

APPLICATION SELECTION

Instructions:

Select the checkboxes below that correspond to applicant organization and types or projects this application is for.

Click the **Save** button, and the appropriate pages will be displayed.

Complete the application either by select the 'Forms Menu' link above, or 'SUMMARY OF PROJECT AND FUNDING REQUEST(S)' link at the bottom of the page.

What type of Project(s) are you applying for? (Select 'Yes' for all that apply)

Yes Capital

Yes Operating

Yes Mobility Management

No This application includes project request(s) for a regional mobility management project at the COG/MPO level. If this is the case, complete the questions in this section AND provide project detail in the Regional Mobility Management Project Request(s) Section.

Yes This application includes project request(s) for mobility management activities at the sub-regional level. Sub-regional projects will only be considered for areas where regional mobility management programs exist. If this is the case, complete the questions in this section AND provide project detail in the Sub-Regional Mobility Management Project Request(s) Section.

Yes Check if you have a transportation program.

SUMMARY OF PROJECT AND FUNDING REQUEST(S): 1

Instructions:

- Please complete this page and click **SAVE**. Fields will populate with information and any errors will be noted at this point.
- After you saved this page, you may add additional pages by selecting the **ADD** button above.
- Required fields are marked with an *.
- There is space below for as many as five different projects.
- Every project applied for (operating funding, mobility management funding, capital funding) is considered a separate project.
- Applicants are to list every single piece of capital equipment applied for, such as a single vehicle, as a separate project. If applying for radios or other equipment that must be funded as a group (i.e. 10 radios) then list as a group, do not ask for a single radio ten times.
- If the applicant has more than five projects, a second Summary of Project and Funding Request(s) Sheet will need to be completed, which can be done after the save button is clicked.
- The Project Title is a short descriptive title for the project, such as "Cutaway With Lift to replace VIN 5555."
- The Priority Number is to identify the priority in which the project should be considered. If all the projects listed cannot be funded, what project is the priority to be considered and funded?
- The Brief Description of Proposed Project should include enough detail to explain the purpose of the project. The detail should be concise with no more than 500 characters.

Applicant Agency Name	RAE Consultants, Inc.
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Project Summary

1	Project Title	Cutaway With Lift to Replace VIN 5555		Priority Number	2
	Location Address	PO Box 7639 Denver, Colorado 04616			
	Brief Description of Proposed Project.	RAE Consultants needs to purchase one Cutaway With Lift to replace VIN 5555, a 2008 Startrans Supreme with 115,000 miles. The vehicle will provide service for the Orange route, which serves the elderly and developmentally disabled and is tied to our operating request below.			
	Funding Request Amount	FTA Request \$49,600	Local Match \$12,400	Total Cost \$62,000	
	Project Type	Capital		COG/MPO Region	SEAGO
2	Project Title	Operating funds for Orange Route		Priority Number	1
	Location Address	PO Box 7639 Denver, Colorado 04616			
	Brief Description of Proposed Project.	RAE Consultants is seeking \$25,000 in FTA Section 5310 funding to fund the Orange route, which serves the elderly and developmentally disabled in rural Cochise County. Total project cost is \$50,000 and \$25,000 in cash match will be provided by the SEAGO Area Agency on Aging program.			

SUMMARY OF PROJECT AND FUNDING REQUEST(S): 1

RAE Consultants requires a new vehicle along with the operating funds requested to operate service in 2013.			
Funding Request Amount	FTA Request \$25,000	Local Match \$25,000	Total Cost \$50,000
Project Type	Operating	COG/MPO Region	SEAGO

3	Project Title	Mobility Management Funds for Sub-Regional SEAGO Project	Priority Number	3
	Location Address	PO Box 7639 Denver, Colorado 04616		
	Brief Description of Proposed Project.	RAE Consultants is seeking \$10,000 in FTA Section 5310 funding to fund a sub-regional mobility manager. This manager works in conjunction with the SEAGO regional mobility manager in Cochise County and assists the region with a volunteer driving program. Total project cost is \$12,500 and \$2,500 in kind match will be provided by RAE Consultants in the form of volunteer driver contributions.		
	Funding Request Amount	FTA Request \$10,000	Local Match \$2,500	Total Cost \$12,500
	Project Type	Mobility Management	COG/MPO Region	SEAGO

4	Project Title		Priority Number	
	Location Address			
	Brief Description of Proposed Project.			
	Funding Request Amount	FTA Request	Local Match	Total Cost \$0
	Project Type		COG/MPO Region	

5	Project Title		Priority Number	
	Location Address			
	Brief Description of Proposed Project.			
	Funding Request Amount	FTA Request	Local Match	Total Cost \$0
	Project Type		COG/MPO Region	

2013 SECTION 5310 PROJECT FUNDING REQUESTS

2013 OPERATING (ALL PROJECTS)		
FTA REQUEST(S)	LOCAL MATCH	TOTAL

SUMMARY OF PROJECT AND FUNDING REQUEST(S): 1

\$25,000	\$25,000	\$50,000
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2013 CAPITAL (ALL PROJECTS)		
FTA REQUEST(S)	LOCAL MATCH	TOTAL
\$49,600	\$12,400	\$62,000

2013 MOBILITY MANAGEMENT (ALL PROJECTS)		
FTA REQUEST(S)	LOCAL MATCH	TOTAL
\$10,000	\$2,500	\$12,500

2013 TOTALS		
FTA REQUEST(S)	LOCAL MATCH	TOTAL
\$84,600	\$39,900	\$124,500

PROGRAM INFORMATION

Instructions:

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1. Mission. Describe the agency's purpose and services.

RAE Consultants, Inc. is a private non-profit community based program in the State of Arizona that has been in business for more than twenty years, since 1990. We offer a range of services for elderly persons and persons with developmental disabilities, in order to support these populations and to promote an independent lifestyle. Some of these services include vocational services and transportation services. RAE's Mission Statement is: RAE Consultants, Inc., a for-profit organization, is an integral part of the community. We serve the community through efficient and effective programs designed to encourage personal responsibility, aging in place, and independence. We believe people can be self sufficient and provide the services to support that belief.

2. Program. Describe the agency's current transportation program or program(s) related to transportation, to include what geographic area(s) are served.

RAE Consultants, Inc. operates Love Life Transit, a closed door demand response transportation service available to eligible clients who are elderly or developmentally disabled in rural Cochise County. RAE provides rides to and from rural areas of Cochise County to the needed services in the towns of Benson, Douglas, Sierra Vista and Wilcox. We provide four distinct routes, the Red Route to Benson, the Orange Route to Douglas, the Blue Route to Sierra Vista and the Green Route to Wilcox. Based in Tombstone, Love Life Transit provides door to door and door through door service to any client in the rural areas of Cochise County needing rides to the four major communities in the County.

http://demo.agatesoftware.com/intelligrants_AZDOT/_Upload/4158-cochisecounty.jpg **Attach a MAP of the service area by clicking here.**

3. Service Provider. What agency provides the transportation service described in question 2.

Applicant

✓ Subcontractor (Contracted/Purchased Transit Service Provider)

Other: (Describe)

If subcontractor or other, please provide contact information for the agency providing the service to include Name, Address, Phone Number, Email and Contact Individual.

Happy Trails, 222 Happy Trails Way, Tombstone, AZ, 88888, Suzie Smith, 555-555-5555, suzie@happytrails.com

PROGRAM INFORMATION

4. Service Area. Indicate approximate percentage of census designated geographic areas the agency serves. Total percentage should equal 100%.

PERCENT OF TOTAL TRIPS	TRIP TYPE
0%	Urbanized Area
10%	Small Urbanized Area
90%	Rural Area
100%	TOTAL PERCENTAGE

5. Operations.

	FIXED ROUTE	DEMAND RESPONSE	DEVIATED FIXED ROUTE	TOTAL DAYS AND HOURS PER WEEK
a. What days of the week does your service operate? (e.g., M-F, M, Tu, W, Th, Sa, Su)		Monday to Friday		5 days per week
b. What hours of the day does your service operate? (e.g., 5 am–7:30 pm)		7:00 am to 7:00 pm		60 hours per week

6. Clientele. Describe the transportation clientele and client eligibility requirements.

Elderly persons and persons with developmental disabilities. Riders must be 18 years of age or older, the rider's service animal and personal care attendant are included when needed. Clients complete an application and intake process before approved for transportation services.

7. Trip Purpose. Indicate approximate percentage of the type of trip(s) the agency offers. Total percentage should equal 100%.

PERCENT OF TOTAL TRIPS	TRIP TYPE
30%	Workforce/Employment Related
30%	Medical
10%	Education
25%	Senior Programs
5%	Social, Recreational, Personal
%	OTHER (Describe):
100%	TOTAL PERCENTAGE

8. Vehicles. Indicate the number of Revenue Service Vehicles used in the transportation program. (Do not include non-revenue service vehicles.)

PROGRAM INFORMATION

NUMBER	DESCRIPTION
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- 16 Full-time
- 5 Part-time
- 3 Back-up/spare
- 24 Total Vehicle Fleet - Revenue Service
- 20 Of this total, how many vehicles are ADA Accessible (regardless of status in fleet)?

9. Program Staff. Indicate the number of Staff employed in the transportation program.

NUMBER	DESCRIPTION	NUMBER	DESCRIPTION
10	Paid Full Time Drivers	1	Paid Full Time Operation Supervisors
10	Paid Part Time Drivers	1	Paid Part Time Operation Supervisors
11	Volunteer Drivers	2	Paid Full Time Dispatchers
3	Paid Full Time Administrative Staff	2	Paid Part Time Dispatchers
2	Paid Part Time Administrative Staff	0	Mechanics
	Paid Full Time Mobility Manager		Paid Part Time Mobility Manager

http://demo.agatesoftware.com/intelligrants_AZDOT/_Upload/4158-LOVELIFETRANSITORGANIZATIONALCHART.docx **Attach a copy of your ORGANIZATIONAL CHART by clicking here**

10. Fare/Donation. Describe the Fare or Donation Structure of the transportation program.

Love Life Transit requires a \$5.00 per round trip fare for each client.

FY 2012 Agency and/or Transportation Program Budget Revenues

DEDICATED FUNDING SOURCES OR CONTRACTS	OPERATING	CAPITAL	TOTAL
City, town or county funds (list type below)			
a. Cochise County	\$10,000.00	\$0	\$10,000.00
b. City of Benson	\$10,000.00	\$10,000.00	\$20,000.00
c. City of Sierra Vista	\$10,000.00	\$0	\$10,000.00
d.	\$0	\$0	\$0
e.	\$0	\$0	\$0
Other Contracts (list type below)			
Title III (Older Americans Act)	\$25,000.00	\$0	\$25,000.00
TANF (Temporary Assistance to Needy Families)	\$0	\$0	\$0
Medicaid	\$5,000.00	\$0	\$5,000.00
Charter Service	\$0	\$0	\$0
Other Contracts (list type below)			
a. XYZ Human Service Agency	\$5,000.00	\$5,000.00	\$10,000.00

PROGRAM INFORMATION

b. United Way	\$15,000.00	\$0	\$15,000.00
c.	\$0	\$0	\$0
d.	\$0	\$0	\$0
e.	\$0	\$0	\$0
TOTAL DEDICATED FUNDING SOURCES OR CONTRACTS	\$80,000.00	\$15,000.00	\$95,000.00

GRANT FUNDING SOURCES	OPERATING	CAPITAL	TOTAL
FTA Section 5307	\$0	\$0	\$0
FTA Section 5310	\$0	\$40,000.00	\$40,000.00
FTA Section 5311	\$0	\$0	\$0
FTA Section 5316	\$10,000.00	\$0	\$10,000.00
FTA Section 5317	\$10,000.00	\$0	\$10,000.00

Foundation Grants (list type below)

a. XYZ Foundation	\$20,000.00	\$0	\$20,000.00
b. ABS Foundation	\$0	\$10,000.00	\$10,000.00
c.	\$0	\$0	\$0
d.	\$0	\$0	\$0
e.	\$0	\$0	\$0

Other Grants (list type below)

a. Aging in Place Initiative	\$10,000.00	\$0	\$10,000.00
b.	\$0	\$0	\$0
c.	\$0	\$0	\$0
d.	\$0	\$0	\$0
e.	\$0	\$0	\$0
TOTAL GRANT FUNDING SOURCES	\$50,000.00	\$50,000.00	\$100,000.00

OTHER REVENUE SOURCES	OPERATING	CAPITAL	TOTAL
Passenger Fares	\$20,000.00	\$0	\$20,000.00
Advertising	\$0	\$0	\$0
Private Donations	\$5,000.00	\$0	\$5,000.00

In-Kind Support (list type below)

a. Volunteer Drivers	\$5,000.00	\$0	\$5,000.00
b.	\$0	\$0	\$0
c.	\$0	\$0	\$0
d.	\$0	\$0	\$0
e.	\$0	\$0	\$0
TOTAL OTHER REVENUE SOURCES	\$30,000.00	\$0	\$30,000.00
TOTAL REVENUE SOURCES	\$155,000.00	\$65,000.00	\$220,000.00

City, Town, County Funding. Describe in detail the type(s) of city, town, or county funds the agency/ transportation program receives.

PROGRAM INFORMATION

Cochise County provides a dedicated amount of general fund revenue to provide rural transportation each year.

City of Douglas has a contract with RAE to provide service every year for the developmentally disabled.

City of Sierra Vista has a contract with RAE to provide service every year for the elderly.

Other Funding (grants and/or contracts). Information provided above will prepopulate below. Further explain how often this type of funding is received and how it is applied for.

TYPE	HOW OFTEN RECEIVED (i.e. montly, yearly, etc.)	HOW YOU APPLY FOR IT (i.e.: grant application, allocated general funds, etc.)
XYZ Human Service Agency	monthly	contract negotiated annually for services
United Way	quarterly	grant application
Aging in Place Initiative	annually	grant application

In-Kind Funding. How and by whom does the agency/transportation program receive in-kind funding?

(In-kind funding cannot come from your own agency.)

RAE contracts with outside individuals to provide volunteer driving resources for our volunteer driver program. Those services are counted and documented as in kind funding and match for our volunteer driver program.

Expenditures

EXPENSES	OPERATING	CAPITAL	TOTAL
Salaries and Wages	\$55,000.00	\$0	\$55,000.00
Benefits	\$20,000.00	\$0	\$20,000.00
Insurance	\$10,000.00	\$0	\$10,000.00
Fuel	\$10,000.00	\$0	\$10,000.00
Utilities	\$5,000.00	\$0	\$5,000.00
Materials and Supplies (e.g., oil, tires, etc.)	\$10,000.00	\$0	\$10,000.00
Vehicle Maintenance and Repair Services	\$10,000.00	\$0	\$10,000.00
Contract (purchased) Transit Services	\$5,000.00	\$0	\$5,000.00
Leases and Rentals	\$1,000.00	\$0	\$1,000.00

PROGRAM INFORMATION

License Fees and Taxes	\$5,000.00	\$0	\$5,000.00
Administrative Costs	\$20,000.00	\$0	\$20,000.00
Vehicle Depreciation	\$0	\$65,000.00	\$65,000.00
Miscellaneous (explain type below)	\$4,000.00	\$0	\$4,000.00
TOTAL EXPENSES	\$155,000.00	\$65,000.00	\$220,000.00

Explain the miscellaneous expenditures the agency/transportation program has that are not itemized in the categories above.

Miscellaneous expenditures include:

Communications: \$1500

Postage and dues: \$2500

CIVIL RIGHTS

All recipients of FTA assistance are responsible for compliance with all Civil Rights requirements, including 49 US 5332 (non discrimination), Title VI of the Civil Rights act of 1964, Equal Employment Opportunity (EEO), Section 504 of the Rehabilitation Act of 1973, ADA, Disadvantage Business Enterprise (DBE) program requirements, and Limited English Proficient (LEP). Recipients also agree to include these assurances and policies in each subcontract financed in whole or in part with Federal funds provided by FTA.

Civil Rights Complaints

1. Yes **Has there been any civil rights related complaints, lawsuits, allegations, or legal actions filed against your agency in the last two years?**

1.a. If yes, briefly explain the nature of the complaint(s), as well as how and when they were rectified.

Yes, a client complained of discrimination by one of the drivers. The complaint was investigated by an independent committee and the driver was subsequently reprimanded. The client was provided compensation and the complaint was closed.

1.b. Attach a copy of your Title VI Nondiscrimination complaint process.

http://demo.agatesoftware.com/intelligrants_AZDOT/_Upload/4162-SampleCivilRightsUploadDocument.docx

1.c. Attach a copy of your Title VI complaint form.

http://demo.agatesoftware.com/intelligrants_AZDOT/_Upload/4162-SampleCivilRightsUploadDocument.docx

Title VI: Non Discrimination

2. Yes **Does your agency have a Title VI policy?**

2.a. Attach a copy of your Title VI policy.

http://demo.agatesoftware.com/intelligrants_AZDOT/_Upload/4162-SampleCivilRightsUploadDocument.docx

3. Yes **Does your agency clearly display a non-discrimination (Title VI) public notice advising the public of their rights under Title VI and the process for filing a complaint?**

3.a. Attach a copy of your public notice / poster

http://demo.agatesoftware.com/intelligrants_AZDOT/_Upload/4162-SampleCivilRightsUploadDocument.docx

3.b. Identify the name, phone number, and email address of the Title VI coordinator?

Jane Smith, 555-555-5555, janesmith@rae.com

Equal Employment Opportunity (EEO)

4. Yes **Does your agency have an Equal Opportunity Employment (EEO) policy?**

4.a. Attach a copy of your EEO policy.

http://demo.agatesoftware.com/intelligrants_AZDOT/_Upload/4162-SampleCivilRightsUploadDocument.docx

4.b. Attach a copy of your EEO public notice document.

http://demo.agatesoftware.com/intelligrants_AZDOT/_Upload/4162-SampleCivilRightsUploadDocument.docx

CIVIL RIGHTS

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4.c. Identify the name, phone number, and email address of the EEO coordinator?**Name**

John Smith

Phone

(555) 555-5555

Email Address

johnsmith@nowhere.com

4d. Yes Does your agency include an EEO statement in all job announcements?**4e. Yes Does your agency post EEO information in places where employees congregate?****Limited English Proficiency (LEP)****5. Yes Does your agency have a policy, in compliance with Federal Executive Order 13166, to ensure persons with Limited English Proficiency (LEP) needs can access your services?****5.a. Attach a copy of your LEP policy.**http://demo.agatesoftware.com/intelligrants_AZDOT/_Upload/4162-SampleCivilRightsUploadDocument.docx**5.b. Attach a copy of your LEP public notice document, if it is different than your Title VI notification.**http://demo.agatesoftware.com/intelligrants_AZDOT/_Upload/4162-SampleCivilRightsUploadDocument.docx**6. Yes Does your organization have a Limited English Proficiency (LEP) plan?****6.a. If yes, please Attach a copy of your LEP Plan.**http://demo.agatesoftware.com/intelligrants_AZDOT/_Upload/4162-SampleCivilRightsUploadDocument.docx**Disadvantaged Business Enterprise (DBE)****7. Yes Does your agency have a Disadvantaged Business Enterprise (DBE) policy?****8. Yes Does your agency contract out any service using ADOT Section 5310, 5311, 5316 and/or 5317 operating or mobility management funds or have other outside service contracts using federal funds, other than vehicle purchases?****If No, skip to ADA Section below.****8a. Yes If yes, does your agency report these contracted services and vendors through the AZ LPA Contract Management System at <http://arizonalpa.dbesystem.com> at the time of submitting the**

CIVIL RIGHTS

reimbursement request to ADOT?

9. Yes **During the past four (4) years, has your agency received Mobility Management, and/or Operating funding awards from ADOT?**
- 9a. **If yes, Attach a copy of your DBE program plan.**
10. Yes **Has your agency adopted, or has policy language stating your agency plans to adopt, ADOT's DBE program plan?**
- 10a. **If no, please provide the date your agency will be adopting ADOT's DBE program plan.**
11. **Please describe the methods your agency uses to include or recruit certified DBE's for contracting opportunities (services and vendors).**
Our agency uses the certified list of DBE providers provided by the State of Arizona when soliciting contract services with federal funds. We use solicitation language that encourages DBE and Small Business companies to compete for our contracts. We include DBE certification as criteria in evaluation of selecting contractors for services.

Americans with Disabilities Act (ADA)

12. Yes **Does your agency have an Americans with Disabilities Act (ADA) policy?**
- 12.a. **Attach a copy of your ADA policy.**

http://demo.agatesoftware.com/intelligrants_AZDOT/_Upload/4162-SampleCivilRightsUploadDocument.docx

13. No **FTA requires that if your agency has any non-ADA accessible vehicles in your fleet, your agency must be able to provide "equivalent service" through some other means, such as sufficient other accessible vehicles or a written agreement with another provider in your service area to provide a lift-equipped vehicle when needed. Does your agency have at least one fully operable wheelchair accessible vehicle meeting ADA standards, with available qualified driver(s), for each of your primary service areas?**

- 13.a. **If no, please explain if and how your agency maintains equivalent service for persons with disabilities if service is requested and an accessible vehicle is needed to provide service?**

We partner with the XYZ agency in neighboring Bisbee if there is a request for a ride that we cannot meet, we have never turned down a ride due to lack of accessible vehicle.

- 13b. Yes **Does your agency have a "back up" plan to provide equivalent service should the only accessible vehicle(s) or available driver(s) be rendered out-of-service for more than a few days.**
14. Yes **Is information on your service provided in accessible formats if requested?**

- 14.a. **If yes, explain how both a hearing impaired person and a visually impaired person would request a ride on your service?**

Hearing impaired persons can request a ride through our website.

CIVIL RIGHTS

Visually impaired persons can use phone service to request a ride.

15. No Has your agency ever turned down a request for transportation from a person with a disability?

15.a. If yes, explain the circumstances surrounding the incident(s) and why the request(s) was denied?

16. No Is your turndown rate higher for people than for non-disabled?

17. Yes Are inspections of ADA equipment including lifts, ramps, securement devices, signage, and communication systems, part of your agency's pre-trip and post-trip inspection checklists?

17.a. If yes, when equipment failures or deficiencies are found during these inspections, what is your agency's policies and procedures to immediately address the problem?

We immediately take the vehicle out of service and use a part time or back up service vehicle in our fleet that has met pre-trip inspection requirements to provide the necessary service.

17.b. If no, explain how these items of equipment are being checked on a regular basis to ensure safe and reliable use?

18. Does your agency have in place written policies, procedures, and information regarding the following requirements of the ADA?

18a. Yes Lift vehicle availability?

18b. Yes Maintenance of accessible features on vehicle(s)?

18c. Yes Adequate time for vehicle boarding and disembarking?

18d. Yes Use of portable oxygen/respirator equipment

18e. Yes Service animals allowed?

18f. Yes Training (wheelchair securement, sensitivity to passengers, etc)?

Drug/Alcohol Free Workplace & Safe Environment

19. Yes Does your agency have a Drug / Alcohol Free Workplace & Safe Environment Policy?

20. Attach a copy of your policy.

http://demo.agatesoftware.com/intelligrants_AZDOT/_Upload/4162-SampleCivilRightsUploadDocument.docx

20A. If no, please provide the date your agency will be approving a Drug / Alcohol Free Workplace & Safe Environment policy.

TRAINING PROGRAM

Instructions:

- Please complete this page and click SAVE. Fields will populate with information and any errors will be noted at this point.
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The following are components of a required Americans with Disabilities Act (ADA) training program:

- Operate vehicles and equipment safely
- Appropriate attention to the differences among persons with disabilities
- Treat persons with disabilities in a respectful and courteous way
- Assist passengers properly

1. INDICATE ALL TRAINING YOUR AGENCY PROVIDES:

Yes **Do your drivers receive training that covers the above ADA areas?**

Yes **Defensive Driving training?**

Yes **PASS (Passenger Service and Safety - CTAA)**

Yes **START (Safety Training and Rural Transit – National RTAP)**

Yes **Customer Service**

Yes **Emergency Evacuation (covered by PASS)**

Yes **Biohazard Training**

Yes **First Aid**

Yes **CPR**

Yes **Safety**

Yes **Reasonable Suspicion (Drug & Alcohol Training for Supervisors)**

Yes **Dispatcher Training**

Yes **24 hour behind the wheel training for drivers with experienced driver**

Yes **Vehicle Pre/Post Trip Inspection Training**

Yes **Transit Operations Policies & Procedures**

Other

Describe:

Other

Describe:

Other

Describe:

Yes **2. Is your training program offered in house?**

If no, where and by whom does your agency staff receive training

SAFETY

3. Please answer the following questions. The transportation program or agency...:

Yes **Obtains a copy of a driving record before hiring a new driver?**

TRAINING PROGRAM

- Yes **Makes a road test part of the driver applicant review process?**
- Yes **Performs criminal history checks on new hires?**
- No **Has a Federal Transit Administration approved Drug & Alcohol Testing Policy and Program?**
- Yes **Formally investigates accidents and incidents, maintains an accident log, and prepares a report for the files?**
- Yes **Has a file in which records of all accidents are kept?**
- No **Has a specific safety/risk management manual?**
- No **Developed a written transit safety and security policy?**
- Yes **Takes ADOT funded vehicles in for annual inspection?**
- Yes **Has a documented vehicle maintenance program?**

COORDINATION OF TRANSPORTATION SERVICES

Instructions:

- Please complete this page and click **SAVE**. Fields will populate with information and any errors will be noted at this point.
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Please answer the following questions:

1. Yes **Does agency staff attend either regional or sub-regional coordinating council meetings?**
2. Yes **Is the agency listed in the regional listing of transportation services, programs, and resources?**
3. Yes **Does the agency formally support (through a letter, MOU, or other means) regional efforts to coordinate human service transportation and public transit services?**

If yes, describe what method of support has been adopted and what regional efforts the agency supports:

Our agency has signed a membership letter agreement and is an active participant in the regional coordinating council. We participate in training activities (sharing our resources with others and sending our drivers to training provided by others. We provide information to the regional mobility manager on our services and vehicles. We have agreed to sponsor the development of a driver training program.

4. Yes **Has the agency's Board adopted any policies regarding coordination?**

If yes, describe what has been adopted:

In addition to signing the membership agreement, our Board has authorized us to establish a volunteer driver program and has authorized our staff to spend time working on this and other coordination activities. They agreed to allow us to open our training classes to drivers of other programs.

5. **Describe agency procedures that support transportation coordination in the following areas. The agency:**
 - Yes **a. Provides information on services, hours of service, fees, and eligibility to the regional mobility manager.**
 - Yes **b. Participates in training provided by other agencies.**
 - Yes **c. Makes current training programs available to other agencies.**
 - No **d. Has provided information on vehicle maintenance and insurance to the regional mobility manager.**
 - Yes **e. Has at least one agreement in place with another agency to provide or obtain services if needed (e.g. for an accessible trip or if there is a breakdown or staff shortage).**

COORDINATION OF TRANSPORTATION SERVICES

f. Other: (describe)

6. Yes

Is the agency participating in any coordination initiatives either with other agencies or with the coordinating council?**If yes, please describe.**

One of our projects is establishing a volunteer driver program. This will benefit clients we serve in addition to clients of other organizations. We participate in the training programs, opening our training classes to others and occasionally either sending our drivers to classes held by others or jointly sponsoring a training class.

7. Yes

Does the project request(s) applied for in this application support and enhance regional coordination activities?**If yes, please describe.**

Yes, the services our agency provides are a key part of the region's network of services for people with disabilities. The project to establish a volunteer driver program is an important coordination activity and will support many persons who are elderly or have disabilities, including our clients.

CAPITAL REQUEST: 1

Instructions:

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- Required fields are marked with an *.

Answer questions provided for **each** capital request. *Applicants can apply for numerous capital requests but must complete the set of project questions for EACH request.*

General Project Information

1. **Project Title (should be the same as Summary of Requests tab)**
Cutaway With Lift to Replace VIN 5555
2. **Project Description (should be the same as Summary of Requests tab)**
RAE Consultants needs to purchase one Cutaway With Lift to replace VIN 5555, a 2008 Startrans Supreme with 115,000 miles. The vehicle will provide service for the Orange route, which serves the elderly and developmentally disabled and is tied to our operating request below.
3. 2 **Priority of Requested Projects (will populate when page is saved)**
4. **Is the capital request tied to an operating project(s)?**
No

If yes, which operating project(s)? Use the same project title that's on the summary page.
Operating funds for Orange Route
5. **If the capital request is tied to operating project(s), can the operating project be funded without the capital project or vice versa?**
Yes

Capital Request Information

1. **What is the capital request for? (mark one and/or describe other type of request)**
 - ✓ Replacement of Vehicle or Equipment in Existing Transportation Service
 - Expansion of Fleet or Inventory to Accommodate Increased Demand in Existing Transportation Service
 - Expansion of Fleet or Inventory to Accommodate Additional (New/Expanded) Transportation Service
 - Establish New Service by Purchase of New Vehicle or New Equipment
2. **What is the cost of the capital request?**

CAPITAL REQUEST: 1

a. Choose the VEHICLE TYPE requested.

\$62,000 Cutaway With Lift 9 Passengers

Total Cost \$62,000

FTA Share Amount \$49,600

Local Share \$12,400

OR

b. Enter the Total Cost of the EQUIPMENT requested.

Total Cost \$0

FTA Share Amount \$0

Local Share \$0

**If cost is entered manually by the applicant, how was the cost determined?
Quotes to substantiate the cost request must be attached if obtained from
vendor.**

http://demo.agatesoftware.com/intelligrants_AZDOT/_Upload/4164-CDOT_GOSHEN_DIESEL_EAGLE_2010_FORD_ORDER.doc

3. **What client base will be serviced by the capital request?**
Elderly persons and persons with developmental disabilities in rural Cochise County.
4. **In what city/county will the request be based?**
Cochise County
5. **What organization is responsible for operation of the capital request?**
RAE Consultants, Inc.
6. **What organization is responsible for obtaining insurance for the capital request?**
RAE Consultants, Inc.
7. **What organization will hold title (if a vehicle is requested)?**
RAE Consultants, Inc.
8. **What is the transportation program's spare ratio (if a vehicle is requested)? (See guidebook instructions for how to calculate.)**
14%

9. **What is the transportation program's fleet accessibility ratio (if a vehicle is requested)? (See guidebook instructions for how to calculate.)**

83%

Replacement Request

Answer the next four questions only if requesting to **replace** vehicles or capital equipment in *existing transportation service*.

- 1a. 5555 **Last 4 digits of VIN of vehicle to replace, if replacing a vehicle. (Make sure this VIN is listed in the vehicle inventory.)**

- 1b. **Age of equipment to replace, If replacing equipment.**

2. **Why is there a need to replace the vehicle or capital equipment?**

The vehicle is past it's useful life. It is over 5 years old and has over 100,000 miles. It is beginning to have multiple electrical issues and becoming too costly to repair.

3. **What is the impact on the transit agency if the vehicle or equipment is not replaced?**

The agency will have to continue to use the vehicle. The rising cost of repairing the vehicle is not a current budget line item. We will be forced to divert current operating funds needed to provide service to continue to repair and maintain the vehicle.

Expansion of Fleet or Service or New Service Request

1. **Expansion of service for additional/new service. Why is there a need for a new or expansion of service (which requires either vehicles or equipment) to be provided by your organization?**

OR

Expansion of fleet/inventory for existing service. Why is there is a need to expand the fleet or inventory to accomodate increased existing transportation service needs?

2. **What client base will the new, expanded, or increased service mainly target and serve?**

3. **Identify the major service area for the new, expanded, or increased service.**

CAPITAL REQUEST: 1

4. **How does this new, expanded, or increased service enhance the transportation coordination service goals defined in your region?**
5. **If applicable, how does the expansion of service fit in with the rest of the existing transportation program?**
6. **If requesting a vehicle for expanded service or increased existing services, explain why the current fleet is inadequate to provide the service needed.**
7. **If requesting a vehicle, how was the vehicle type determined to be the right vehicle for the new, expanded, or increased level of service?**
8. **If requesting equipment, explain how the equipment ties into the existing technology requirements for the agency. Provide information that includes if the request is based on some type of technology mandate by a municipality (such as county wide technology upgrade, etc.)**
9. **What are the agency (and subsequent client service impacts) if the request is not funded?**

Vehicle Performance

Complete for all types of vehicle requests.

Estimate operating days, service hours, service miles and trips for the requested vehicle. Complete only the Week, Month or Annual Categories, do not complete all three:

OPERATING DAYS	WEEK:	5	MONTHLY	ANNUALLY
SERVICE HOURS	WEEK:	60	MONTHLY	ANNUALLY
SERVICE MILES	WEEK:	500	MONTHLY	ANNUALLY
ONE WAY PASSENGER TRIPS	WEEK:	25	MONTHLY	ANNUALLY

CAPITAL REQUEST: 2

Instructions:

- Please complete this page and click **SAVE**. Fields will populate with information and any errors will be noted at this point.
- After you saved this page, you may add additional pages by selecting the **ADD** button above.
- Required fields are marked with an *.

Answer questions provided for **each** capital request. *Applicants can apply for numerous capital requests but must complete the set of project questions for EACH request.*

General Project Information

1. **Project Title (should be the same as Summary of Requests tab)**
Cutaway With Lift to Replace VIN 5555
2. **Project Description (should be the same as Summary of Requests tab)**
RAE Consultants needs to purchase one Cutaway With Lift to replace VIN 5555, a 2008 Startrans Supreme with 115,000 miles. The vehicle will provide service for the Orange route, which serves the elderly and developmentally disabled and is tied to our operating request below.
3. 2 **Priority of Requested Projects (will populate when page is saved)**
4. **Is the capital request tied to an operating project(s)?**
Yes

If yes, which operating project(s)? Use the same project title that's on the summary page.
Operating funds for Orange Route
5. **If the capital request is tied to operating project(s), can the operating project be funded without the capital project or vice versa?**
Yes

Capital Request Information

1. **What is the capital request for? (mark one and/or describe other type of request)**
 - Replacement of Vehicle or Equipment in Existing Transportation Service
 - Expansion of Fleet or Inventory to Accommodate Increased Demand in Existing Transportation Service
 - Expansion of Fleet or Inventory to Accommodate Additional (New/Expanded) Transportation Service
 - Establish New Service by Purchase of New Vehicle or New Equipment
2. **What is the cost of the capital request?**

CAPITAL REQUEST: 2

a. Choose the VEHICLE TYPE requested.

\$62,000 Cutaway With Lift 9 Passengers

Total Cost \$62,000

FTA Share Amount \$49,600

Local Share \$12,400

OR

b. Enter the Total Cost of the EQUIPMENT requested.

Total Cost \$0

FTA Share Amount \$0

Local Share \$0

**If cost is entered manually by the applicant, how was the cost determined?
Quotes to substantiate the cost request must be attached if obtained from
vendor.**

3. **What client base will be serviced by the capital request?**
Elderly and Developmentally Disabled in rural Cochise County
4. **In what city/county will the request be based?**
Cochise County
5. **What organization is responsible for operation of the capital request?**
RAE Consultants, Inc.
6. **What organization is responsible for obtaining insurance for the capital request?**
RAE Consultants, Inc.
7. **What organization will hold title (if a vehicle is requested)?**
RAE Consultants, Inc.
8. **What is the transportation program's spare ratio (if a vehicle is requested)? (See guidebook instructions for how to calculate.)**
14%

9. **What is the transportation program's fleet accessibility ratio (if a vehicle is requested)? (See guidebook instructions for how to calculate.)**

83%

Replacement Request

Answer the next four questions only if requesting to **replace** vehicles or capital equipment in *existing transportation service*.

- 1a. **Last 4 digits of VIN of vehicle to replace, if replacing a vehicle. (Make sure this VIN is listed in the vehicle inventory.)**
- 1b. **Age of equipment to replace, If replacing equipment.**
2. **Why is there a need to replace the vehicle or capital equipment?**
3. **What is the impact on the transit agency if the vehicle or equipment is not replaced?**

Expansion of Fleet or Service or New Service Request

1. **Expansion of service for additional/new service. Why is there a need for a new or expansion of service (which requires either vehicles or equipment) to be provided by your organization?**
OR
Expansion of fleet/inventory for existing service. Why is there is a need to expand the fleet or inventory to accomodate increased existing transportation service needs?
We need to provide new service to Bisbee, which requires us to add a new route and start with one new vehicle on this route.
2. **What client base will the new, expanded, or increased service mainly target and serve?**
The client base mainly targeted is the developmentally disabled to provide service for work related trips to XYZ manufacturing company.
3. **Identify the major service area for the new, expanded, or increased service.**
South rural Cochise County, from Tombstone to Bisbee.
4. **How does this new, expanded, or increased service enhance the transportation coordination service goals defined in your region?**

CAPITAL REQUEST: 2

It is defined in the regional human services coordination plan that there is a gap of needed service to the Bisbee area to provide job related transportation to the XYZ manufacturing company, which is a major employer in the area of the developmentally disabled. We have been in talks with the regional SEAGO mobility manager to provide this service for the last year.

5. If applicable, how does the expansion of service fit in with the rest of the existing transportation program?

This proposed service expansion fits in with our mission to provide service to those individuals who require transportation to preserve an independent lifestyle. We already service all of rural Cochise County and have targeted routes to other major communities in the County.

6. If requesting a vehicle for expanded service or increased existing services, explain why the current fleet is inadequate to provide the service needed.

Our current fleet is utilized to capacity at this time with our current route and operating structure. We require the amount of vehicles we have to account for vehicles down for maintenance and repair and to have an adequate number of vehicles to provide requested accessible service for those who need lift or ramp assisted trips.

7. If requesting a vehicle, how was the vehicle type determined to be the right vehicle for the new, expanded, or increased level of service?

We chose a Cutaway with Lift because this vehicle provides the ability to transport numerous individuals at one time and has a lift. There are many wheelchair bound clients going to jobs at the XYZ manufacturing company.

8. If requesting equipment, explain how the equipment ties into the existing technology requirements for the agency. Provide information that includes if the request is based on some type of technology mandate by a municipality (such as county wide technology upgrade, etc.)

9. What are the agency (and subsequent client service impacts) if the request is not funded?

If a vehicle is not provided for this service, we feel we will not be able to start the service this year as planned and will have to wait to start the service until we can secure the appropriate vehicle.

Vehicle Performance

Complete for all types of vehicle requests.

Estimate operating days, service hours, service miles and trips for the requested vehicle. Complete only the Week, Month or Annual Categories, do not complete all three:				
OPERATING DAYS	WEEK:	5	MONTHLY	ANNUALLY
SERVICE HOURS	WEEK:	60	MONTHLY	ANNUALLY
SERVICE MILES	WEEK:	500	MONTHLY	ANNUALLY

CAPITAL REQUEST: 2

ONE WAY PASSENGER TRIPS	WEEK:	100	MONTHLY
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ANNUALLY

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- Required fields are marked with an *

Answer all the following questions for each operating request.

General Project Information

- Project Title (should be the same as Summary of Requests tab)**
Operating funds for Orange Route
- Priority of Requested Projects**
1

Operating Project Request Information

FTA REQUEST(S)	LOCAL MATCH	TOTAL
\$25,000	\$25,000	\$50,000

- Project Status**
Existing
- Project Type (choose one)**
 - Project Exceeds the Requirements of the ADA
 - Alternative to Public Transportation that Assists Seniors and Individuals with Disabilities
Project Improves Access to Fixed-Route Service and Decreases Reliance on Complementary Paratransit Service
- Provide an in-depth Project Description, to include information on Start Date, Service Type (Fixed Route, Demand Response, etc.), and Service Area.**
The project is to provide a rural Cochise County demand response service route based out of Tombstone to Douglas five days a week. Service area includes McNeal and Bisbee. The route services all eligible elderly and developmentally disabled clients. This service is ongoing, the original start date was January 1, 2008. This service is partially funded by County and local dollars, as well as FTA Section 5317 funding in past years.
- Transportation Project Information (complete as applicable):**
 - Monday-Frid Days of Operation
 - ay
 - 9am to 6pm Hours of Operation
 - \$5.00 Average Fare or Donation
 - Medical Primary Trip Purpose (medical, shopping, etc)

OPERATING REQUEST: 1

30 Estimated One Way Passenger Trips per Day

Describe How the Estimated Ridership is Determined.

Based on previous year trip counts. This service has been in existence since 2008.

4. **Need and Project Benefits**

Describe the Unmet Need that the proposed project seeks to address.

Love Life Transit riders have no other resources for specialized, lift assisted transportation in rural Cochise County. Our clients require daily access to life sustaining activities, which include medical appointments, shopping, employment, and social activities in the various towns and cities in Cochise County.

Describe how the service provided by current public or private transit operators is insufficient to meet the transportation needs proposed to be served by this project.

There are no public or private transit operators currently available in rural Cochise County that service Douglas on a daily basis or provide reliable service to meet regularly scheduled employment obligations. Our clients require reliable, daily lift assisted transportation that is operated 12 hours per day, five days per week.

Section 5310 has three key program objectives:

- increase transportation opportunities for individuals with disabilities beyond the requirements of the ADA; or
- improve access to fixed-route service and decrease reliance by individuals with disabilities on complementary paratransit; or
- increase alternatives to public transportation that assist seniors and individuals with disabilities.

Based on the project type determined in the project information above, explain how the project will address one of these three Section 5310 program objectives:

This service increases the alternatives to public transportation that assists seniors and individuals with disabilities. Because there are no other transit providers in the areas we serve, we are not only creating an alternative, as much as we are creating a choice for transit service in rural Cochise County. In addition, our clientele is specifically focused on the elderly and developmentally disabled.

Describe the impacts on the agency (and subsequently the clients) if the project is not funded or only partially funded.

If the project is not funded, we will still have money to run the service, but not to the degree the service is currently operated. We would probably have to reduce service to 2 or 3 days a week, 6-8 hours a day, instead of 5 day a week service, 12 hours per day. This impacts the level of accessibility our clients have to regular employment and medical appointments in the Douglas area.

5. **Service Implementation Plan (complete for new project only)**

Describe the proposed service plan. Information should include project tasks, benchmarks, key milestones, key personnel, deliverables, routes and schedules as applicable. Include as attachments if applicable: formal service plan, timetable, route map, and/or service map.

This is not required.

Attach a copy of a formal service plan, if available, by clicking here.

Describe how the agency will market the project to target populations and promote public awareness of the program.

This is not required.

If the project is only partially funded, what portion of the project will be implemented?

This is not required.

6. **Project Effectiveness and Performance Indicators**

Complete table with Estimated Performance Measure Data (provide data as applicable to service type on left)

Fixed Route	Annual One-Way Passenger Trips:	10,000
Flexible Route	Annual Vehicle Service Hours:	5,500
Shuttle Feeder	Annual Vehicle Service Miles:	65,000
Demand Response	Total Vehicles in Service (exclude spares/backups):	4
	Total Operating Expenses:	\$150,000.00
	Total Administrative Expenses:	\$55,000.00
	Cost Per Mile:	\$3.15
	Cost Per Passenger Trip:	\$20.50
✓ User-Side Subsidy or Vouchers (e.g., taxi)	Annual One-Way Passenger Trips:	2000
Vanpool	Annual One-Way Passenger Trips:	
Car-Sharing	Number of Vehicles:	

6a. **How did your agency determine that the service type (i.e. fixed route, demand response, etc.) and route/schedule proposed or currently in place is the most effective to meet the needs of the passengers served?**

Demand response works best for the majority of our clients who need individualized service, especially door through door service. Also, given our large service area and sparse county

OPERATING REQUEST: 1

population, it would not be efficient to run a fixed route or deviated fixed route service. The route and schedule best meet the needs of those individuals who have full day work or medical commitments, which is 70% of our ridership.

6b. **Describe what performance indicators have been identified to evaluate the effectiveness of the project in terms of meeting identified goals and objectives.**

The overall number of trips and client satisfaction.

6c. **Describe the agency's plan for monitoring and evaluating the project. Attach any relevant supporting documentation (i.e.: demographic materials, surveys, etc.)**

We measure the number of rides provided to the City of Douglas on a daily and weekly basis and compare that monthly and annually in order to determine if our demand is increasing. We also provide a client satisfaction survey to be completed every year for feedback on whether the routes and time of service as structured is actually meeting defined need.

6d. **For Existing Projects: How has the service become more efficient over time and how was this determined?**

We have found the increase in hours per day and days per week the service is providing makes the service more popular, increasing ridership and thus decreasing costs over the life of the project.

Fiscal Capacity

1. **Proposed Project Budget**

ESTIMATED REVENUE, IDENTIFY SOURCE:		CASH	IN KIND
a. Revenue Source #1:	SEAGO Triple A	\$25,000.00	\$0
b. Revenue Source #2:		\$0	\$0
c. Revenue Source #3:		\$0	\$0
d. 5310 Grant Request Amount		\$25,000.00	\$0
TOTAL INCOME		\$50,000.00	\$0

ESTIMATED REVENUE, IDENTIFY SOURCE:		CASH	IN KIND
a. Salaries/Wages		\$10,000.00	\$0
b. Benefits		\$5,000.00	\$0
c. Insurance		\$5,000.00	\$0
d. Fuel		\$5,000.00	\$0
e. Utilities		\$5,000.00	\$0
f. Materials and Supplies		\$5,000.00	\$0
g. Vehicle Maintenance and Repair Services		\$5,000.00	\$0
h. Contract (Purchased) Transit Services (Identify):		\$0	\$0
i. Leases and Rentals		\$5,000.00	\$0
j. License Fees and Taxes		\$1,000.00	\$0

OPERATING REQUEST: 1

k. Direct Administrative Costs (i.e.: Office Materials and Supplies; Telephone Services; Office Rental; Office Equipment)	\$4,000.00	\$0
l. Other (i.e.,: vouchers; etc.) (Identify):	\$0	\$0
TOTAL EXPENSES	\$50,000.00	\$0

Local Match Sources

An "In Kind Match Valuation Proposal" is to be created and submitted with all applications that use in kind as a source of local match. (Capital Equipment projects cannot use in kind as a source of local match.)

Please complete and upload the In Kind Match Valuation Proposal here.

IDENTIFY SOURCE(S) OF LOCAL MATCH	AMOUNTS
a. SEAGO Area Agency on Aging	\$25,000.00
b.	
c.	
TOTAL LOCAL MATCH	\$25,000.00

2. Describe specifically and in detail what federal funds are to pay for.

Federal funds are to support all direct costs associated with operating the Orange route to include salaries, benefits, insurance, fuel, utilities, materials and supplies, vehicle maintenance and repair, leases and rentals, license fees and taxes, and direct administrative costs.

3. How was the cost of the project determined?

The cost of the project was determined by our average ridership on the route and cost per trip.

4. What are the sources of proposed local match for the project and describe how stable these sources are.

We receive an annual commitment of \$25,000 from the SEAGO Area Agency on Aging. This has been a stable funding source for over five years. We propose this commitment as local match because we do not receive a direct contribution from the City of Douglas to support this route.

5. ADOT has requested the 2012 agency/transportation budget figures as part of this application. Explain why the revenue sources listed in this budget are not sufficient to provide the proposed project's services.

We do not receive dedicated funding from the City of

OPERATING REQUEST: 1

Douglas to operate this route. Our revenue sources are split amongst four other routes provided by our program. This route in particular, while it has a dedicated match source, does not produce enough revenue in fares to support the service.

6. **Describe the agency's efforts to leverage funds from other sources to help implement or continue the project (i.e.: Area Agency on Aging).**

We use dedicated Area Agency on Aging to match the federal funds for this route. We continue to be in talks with the City of Douglas as well as the towns of Bisbee and McNeal to contribute local funding to support the service, as it runs daily through all three communities.

7. **Describe the service area's economic conditions in terms of commitment to transportation funding. Is the agency receiving local sources of funding to sustain transit service?**

We receive some local funding from the various towns and cities we serve to support service, but not from all the cities we serve. While we have discussed the need for financial support from cities like Douglas, this area of the County has been hit hard by the economic recession and is not able to dedicate general fund revenue to anything outside city limit services, no county based service.

8. **Describe any long term efforts or funding sources that will sustain the project should ADOT FTA funding not be available in future years.**

We continue to provide information and education to local leaders not only about the need our service addresses and the benefit our service provides. We are advocating for a locally funded service, not funded by federal funds. We have been successful in leveraging funds from various other foundations and agencies in the County, and continue to remain optimistic as the economy recovers, our ability to secure local funding from the communities that have not bought into the service will increase.

REGIONAL MOBILITY MANAGEMENT PROGRAM INFORMATION

Instructions:

- Please complete this page and click **SAVE**. Fields will populate with information and any errors will be noted at this point.
- After you saved this page, you may add additional pages by selecting the **ADD** button above.
- Required fields are marked with an *
- All applicants for Mobility Management projects must complete questions in this section and then provide project detail information in *either* the Regional Mobility Management Request(s) section or the Sub-Regional Mobility Management Request(s) section.
- This page is intended only to provide information about the regional mobility management *program*, not about specific *projects*.

General Program Information

If this application is being submitted by an agency other than the sponsor of the regional mobility management program, work with your regional mobility manager in completing information in this section.

1. **Please describe:****a. What sub-regions exist within your region.**

Our region contains three subregions, and within the SEAGO region we also work cooperatively with the MPO. The subregions are Graham, Greenlee and Santa Cruz Counties. Residents in each area have different services available, different travel patterns, and are separated by long distances and geographic barriers.

b. How the regional mobility manager works with providers in each sub-region. Include a brief description of major activities in each sub-region and how information is shared among agencies in various sub-regions. Please include a page number to reference in your region's coordination plan if applicable

The regional mobility manager works with all the subregions, and there are subregional staff with whom we work closely. In Sierra Vista there is staff that does some mobility management work in support of programs in the urbanized area, but they work closely with them as many regional trips need to access services in Sierra Vista and residents from the rural areas and Sierra Vista often need to travel to Tucson. Much information is shared through sub-regional and regional coordinating council meetings. RAE Consultants attends sub-regional coordinating council meetings once a quarter. The regional MM has also set up a web-based bulletin board where agencies can post ride requests or indicate when trips are being made outside the sub-regions that may be able to take additional riders.

2. **What are the top three objectives for the regional mobility management program?**

1. To maintain and distribute information on all transportation services, programs, and program eligibility.
2. To develop information on vehicle availability, insurance, and maintenance.
3. To strengthen volunteer driver programs so they are available in each region.

REGIONAL MOBILITY MANAGEMENT PROGRAM INFORMATION

3. **Is the Regional Mobility Management Program:**
Existing

NEW Regional Program Detail

Check the functions expected to be in place for the regional mobility management program within one year and within three years.

1 YEAR	3 YEARS	FUNCTION
		a. Information and Referral
		b. Assistance, Ombudsman, Advocacy for Riders
		c. Eligibility Determinations for Multiple Programs
		d. Volunteer Driver Programs (establish, support existing, and coordinate)
		e. Travel Training
		f. Joint Reservations and Trip Scheduling
		g. Vehicle Pools for Elderly/Disabled Programs
		h. Employment Transportation Programs
		i. Driver Training
		j. Other: (describe)
		k. Other: (describe)

EXISTING Regional Program Detail

1. **Have priorities for meeting transportation needs been identified at the:**
- a. Yes No Regional Level
 - b. Yes No Sub-Regional Level
 - c. **List the regional level and priority the project application(s) supports:**
The MM will be tasked with providing the staff time needed to accomplish our top three objectives and to maintain information so it is current. While we have a listing of services, we have little information available on programs and eligibility.
2. Yes No **Has a comprehensive list of services, programs and resources in the region been compiled?**

If yes, and the comprehensive list is complete, attach a hard copy of brochures or materials that have been developed for customer use, or provide a link to a website that provides this information.

- Yes, documents are attached here.

Links to lists, information, documents, etc. (separate multiple links with commas):

REGIONAL MOBILITY MANAGEMENT PROGRAM INFORMATION

In Progress

If in progress, describe what has been done and when products are anticipated.

3. Yes No **Does the regional mobility management program have a comprehensive list of all human service transportation vehicles in the region, their condition, and when they are used?**

If yes, please estimate the percentage of agencies in your region whose vehicles are presently included on this list:

- 25% or less
 25–50%
 51%–75%
 76% or more

4. **Has the regional mobility management program identified how participating agencies maintain and insure their vehicles?**
 Yes No

Regional Coordinating Council Progress for Existing Programs

If the answer is yes to any of questions 1 through 3 below, attach any documentation that support these efforts to include examples of written guidelines (do not need to be bylaws), written commitment from council members to participate, lists of agencies contacted (as well as any examples of outreach efforts) to participate and/or agencies participating in meetings at least 75 percent of the time.

- Yes, documents are attached here.

1. Yes No **Does the Coordinating Council have written guidelines in place describing how meetings are run and how decisions are made?**
2. Yes No **Are there offices or members assigned (permanent or rotating) to (a) run each meeting, (b) take notes, and (c) send out notices to members?**

REGIONAL MOBILITY MANAGEMENT PROGRAM INFORMATION

3. Yes ✓ No **Do Council members have any written commitment to participate in coordination efforts? (For example, an MOU or statement of participation.)**
4. Yes ✓ No **Does the Coordinating Council have a written action plan in place?**

If yes, describe the adoption process and the political / agency support for the action plan among member agencies. Is this a plan internal to the Coordinating Council developed by agency representatives at meetings? Did member agencies' directors or boards provide comments or sign-off on the action plan before the Coordinating Council adopted it?

Instructions:

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- Required fields are marked with an *

Answer all the following questions for each operating request.

1 **Project Title (should be the same as Summary of Requests tab)**

Mobility Management Funds for Sub-Regional SEAGO Project

2 **Priority of Requested Projects**

3

FTA REQUEST(S)	LOCAL MATCH	TOTAL
\$10,000	\$2,500	\$12,500

General Information

Describe your agency's involvement in the regional Mobility Management program. In addition, your agency is required to attach a letter of support from the regional mobility management program that explains how your application supports the regional program and how the regional program will work with your agency to assure that regional mobility management goals are met.

RAE is actively involved with the SEAGO mobility management program and our regional mobility manager works with us closely on helping us coordinate our volunteer driver program. RAE attends regional Coordinating Council meetings once a quarter. We post ride requests through the regional web-based bulletin.

Specific Project Request**Identify PROJECT TYPE:**

- ✓ Mobility Management Staffing and Related Program Costs
Mobility Management Project Costs (Outside professional services such as IT, Design, Consulting, etc.) or Planning Costs to develop mobility management projects that will benefit the region (Outside professional consulting support).
Mobility Management Capital Costs (AVL, GPS, IT Equipment to support one call/one click centers or joint scheduling/dispatch centers)

- 1 **Narrative Description. Describe the requested position(s). Include the position requested (manager, support staff); full or part-time position; geographic area to be served; and general duties or responsibilities of each position. **Applicant please note. The staff funding request can also include related program costs that can be identified in the narrative description and also in the budget section***

SUB-REGIONAL MOBILITY MANAGEMENT PROJECT REQUEST: 1

below.

Part-time sub-regional mobility manager in charge of a rural volunteer driver program in Cochise County. This sub-regional mobility manager works in conjunction with the SEAGO regional mobility manager in Cochise County on the volunteer driver program. General duties include recruiting, training and recruiting drivers and scheduling rides.

Proposed Project Budget

ESTIMATED REVENUE, IDENTIFY SOURCE:		CASH	IN KIND
a. Revenue Source #1:	Volunteer Driver In-Kind Contributions	\$0	\$2,500.00
b. Revenue Source #2:		\$0	\$0
c. Revenue Source #3:		\$0	\$0
d. 5310 Grant Request Amount		\$10,000.00	\$0
TOTAL INCOME		\$10,000.00	\$2,500.00

ESTIMATED DIRECT EXPENSES:		CASH	IN KIND
a. Salaries/Wages		\$10,000.00	\$0
b. Benefits		\$0	\$0
c. Telephone Service		\$500.00	\$0
d. Travel and Conference Education		\$1,000.00	\$0
e. Printing and Promotional Materials (outreach)		\$500.00	\$0
f. Website Design		\$0	\$0
g. Advertising and Marketing		\$0	\$0
h. Postage and Office Supplies		\$500.00	\$0
i. Other (Identify):		\$0	\$0
TOTAL EXPENSES		\$12,500.00	\$0

Local Match Sources

An "In Kind Match Valuation Proposal" is to be created and submitted with all applications that use in kind as a source of local match. (Capital Equipment projects cannot use in kind as a source of local match.)

Please complete and upload the In Kind Match Valuation Proposal here.

http://demo.agatesoftware.com/intelligrants_AZDOT/_Upload/4173-SampleCivilRightsUploadDocument.docx

IDENTIFY SOURCE(S) OF LOCAL MATCH	AMOUNTS
a. In Kind Driver Contributions	\$2,500.00
b.	\$0
c.	\$0
TOTAL LOCAL MATCH	\$2,500.00

2 **Describe specifically and in detail what federal funds are to pay for.**

Sub-regional mobility manager salary. Telephone service charges, conference education for this position, printing and postage related to the volunteer driver program outreach.

3 **How was the cost of the project determined?**

Previous year's costs.

4 What are the sources of proposed local match for the project? Describe how stable these sources are.

In Kind Contributions based on volunteer driver labor hours. These are stable because they are the basis of the program.

5 ADOT has requested the 2012 agency/transportation budget figures as part of this application. Explain why the revenue sources listed in this budget are not sufficient to provide the proposed projects services.

The Volunteer Driver program is part of a regional effort that RAE has not identified a separate budget line item for. Our revenue primarily goes to operating our program and no additional funds are currently available to support a volunteer driver coordinator position.

6 Describe the agency's efforts to leverage funds from other sources to help implement or continue the project (i.e.: Area Agency on Aging).

We used dedicated in kind match resources for this service and have discussed with the regional mobility manager additional funding sources, such as Area Agency on Aging funds that also may be available to grow the program.

7 Describe any long term efforts or funding sources that will sustain the project should ADOT FTA funding not be available in future years.

We are working with regional and local partners to develop the service. As we continue to build the program, we hope to show the value and will seek contributions from medical service organizations and human service agencies that benefit.

1 Narrative Description. Describe the project's intent and what the outside services will be used for. Also explain the duration of the project.

2 Narrative Description. Describe how the results of this project will benefit regional mobility management efforts or be shared with or benefit other agencies in your region.

Proposed Project Budget

ESTIMATED REVENUE, IDENTIFY SOURCE:	CASH	IN KIND
a. Revenue Source #1:		
b. Revenue Source #2:		
c. Revenue Source #3:		
d. 5310 Grant Request Amount		
TOTAL INCOME	\$0	\$0

ESTIMATED DIRECT EXPENSES:	CASH	IN KIND
a. Outside Contract Service #1:		
b. Outside Contract Service #2:		
c. Outside Contract Service #3:		
Other (Identify)		
TOTAL EXPENSES	\$0	\$0

Local Match Sources

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Please complete and upload the In Kind Match Valuation Proposal here.

IDENTIFY SOURCE(S) OF LOCAL MATCH	AMOUNTS
a.	
b.	
c.	
TOTAL LOCAL MATCH	\$0

2 Describe specifically and in detail what federal funds are to pay for.

3 How was the cost of the project determined?

4 What are the sources of proposed local match for the project? Describe how stable these sources are.

5 ADOT has requested the 2012 agency/transportation budget figures as part of this application. Explain why the revenue sources listed in this budget are not sufficient to provide the proposed projects services.

6 Describe the agencies efforts to leverage funds from other sources to help implement or continue the project (i.e.: Area Agency on Aging).

7 Describe any long term efforts or funding sources that will the sustain the project should ADOT FTA funding not be available in future years.

1 Narrative Description. Describe the capital project to include:

- a. How this capital will be used;
- b. What agencies will be using this capital;
- c. At what location(s);
- d. Is this an ongoing project or a one-time cost? Describe any estimated initial or ongoing maintenance fees and what expectations of ADOT/federal funding is anticipated to support these costs.

NOTE: Any capital requests for mobility management activities must be supported by an assessment of technology and equipment needed. Please provide any documentation that supports that assessment to include a planning study, etc.

Yes, documents are attached **here**.

2 Why is this capital needed at this time?

Proposed Project Budget

ESTIMATED REVENUE, IDENTIFY SOURCE:	CASH	IN KIND
a. Revenue Source #1:		
b. Revenue Source #2:		
c. Revenue Source #3:		
d. 5310 Grant Request Amount		
TOTAL INCOME	\$0	\$0

ESTIMATED DIRECT EXPENSES:	CASH	IN KIND
a. Capital Costs. Identify below.		
1		
2		
3		
4		
5		
Other (Identify)		
TOTAL EXPENSES	\$0	\$0

Local Match Sources

An "In Kind Match Valuation Proposal" is to be created and submitted with all applications that use in kind as a source of local match. (Capital Equipment projects cannot use in kind as a source of local match.)

Please complete and upload the In Kind Match Valuation Proposal here.

IDENTIFY SOURCE(S) OF LOCAL MATCH	AMOUNTS
a.	
b.	
c.	

TOTAL LOCAL MATCH \$0

- 3 **Describe specifically and in detail what federal funds are to pay for.**
- 4 **How was the cost of the project determined?**
- 5 **What are the sources of proposed local match for the project? Describe how stable these sources are.**
- 6 **ADOT has requested the 2012 agency/transportation budget figures as part of this application. Explain why the revenue sources listed in this budget are not sufficient to provide the proposed projects services.**
- 7 **Describe the agency's efforts to leverage funds from other sources to help implement or continue the project (i.e.: Area Agency on Aging).**
- 8 **Describe any long term efforts or funding sources that will sustain the project should ADOT FTA funding not be available in future years.**

REQUIRED CERTIFICATION AND DOCUMENTS

The following information and required documents for upload complete the agency's application for Section 5310 financial assistance. This information is required to determine whether the application meets the threshold criteria for completeness and eligibility. Answer all the questions and upload the required documentation.

Agency Eligibility

To be eligible to obtain funding under the FTA Section 5310 program, agencies must be certify to be one of the following:

- a) A Private Non-Profit Organization providing service when publicly operated mass transportation services are unavailable, insufficient, or inappropriate; or
- b) A Governmental Authority that can certify to ADOT that no non-profit organization is readily available in the service area to provided the needed service; or
- c) A Governmental Authority that is providing oversight and administration (not necessarily transportation service) for a project that is conducted in the interest, or strongly supportive, of local, regional, and/or State coordination objectives, such as a Council of Governments conducting regional mobility management activities. The lead role of the governmental authority to oversee a project for this purpose must be approved by the State and at the regional level through coordination planning activities.

Mark one of the certification boxes below and attach in the required documents section the proper documentation to verify this certification.

- ✓ Yes **Our agency is a Private Non Profit Organization providing transportation service to elderly persons and/or persons with disabilities because the publicly operated mass transportation service in our service area is unavailable, insufficient, or inappropriate to meet the needs of these populations.**
- Yes **Our agency is a Governmental Authority (which can include City, County, Town and Tribal Governments including other related public bodies and Tribal community agencies) providing transportation service to elderly persons and/or persons with disabilities because no private non-profit organizations is readily available in our service area to provided the needed service. We understand that the definition of "readily available" in our service area means no non-profit organization is capable or willing to provide the service provided by our organization.**
- Yes **Our agency is a Governmental Authority providing oversight and administration (not necessarily transportation service) for a project that is conducted in the interest, or strongly supportive, of local, regional, and/or State coordination objectives, such as a Council of Governments conducting regional mobility management activities. The lead role of the governmental authority to oversee a project for this purpose has been approved by the State and at the regional level through coordination planning activities.**

REQUIRED CERTIFICATION AND DOCUMENTS

Coordination Plan

To be eligible to obtain funding under the FTA Section 5310 program, agencies must be certify to be a part of the regional transportation coordination process and the projects applied for in this application are "included in" the local coordinated human service-public transportation plan.

- ✓ Yes **Our agency is a part of the regional coordination plan process and the projects applied for under this application are "included in" the local coordinated human service-public transportation plan.**

To verify this certification, please provide a reference point for ADOT to use for verification. Either list the name and page number of the coordination plan document your agency and subsequent applied for projects are included in OR the contact information (name, title, phone number, and email) of the regional coordination contact individual who manages the coordination plan process and can verify your agency's current involvement in the plan process and intent to include the projects applied for in the plan.

Debbie Smith, South Central Council of Governments, 555-555-5555, debbiesmith@sccog.com; South Central Regional Coordination Transportation Plan, pages 20, 25, and 72

Financial Management

To be eligible to obtain funding under the FTA Section 5310 program, agencies must be certify that their accounting systems can manage grant funds in accordance with federal and state requirements.

- ✓ Yes Our agency maintains an accounting system that is:
- Consistent with generally accepted accounting principles (GAAP);
 - Can segregate funds;
 - Uses an accrual method of accounting; and
 - Can translate fiscal data into the Uniform System of Accounts (USOA) system (specified by FTA)?

What is your agency's financial program/software (i.e., Quickbooks, Peachtree, etc.)?

Quickbooks

UPLOADED**REQUIRED DOCUMENTS**

- ✓ **AGENCY ELIGIBILITY CERTIFICATION DOCUMENTATION:**
 Attacheither **Private Non-Profit Organization Status Documents** (Certified Copy of the Articles of Incorporation or IRS 501(c)(3) Federal income tax exemption letter) or **Governmental Authority Certification Documents** (i.e.: contact letters, support letters, outreach materials, coordination plan meeting minutes, etc.) to verify the agency is the only entity in the service area willing to provide the specific service requested and that there are no non-profit organizations readily available in the area to provide the needed service **OR** is the lead agency designated by the State and regional coordination planning efforts to oversee mobility

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REQUIRED CERTIFICATION AND DOCUMENTS

management / coordination activities for a region.

- ✓ **PUBLIC INVOLVEMENT REQUIREMENTS FOR CAPITAL PROJECTS #1: Public Notice** (See instructions and example in Guidebook) http://demo.agatesoftware.com/intelligrants_AZDOT/_Upload/4174-Screenshot2013-02-13at3.43.15PM.png
- ✓ **PUBLIC INVOLVEMENT REQUIREMENTS FOR CAPITAL PROJECTS #2: Notice to Public and Private Transportation Providers** (See instructions and example in Guidebook) http://demo.agatesoftware.com/intelligrants_AZDOT/_Upload/4174-Screenshot2013-02-13at3.43.15PM.png
- ✓ **Authorization to Apply** (Board Minutes, Letter, and/or Resolution for Governmental Authorities) http://demo.agatesoftware.com/intelligrants_AZDOT/_Upload/4174-Screenshot2013-02-13at3.43.15PM.png
- ✓ **Program Information; Service Area Map:** Only if not already attached in the program information section. http://demo.agatesoftware.com/intelligrants_AZDOT/_Upload/4174-SampleCivilRightsUploadDocument.docx

Capital Requests; Quotes to Support Cost of Non-Vehicle Equipment

Request: Only if not already attached in the capital request section.

New Operating Requests Only; Formal Service Plan: Only if available and not already attached in the operating request section.

Regional Mobility Management Program Information As Applicable: Only if available and not already attached in the regional mobility management section.

Mobility Management Capital Assessment As Applicable: Only if requesting capital and not already attached in the mobility management request section.

In Kind Match Valuation Proposal for all Operating and Mobility

Management Requests: Only if applying for operating and mobility management funds AND the agency is proposing to use in kind as part of the local match requirements AND not already attached in the operating and/or mobility management request budget sections.