frequently Asked Questions

What is Human Services Transportation?

For the purposes of this planning effort, it is defined as transportation services for persons with disabilities, older adults (60+), and individuals with lower incomes. This could include services provided by public transit agencies, municipalities, human service agencies and private providers such as taxi or medical livery companies.

Why are we doing community-based transportation planning?

The Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU) was signed into law on August 10, 2005. This law establishes programs and funding for the Federal Transit Administration through federal fiscal year 2009 and requires the development of Locally-Coordinated Public Transit Human Services Transportation Plans. These plans will determine how transportation funding for the three programs listed below will be spent. Lacking long-term authorization of a new federal transportation act, it is assumed that the programs and requirements will stay the same until reauthorization.

What types of programs will the locally-coordinated transportation plan include?

SAFETEA-LU requires that three federal programs be included in the plan. These are the:

- Section 5317 New Freedom Program,
- Section 5316 Job Access and Reverse Commute program (JARC), and
- Section 5310 Vehicle Grant program to serve Older Adults and People with Disabilities.

How much funding is there?

	5316	5310	5317	Total
FFY 2006	\$1,121,532	\$1,364,251	\$1,034,018	\$3,519,801
FFY 2007	\$1,182,172	\$1,440,108	\$ 971,833	\$3,594,113
FFY 2008	\$1,280,686	\$1,560,638	\$1,049,820	\$3,891,144
FFY 2009	\$1,503,190	\$1,669,623	\$1,210,107	\$4,382,920
FFY 2010	\$1,437,226	\$1,645,694	\$1,187,649	\$4,270,569
FFY 2011	\$1,435,064	\$1,638,581	\$1,193,783	\$4,267,428

What can the communities and the state do with these funds?

- *Section 5317 New Freedom* projects must assist individuals with disabilities with transportation. The projects must be for new public transportation services and public transportation alternatives beyond those required by the Americans with Disabilities Act (ADA.)
- *Section 5316 JARC* projects must improve access to employment and employment related activities for low-income workers.
- *Section 5310* provides vehicle grants to non-profit agencies or municipalities to provide transportation to seniors and people with disabilities.

Why should I get involved?

As an agency, you can represent the needs of people your agency serves. As an individual you can let us know your own needs and make those needs a part of the planning process. If you already operate a Section 5310 vehicle or are interested in applying for one, you should be involved, since future program priorities are being considered.

How do I get involved? Who do I contact?

You can get involved by attending regional meetings or by responding to a survey concerning human services transportation needs. Contact the Department at dotadmin.ctrides@ct.gov or Transit Administrator, P.O. Box 317546, Newington, CT 06131 and we will direct your inquiry to the right place.

Do I have to attend meetings?

No. We can keep you informed about what is going on in your region by adding your name to the mailing list for the region.

What will happen during the planning process?

During the planning process, partners will do the following:

1. Build a database of interested participants.
2. Inventory available services.
3. Identify gaps in service and unmet travel needs.
4. Develop proposals to address gaps in service.
5. Evaluate and select proposals to address gaps in cooperation with a panel of planning partners.
6. Prepare a list of selected projects for each region.
7. Adopt the final list in the Statewide Transportation Improvement Program and apply for FTA funds.

When will this happen?

The first plan was in place in spring 2007. An update was completed in 2009.

APPENDIX B

PUBLIC NOTICE

A public notice must be placed in a major newspaper with the greatest appropriate readership in the proposed service area on two occasions, one week apart. A minimum of fifteen days response time must be provided. The second public notice must be published no later than March 8, 2012 in order to allow for the fifteen day response time. Any public notice that appears after this date will not be accepted for this grant application. In order for this application to be considered, both copies of the public notice and a copy of the tear sheet(s) (paid invoice from the newspaper) must be attached to this application.

The notice should be consistent with the following format:

Public Notice
to
Bus and Taxi Operators

The (Name of Your Organization) _____, is applying for a capital grant under Section 5310 of the Federal Transit Act, as amended, to (replace/acquire) vehicles to be used in meeting the special transportation needs of the (elderly and/or disabled) in the (geographic area to be served).

Any interested transit or paratransit operator in the proposed service area may review the proposed application by contacting (Name, Address, and Phone Number of person in your organization to be contacted).

A public hearing will be held if requested by interested parties.

Any comments should then be sent to (Name of your Organization) with a copy to the (Regional Planning Organization in your area).

APPENDIX C

SAMPLE LETTER OF NOTIFICATION TO PRIVATE TRANSIT AND PARATRANSIT OPERATORS

Date

Private Transit and
Paratransit Operators
Proposed Service Area, CT

To Whom It May Concern:

I have enclosed a copy of the legal notice that will appear on (date) in the (major newspaper in proposed service area). The notice will be published again on (date).

Please call me if you have any questions.

Very truly yours,

Executive Director/Authorized Official
Private Nonprofit Organization/ Public Body

Enclosure

APPENDIX D

DEFINITION OF COORDINATED TRANSPORTATION

Whenever possible, Section 5310 recipients should coordinate with other local providers of transportation services, in order to enhance opportunities for cost effective operations.

Coordination is equal parts cooperation, calculation, negotiation and flexibility, resulting in reduced costs and fewer headaches in providing needed transportation services for your clients. Above all, coordination begins with...."we."

The concept of coordinated transportation can be likened to a pie - you can partake of one piece, several pieces, or the whole pie. How much coordination you want depends on your organizational structure, your budget and the transportation needs of your clients.

Let's take a look at a few of the more common coordination approaches and definitions so that we're all talking the same language. This is also the first step in helping you decide just how much participation you want in a coordinated effort.

RIDE SHARE:

Two or more separate agencies transporting to the same general vicinity alternate to pick up all clients in that area. Each agency retains management functions for vehicle operation, maintenance and administration of their own transportation system. Cost savings are realized from making fewer vehicle trips for the same number of passenger trips.

TIME SHARE:

One agency allows another agency to use a vehicle during idle times on a cost reimbursement basis. The agency retains management functions for vehicle operations, maintenance and administration of the transportation system. Costs to the owner agency are reduced by the income received from "renting" the vehicle to the other agency. The renting agency has fewer headaches since they won't need to purchase and maintain their own vehicle.

OPERATIONS COORDINATION:

Two or more separate agencies combine or centralize all activities necessary to transport passengers (routing, scheduling, dispatching). Or, an agency contracts this function out to a specified transportation provider via a purchase of service agreement. Participating agencies retain management functions for maintenance and administration. Vehicle operations functions are delegated. Cost savings are realized either through increased productivity which reduces cost per passenger trip, a reduction in necessary staff positions or through the income received from the purchase of service agreement, depending on the type and extent of participation by the agency.

MAINTENANCE COORDINATION:

Two or more separate agencies combine or centralize all or part of activities related to taking care of vehicles (maintenance, parts purchasing, vehicle storage). Or, an agency contracts this function out to a specified transportation provider. Participating agencies retain management functions for operations and administration and any portion of maintenance responsibilities retained. Cost savings result from pooling space requirements for storage and bulk purchasing of parts as well as possible reduction of staff positions.

ADMINISTRATIVE COORDINATION:

Two or more separate agencies combine all activities related to ensuring that transportation is provided safely, reliably and efficiently under a single transportation manager, whose responsibilities include personnel (drivers, dispatchers), training, major purchases, or insurance. Or, an agency contracts this function out to a professional transportation manager or firm. Participating agencies may retain management functions related to operations and maintenance, although this approach is more successful when combined with operations and/or maintenance coordination.

COORDINATED TRANSPORTATION SYSTEM:

Combining all the parts shown previously by contracting with a separate organization for the complete responsibility of providing transportation services. The terms, cost, accountability and reporting requirements are spelled out in a negotiated purchase of service agreement, which also can include management of a participating agency's vehicles. Savings include increased productivity which reduces cost per trip, as well as reductions in costs for transportation staff, overhead, maintenance, insurance and many other areas.

APPENDIX E

ESTIMATING COSTS OF COORDINATING TRANSPORTATION SERVICES

In this section, passenger trip data plus the transportation expenses previously identified are combined to give you a general picture of the per-trip or per-vehicle hour cost of transportation.

A detailed cost analysis is not always necessary for determining how much and what type of coordination best meets the needs of your organization. Employing several basic formulas will give you enough information to decide how coordinating will save you money.

To calculate the cost per trip and cost per hour, you will need to determine the annual number of passenger trips provided by your agency and the annual number of vehicle hours needed to provide those trips. A passenger trip is a one-way trip for one person from origin to destination. If your agency brings individuals from several locations to a common destination on a regularly-scheduled basis, you would count each client's one-way ride as a passenger trip. Rides back to the point of initial pickup are counted as another passenger trip for each client. A vehicle hour is the sum of the hours when a vehicle is being used to transport clients, plus the hours when a vehicle is not carrying passengers but has a driver on duty.

The formula for calculating cost per trip is the annual expense divided by the annual passenger trips. For example, if your agency provides 10,000 annual passenger trips at an annual cost of \$40,000, you have a current cost of \$4 per trip. To determine a starting point for negotiating costs under a coordination agreement, you will want to back out your unavoidable costs. Let's assume that \$2,000 of your annual expense is unavoidable, such as a share of the agency insurance premium, or agency overhead. Under coordination, you can negotiate a cost of up to \$3.80 per trip without any change to your current budget. If you purchase services from a transportation provider, you are freed from responsibilities like routing, scheduling, maintenance, hiring drivers and other activities involved in operating your own transportation system.

To calculate your cost per vehicle hour, divide the annual expense by the number of vehicle hours. Continuing the above example, let's assume that 2,000 vehicle hours are required to provide 10,000 passenger trips. Using \$40,000 as your annual cost, you would have a \$20 cost per vehicle hour. Under coordination, the cost per hour would be offset by the increased use of the vehicle made possible by contracting the vehicle management to a transportation provider. Under the terms of a purchase of service agreement, the transportation provider could also be responsible for all the costs associated with providing a fully-trained driver. This is particularly attractive to agencies that utilize professional or para-professional staff to also perform the duties of a driver.

APPENDIX F

SECTION 5310 QUARTERLY OPERATING REPORT

QUARTERLY MONTHS OF: _____

DATE PREPARED: _____

1) ORGANIZATION NAME: _____

2) VEHICLE LICENSE (MARKER) PLATE NUMBER: _____

3) ODOMETER READING: _____

INSTRUCTIONS FOR ONE-WAY TRIPS PROVIDED – TYPES OF PASSENGERS & TRIP PURPOSE:

In #4 & #5, record the number of one-way trips provided, NOT the number of individuals that are receiving service. A one-way trip should be recorded each time a passenger boards the vehicle. For example, a ROUND TRIP for a single individual will account for 2 ONE-WAY trips, because the passenger boarded the vehicle on 2 different occasions.

4) **TYPES OF PASSENGERS**

-60 DISABLED (WHEELCHAIR) _____
-60 DISABLED _____
-60 OTHER _____
+60 ELDERLY _____
+60 DISABLED (WHEELCHAIR) _____
+60 DISABLED _____

TOTAL:

5) **TRIP PURPOSE**

MEDICAL _____
EMPLOYMENT _____
NUTRITION _____
SOCIAL/REC _____
EDUCATION _____
SHOP/PERSONAL _____

ESTIMATE THE NUMBER OF INDIVIDUALS IN THE FOLLOWING GROUPS THAT RECEIVE SERVICE:

_____ BLACK
_____ HISPANIC
_____ WHITE
_____ ASIAN/PACIFIC ISLANDER
_____ AMERICAN INDIAN/ALASKAN NATIVE

6) TOTAL MILES DRIVEN FOR THE QUARTER _____
7) TOTAL NUMBER OF DAYS OPERATED FOR THE QUARTER _____
8) AVERAGE NUMBER OF HOURS IN SERVICE PER DAY _____
9) AVERAGE NUMBER OF MILES DRIVEN PER DAY _____
10) NUMBER OF GALLONS OF FUEL USED FOR THE QUARTER _____

11) QUARTERLY OPERATING EXPENSES:
PERSONNEL _____
INSURANCE _____
MAINTENANCE _____
REPAIRS _____
FUEL _____
MISC. _____

SECTION 5310 MAINTENANCE & REPAIRS REPORT

MONTHS OF: _____

ORGANIZATION NAME: _____

LICENSE (MARKER) PLATE NUMBER: _____

	AMOUNT
Lube, Oil, Filter	
Tune Up (Plugs, Points, PVC, Filters, etc.)	
Tires (Replace, Repair, Balance)	
Brake System (Adjust, Bleed, Replace, Repair)	
Cooling System (Compressor, Pump, Fan, Motor, Coolant)	
Heating System (Hoses, Clamps, Radiator Repairs, Belts)	
Transmission (Replace, Repair, Fluid, etc.)	
Drive Train (Drive Shaft, Universal Joints, Differential, Axles, etc.)	
Electrical (Battery, Alternator, Belts, Lamps, Switches)	
Exhaust System	
Suspension (Front & Rear Springs, Shocks, Ball Joints, Tie Rod Ends)	
Lift	
Engine (Carburetor, Manifolds)	
Other (Specify)	

APPENDIX G

The following is a list of criteria that will be used in evaluating all applications.

1. **Legal Notice, Complete Application and Submission Deadline.** Application must be completed entirely with both Legal Notices published within the required timeframe.
2. **Eligibility for Replacement.** Vehicle proposed for replacement must be 4 years old or have 100,000 miles for a van and 5 years old or have 125,000 miles for a bus or have documentation of excessive maintenance costs.
3. **Planning Process.** Priority will be given to nonprofit organizations and local municipalities who have taken part in the LOCHSTP process.
4. **Experience of Applicant Organization.** Priority will be given to applicants with experience in providing transportation services to the elderly and disabled.
5. **Excessive Maintenance.** Priority will be given to applicants who have vehicles with excessive maintenance and show documentation of maintenance repairs in the application.
6. **Replacement of Equipment.** Priority will be given to providing vehicle assistance for replacing vehicles that exceed the minimum Federal Transit Authority (FTA) useful life standards.
7. **Assurances that Elderly and Disabled Persons will Receive Transportation Services.** Priority will be given to programs which are available to all elderly and disabled persons without eligibility restrictions.
8. **Assurances that Efforts Include Serving Minority Applicants.** No person in the United States shall, on the grounds 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.
9. **Utilization of Equipment.** Effective utilization of the equipment should be demonstrated with reliable estimates of the number of individuals that will receive service, and the total number of passenger trips to be provided. Priority will be given to vehicles that will be utilized evenings, weekends, out of region, more than six hours per day, and/or are available for a coordinating entity.

10. **Degree of Need in the Applicant's Proposed Service Area for Transportation Services.** Clear demonstration of the lack of accessible transportation through existing public and private transportation providers.
11. **Coordination.** Priority will be given to regional coordinated applications for use in transportation programs to ensure maximum vehicle utilization, especially in light of United We Ride, the consolidation of many programs at the federal and state level, and the Locally Coordinated Public Transit Human Service Agency Transportation Plan (LOCHSTP).
12. **Probability of Sufficient Operating Funds.** Assurances must be made that funds will be available to cover all operating costs, i.e., salaries, overhead, insurance, fuel, maintenance, etc. Applicants are encouraged to coordinate their needs with other service providers in order to reduce these costs to individual agencies.
13. **Probability of Sufficient Capital Funds.** The Federal Transit Administration (FTA) will pay 80 percent of the cost of a vehicle not to exceed \$40,000. Assurances must be made that sufficient funds will be available to cover the non-federal share of the cost of the vehicle.

APPENDIX H

The following information is provided to explain the options available for procurement of vehicles when Federal Transit Administration (FTA) funding is involved. It is NOT an official regulation, but an attempt to explain in plain language the options available to FTA grant subrecipients for the Sections 5310 and 5317 programs.

Subrecipients can procure their vehicles through:

Option A - Greater New Haven Transit District (GNHTD) procurement contract

Option B - Conducting a small purchase procurement for less than \$100,000

Option C - Conducting a procurement for over \$100,000

Many of the requirements do not take effect until the procurement is greater than \$100,000. But, even though the Federal Grant awarded may be less than \$100,000, if the items being procured are included in a purchase for more than \$100,000, then option B can no longer be used.

Option A Procuring a vehicle off of the GNHTD contract

The Greater New Haven Transit District (GNHTD) procures small buses and vans using a competitive process that is reviewed by FTA. GNHTD includes an allowance for other public and non-profit entities using FTA funding (grant recipients) to purchase off of their contract. There is an annual procurement event held at Connecticut Department of Transportation headquarters in Newington where grant recipients can place a vehicle order through GNHTD. The advantage is that the process is already in place, so it is relatively easy for the grant subrecipient to procure a vehicle without dealing with the extra burden of ensuring compliance with the federal procurement requirements. There may also be an advantage to being part of a larger vehicle order, with set prices which may be lower than if purchasing only one or two vehicles. Disadvantages are that this event is held only once a year and grant recipients can only choose from the vehicle types (small bus or converted high-top vans) and options available on the GNHTD contract.

Option B Conducting your own procurement for less than \$100,000

If the total procurement is not greater than \$100,000, the grant recipient may follow the **small purchase process** which is described below:

1. The Second Party shall develop a generic specification which will encourage participation by as many vendors as possible. Specifications must include all applicable federal mandates. The Second Party must ensure that the specifications have not been written with a specific vehicle or vendor in mind.

Please refer to the Federal Transit Administration's (FTA's) website at www.fta.dot.gov, click on Reports & Publications, click on Other Reports, and then open up the Best Practices Procurement Manual for federal mandates. Appendix B of

this agreement also includes certain applicable federal mandates.

2. The Second Party shall select a minimum of three (3) (if available) reputable prospective manufacturers/vendors and shall secure formal written quotes from them. These quotes:
 - must be attached to the vehicle specifications.
 - must itemize any vehicle options.
 - must be signed by the manufacturer/vendor.
 - must include a statement with the price quote which attests that the prices are valid for a minimum of ninety (90) days.
3. The Second Party must be able to demonstrate that contact has been made with several manufacturers/vendors extending beyond the Second Party's immediate area.
4. All information shall be forwarded to the State for comparison to price quotes received by purchasers of similar vehicles before initiating purchase. At this time the second party shall indicate the manufacturer/vendor from which the vehicle will be purchased. If bids come in over \$100,000, another procurement process must take place (See Option C), but documentation should still be forwarded to the State of the process that was followed and the bids received.
5. The State then can either provide a written approval or discuss the matter further with the Second Party until a resolution is reached and a written approval can be sent.
6. Once the procurement is approved by the State, a confirmed purchase order must be provided to the State within ninety (90) days, unless specified otherwise by the State. Purchase orders **must** state **model, make, year, delivery price, options floor plan and vehicle identification number**.

Option C Conducting your own procurement for more than \$100,000

- Sealed Bids
- Competitive proposals
- Noncompetitive proposals (sole source)

For any of these processes, please review **FTA Circular 4220.1F** November 1, 2008, rev. April 14, 2009 as well as FTA's Best Practices Procurement Manual, which can be found at http://www.fta.dot.gov/documents/BPPM_fulltext.doc.

Additional Options

Additional options for procurement may be available, such as purchasing off of the contracts in place with the Connecticut Department of Administrative Services or by purchasing off of a contract in another state (similar to Option A.) Each of these options would require determining whether those contracts contain all the applicable FTA and State requirements.

Documentation – (How to satisfy an auditor, the State, and the FTA)

1. Vehicle procurement

- a. The requisition (or purchase request).
- b. What specifications were used?
- c. When were quotes requested?
- d. From who were the quotes requested?
- e. When were quotes received?
- f. What quotes were received?
- g. Copy of the written approval from the State.
- h. Copy of the purchase order.

2. Reimbursement from the State

There must be a fully executed Agreement between the State and Second Party, and the vehicle must be delivered before payment can be requested. Information on the documentation required to request payment from the State for the vehicle is included in **Article 7** of this Agreement. The following is a summary:

- a. A vehicle acceptance form must be completed,
- b. The manufacturer's/vendor's invoice must be submitted,
- c. The certificate of origin must be submitted,
- d. The State will provide payment in the form of a check.

Application Checklist

Please complete this checklist prior to submitting your application.

Did you remember to:

- Attach** a copy of your organization's Certification for Private Non-Profit Organizations and Eligible Public Bodies?
- Attach** a copy of your organization's Articles of Incorporation if you were **not** a prior year Section 5310 recipient?
- Attach** purchase of service agreements, interagency agreements or documentation of unsuccessful coordination efforts?
- Attach** copies of Public Notices published in a major newspaper and copies of the tear sheets? [APPENDIX B]
- Attach** a list of agencies and operators contacted, notifying them of your Public Notice? [APPENDIX C]
- Attach** any written comments received from interested parties?
- Clearly **list** all vehicles currently in operation and **identify** vehicles to be replaced by this application? (refer to pages 8 and 9)

*Please allow time for delivery of this application. One copy must be submitted to ConnDOT, and another to your local Regional Planning Organization. They must be **received** by **4:00 p.m.** on **Friday, March 23, 2012.***

We suggest you review your application for accuracy. If you are selected as a grant recipient, this application will become part of your agreement with the State of Connecticut.

Please do not submit information beyond what is requested for the application.