

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)

No Capital

No Operating

Yes Mobility Management

Yes 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.

No 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.

No Check if you have a transportation program.

SUMMARY OF PROJECT AND FUNDING REQUEST(S): 1

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- 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	Sub Org 1
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Project Summary

1	Project Title	Regional Mobility Manager for Rural AZ COG		Priority Number	1
	Location Address	Address 2 Denver, Colorado 04616			
	Brief Description of Proposed Project.	Continued funding is requested for a regional mobility manager for the RACOG. The mobility manager works with the six counties, two Tribal governments, and both state human service programs and local human service programs to improve mobility for the elderly and persons with disabilities. The total project is \$75,000 with \$60,000 in FTA Section 5310 funds and \$15,000 in match provided locally.			
	Funding Request Amount	FTA Request \$60,000	Local Match \$15,000	Total Cost \$75,000	
	Project Type	Mobility Management		COG/MPO Region	SEAGO
2	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	

SUMMARY OF PROJECT AND FUNDING REQUEST(S): 1

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

2013 SECTION 5310 PROJECT FUNDING REQUESTS

2013 OPERATING (ALL PROJECTS)		
FTA REQUEST(S)	LOCAL MATCH	TOTAL
	\$0	\$0

2013 CAPITAL (ALL PROJECTS)		
FTA REQUEST(S)	LOCAL MATCH	TOTAL
	\$0	\$0

2013 MOBILITY MANAGEMENT (ALL PROJECTS)		
FTA REQUEST(S)	LOCAL MATCH	TOTAL
\$60,000	\$15,000	\$75,000

2013 TOTALS		
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SUMMARY OF PROJECT AND FUNDING REQUEST(S): 1

FTA REQUEST(S)	LOCAL MATCH	TOTAL
\$60,000	\$15,000	\$75,000

PROGRAM INFORMATION

Instructions:

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

RACOG is a Council of Governments with responsibilities for regional transportation planning, community and social services, aging services, housing, and environmental planning. RACOG is a nonprofit membership corporation representing local governments in our region. Our staff work on a broad range of issues and programs and serve as the Area Agency on Aging, a Designated Planning Agency, and a Community Action Agency. Transit and transportation is one of our focus areas.

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

RACOG coordinates transportation services in the region, but does not directly operate any transit or transportation services. Our regional mobility manager is working with the four counties and many cities in the region (including Saguaro City, a small urban area with public transit service), many non-profit programs, and Tribal governments to improve mobility of residents. We have a regional coordinating council and are actively working on information and referral services, ombudsman services, and driver training. We support the development of a volunteer driver program in one of our counties.

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.

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

PROGRAM INFORMATION

15% Small Urbanized Area
 85% 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)	N/A	N/A	N/A	N/A
b. What hours of the day does your service operate? (e.g., 5 am–7:30 pm)	N/A	N/A	N/A	N/A

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

Our mobility management program responds to all requests for information, and we routinely hear from the general public. We will provide information to all callers, but often refer them to direct transit providers or a program that can address their needs. Most of our direct clientele are the program staff from human service programs (Area Agency on Aging, Workforce Center, staff at the community college, ALTCS, AHCCCS, and staff at a variety of programs serving individuals who have disabilities or are elderly.

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
20%	Workforce/Employment Related
35%	Medical
10%	Education
30%	Senior Programs
5%	Social, Recreational, Personal
0%	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.)

NUMBER	DESCRIPTION
0	Full-time
0	Part-time
0	Back-up/spare

PROGRAM INFORMATION

- 0 Total Vehicle Fleet - Revenue Service
- 0 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
0	Paid Full Time Drivers	0	Paid Full Time Operation Supervisors
0	Paid Part Time Drivers	0	Paid Part Time Operation Supervisors
0	Volunteer Drivers	0	Paid Full Time Dispatchers
3	Paid Full Time Administrative Staff	0	Paid Part Time Dispatchers
4	Paid Part Time Administrative Staff	0	Mechanics
1	Paid Full Time Mobility Manager	0	Paid Part Time Mobility Manager

http://demo.agatesoftware.com/intelligrants_AZDOT/_Upload/4154-SampleCivilRightsUploadDocument.docx Attach a copy of your ORGANIZATIONAL CHART by clicking here

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

Not applicable

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.	\$0	\$0	\$0
b.	\$0	\$0	\$0
c.	\$0	\$0	\$0
d.	\$0	\$0	\$0
e.	\$0	\$0	\$0
Title III (Older Americans Act)	\$10,000.00	\$0	\$10,000.00
TANF (Temporary Assistance to Needy Families)	\$0	\$0	\$0
Medicaid	\$0	\$0	\$0
Charter Service	\$0	\$0	\$0
Other Contracts (list type below)			
a.	\$0	\$0	\$0
b.	\$0	\$0	\$0
c.	\$0	\$0	\$0
d.	\$0	\$0	\$0
e.	\$0	\$0	\$0
TOTAL DEDICATED FUNDING SOURCES OR	\$10,000.00	\$0	\$10,000.00

PROGRAM INFORMATION

CONTRACTS

GRANT FUNDING SOURCES	OPERATING	CAPITAL	TOTAL
FTA Section 5307	\$0	\$0	\$0
FTA Section 5310	\$60,000.00	\$0	\$60,000.00
FTA Section 5311	\$0	\$0	\$0
FTA Section 5316	\$0	\$0	\$0
FTA Section 5317	\$0	\$0	\$0
Foundation Grants (list type below)			
a. AZ Community Foundation Supporting Grant	\$1,000.00	\$0	\$1,000.00
b.	\$0	\$0	\$0
c.	\$0	\$0	\$0
d.	\$0	\$0	\$0
e.	\$0	\$0	\$0
Other Grants (list type below)			
a.	\$0	\$0	\$0
b.	\$0	\$0	\$0
c.	\$0	\$0	\$0
d.	\$0	\$0	\$0
e.	\$0	\$0	\$0
TOTAL GRANT FUNDING SOURCES	\$61,000.00	\$0	\$61,000.00

OTHER REVENUE SOURCES	OPERATING	CAPITAL	TOTAL
Passenger Fares	\$0	\$0	\$0
Advertising	\$0	\$0	\$0
Private Donations	\$0	\$0	\$0
In-Kind Support (list type below)			
a. Value of training rooms, trainers, & staff support - driver training	\$1,000.00	\$0	\$1,000.00
b. Saguaro City Transit: Information & Referral Support (staff time)	\$3,000.00	\$0	\$3,000.00
c.	\$0	\$0	\$0
d.	\$0	\$0	\$0
e.	\$0	\$0	\$0
TOTAL OTHER REVENUE SOURCES	\$4,000.00	\$0	\$4,000.00
TOTAL REVENUE SOURCES	\$75,000.00	\$0	\$75,000.00

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

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

PROGRAM INFORMATION

applied for.

TYPE	HOW OFTEN RECEIVED (i.e. monthly, yearly, etc.)	HOW YOU APPLY FOR IT (i.e.: grant application, allocated general funds, etc.)
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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.)

Saguaro City Transit is a supporting partner. They cover our call line when the MM is out of the office (lunch hours, training classes, meetings) and after-hours. The value of this time is conservatively estimated at \$3,000. We log the hours each year where phones are transferred to their dispatcher and in 2012 this amounted to 680 hours.

Expenditures

EXPENSES	OPERATING	CAPITAL	TOTAL
Salaries and Wages	\$50,000.00	\$0	\$50,000.00
Benefits	\$12,000.00	\$0	\$12,000.00
Insurance	\$0	\$0	\$0
Fuel	\$0	\$0	\$0
Utilities	\$0	\$0	\$0
Materials and Supplies (e.g., oil, tires, etc.)	\$0	\$0	\$0
Vehicle Maintenance and Repair Services	\$0	\$0	\$0
Contract (purchased) Transit Services	\$0	\$0	\$0
Leases and Rentals	\$0	\$0	\$0
License Fees and Taxes	\$0	\$0	\$0
Administrative Costs	\$13,000.00	\$0	\$13,000.00
Vehicle Depreciation	\$0	\$0	\$0
Miscellaneous (explain type below)	\$0	\$0	\$0
TOTAL EXPENSES	\$75,000.00	\$0	\$75,000.00

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

The administrative costs include expenses associated with our telephone service, training programs,

PROGRAM INFORMATION

web-based information, printed material, and mileage for the Mobility Manager to travel within the region and to training and conferences.

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. No **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.

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

http://demo.agatesoftware.com/intelligrants_AZDOT/_Upload/4251-SampleCivilRightsUploadDocument.docx

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

http://demo.agatesoftware.com/intelligrants_AZDOT/_Upload/4251-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/4251-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/4251-SampleCivilRightsUploadDocument.docx

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

Jane Smith, 555-555-5555, janesmith@nowhere.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/4251-SampleCivilRightsUploadDocument.docx

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

http://demo.agatesoftware.com/intelligrants_AZDOT/_Upload/4251-SampleCivilRightsUploadDocument.docx

4.c. Identify the name, phone number, and email address of the EEO

CIVIL RIGHTS

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/4251-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/4251-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.

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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 reimbursement request to ADOT?**
- 9.** Yes **During the past four (4) years, has your agency received Mobility**

CIVIL RIGHTS

Management, and/or Operating funding awards from ADOT?

9a. **Yes, Attach a copy of your DBE program plan.**

http://demo.agatesoftware.com/intelligrants_AZDOT/_Upload/4251-SampleCivilRightsUploadDocument.docx

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).

RACOG considers all contracting opportunities as ones that DBE contractors can bid upon. This program has few contract opportunities (e.g. an occasional printing job) as most expenses are associated with staff, mileage reimbursement, and communication services (telephone and internet). A significant amount of our printing is through in-house copies.

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/4251-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?

Not applicable

13b. No 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?

CIVIL RIGHTS

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

We do not provide service. However, our information is available in accessible formats. It is available on the web, over the telephone, and both RACOG and Saguaro City Transit use the relay services for people with hearing impairments. Also, our basic information on transportation services in the region has been translated into Spanish for those with Limited English Proficiency.

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. No 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?**

Not applicable.

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

Not applicable.

18. Does your agency have in place written policies, procedures, and information regarding the following requirements of the ADA?**18a. No Lift vehicle availability?****18b. No Maintenance of accessible features on vehicle(s)?****18c. No Adequate time for vehicle boarding and disembarking?****18d. No Use of portable oxygen/respirator equipment****18e. No 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/4251-SampleCivilRightsUploadDocument.docx

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

COORDINATION OF TRANSPORTATION SERVICES

Instructions:

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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:

RACOG sponsors the regional mobility manager and regional coordinating council. RACOG is an official member of the regional coordinating council, and has signed a membership letter agreement. This position is part of our agency budget. As the regional COG, we also are able to coordinate with the human service programs housed through our organization, most notably the Area Agency on Aging.

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

If yes, describe what has been adopted:

Our budget reflects our expenditures for regional mobility management. Our Area Agency on Aging program actively and financially supports coordination efforts. The AAA case managers and senior center directors assist in identifying elderly who need transportation support in addition to the AAA contribution to this program.

5. **Describe agency procedures that support transportation coordination in the following areas. The agency:**
 - No **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.**
 - Yes **d. Has provided information on vehicle maintenance and insurance to the regional mobility manager.**
 - No **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)

This project is for the regional mobility manager so we compile all information on services, eligibility, and vehicle maintenance, use, and insurance.

6. Yes

Is the agency participating in any coordination initiatives either with other agencies or with the coordinating council?

If yes, please describe.

RACOG leads the initiatives that have been started through the regional coordinating council. We are working with Love Life Transportation to establish a volunteer driver program. We are reaching out to area hospitals, AHCCCs, and ALTCS to identify the services needed to help individuals needing medical transportation in order to continue living independently, and we are researching how agencies with under-utilized vehicles can work with other agencies to share vehicles.

7. Yes

Does the project request(s) applied for in this application support and enhance regional coordination activities?

If yes, please describe.

Yes, this position is the foundation of regional coordination efforts.

REGIONAL MOBILITY MANAGEMENT PROGRAM INFORMATION

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- 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.**

RACOG has two sub-regions, East and West. While residents of each area travel to Saguaro City for services, they also need to travel to the Phoenix metropolitan area for specialized medical care, the Veterans Medical Center, and other key services. Residents of each area travel on different highways to access Phoenix.

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 MM has gathered information on almost all transportation providers that we have identified serving the elderly and people with disabilities. They have identified the services they provide, eligibility, vehicle fleets, and the needs of their clients. We have set up a web page for information on available services, and maintain an information line where the MM assists residents in finding transportation services that will meet their needs. We have not worked school district services nor Head Start services yet. For those providers we are working with, we have set up a rotating training program, where drivers can get training or re-training. We work closely with Saguaro City Transit. SCT covers our information line when the MM is not available. The MM helps to identify individuals with disabilities who can use fixed route services for part of their needs, and assists them in learning how to use the service. We share information at our coordinating council meetings.

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

- 1.) Continue building partnerships with human service agencies, employment services, and medical providers. We have developed a presentation on services that we plan to make to staff of these stakeholder groups.
- 2.) Identify how to provide similar services with fewer vehicles, so more of our regions resources can

REGIONAL MOBILITY MANAGEMENT PROGRAM INFORMATION

go to directly operate services.

3.) To strengthen and expand volunteer driver programs in the region. We are investigating how mileage reimbursement might be used in these programs.

3. Is the Regional Mobility Management Program:

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:

This application supports all priority projects: building partnerships, making better use of vehicle resources, and expanding service availability.

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.

REGIONAL MOBILITY MANAGEMENT PROGRAM INFORMATION

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

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)**

REGIONAL MOBILITY MANAGEMENT PROGRAM INFORMATION

send out notices to members?

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?

The Coordinating Council has a draft action plan. We are in the process of taking this to various Boards and agencies. Our plan is to have the representative of the agency and the MM make a joint presentation to obtain comments and support. So far, only one of 12 presentations has been made.

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 all the following questions for each operating request.

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

Regional Mobility Manager for Rural AZ COG

2. **Priority of Requested Projects**

1

Specific Project Request

FTA REQUEST(S)	LOCAL MATCH	TOTAL
\$60,000	\$15,000	\$75,000

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 below.***

Full-time, regional mobility manager. This position is already existing and we are seeking continued support to continue work in FY 2013. The regional mobility manager works with six counties, two tribal governments, and both state human service programs and local human service programs in the RACOG region to improve mobility for the elderly and persons with disabilities. The mobility manager works with our regional coordination council and manages those meetings on a quarterly basis. The mobility manager is actively working on information and referral services, ombudsman services, and driver training. The regional mobility manager is also supporting the development of a volunteer driver program in one of the counties we are involved with. Our regional mobility manager complies all information on transportation services, passenger eligibility and vehicle maintenance, use and insurance.

Proposed Project Budget

ESTIMATED REVENUE, IDENTIFY SOURCE:		CASH	IN KIND
a. Revenue Source #1:	Area Agency on Aging	\$15,000.00	\$0
b. Revenue Source #2:		\$0	\$0
c. Revenue Source #3:		\$0	\$0
d. 5310 Grant Request Amount		\$60,000.00	\$0
TOTAL INCOME		\$75,000.00	\$0

ESTIMATED DIRECT EXPENSES:		CASH	IN KIND
a. Salaries/Wages		\$50,000.00	\$0
b. Benefits		\$8,000.00	\$0
c. Telephone Service		\$1,000.00	\$0
d. Travel and Conference Education		\$1,000.00	\$0
e. Printing and Promotional Materials (outreach)		\$5,000.00	\$0
f. Website Design		\$5,000.00	\$0
g. Advertising and Marketing		\$3,000.00	\$0
h. Postage and Office Supplies		\$2,000.00	\$0
i. Other (Identify):		\$0	\$0
TOTAL EXPENSES		\$75,000.00	\$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. Area Agency on Aging	\$15,000.00
b.	
c.	
TOTAL LOCAL MATCH	\$15,000.00

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

Regional mobility manager salary and benefits. Also costs to support the mobility manager position to include telephone and website costs, printing and promotional materials as well as advertising and marketing to support information and referral services and a sub-regional volunteer driver program.

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

Previous year's expenses needed to manage the program and pay the position accurately.

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

Area Agency on Aging is our source of local match and it is a stable annual source we receive

through RACOG.

- 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.**

The sources listed are not adequate because this position has been added to RACOG's existing transportation planning services and was created specifically to address 5310 and FTA mandated coordination requirements.

- 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 our Area Agency on Aging funds as support and local match for this project, which is the only clear source of local match that RACOG can use given the other services we provide.

- 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.**

We will look to our regional partners who benefit from the regional mobility manager's work to provide additional resources should FTA funds not be available in future years to fund the project.

- 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

Organization: RAE Consultants, Inc.

REGIONAL MOBILITY MANAGEMENT PROJECT REQUEST: 1

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

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 project's services.**
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).**
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 project's 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.

This project is referred to in numerous places in the plan. It is summarized in the list of projects on page 63.

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.)?

Peachtree

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 management / coordination activities for a region.

http://demo.agatesoftware.com/intelligrants_AZDOT/_Upload/4253-SampleCiviIRightsUploadDocument.docx

REQUIRED CERTIFICATION AND DOCUMENTS

- ✓ **PUBLIC INVOLVEMENT REQUIREMENTS FOR CAPITAL PROJECTS #1: Public Notice** (See instructions and example in Guidebook) http://demo.agatesoftware.com/intelligrants_AZDOT/_Upload/4253-SampleCivilRightsUploadDocument.docx
- ✓ **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/4253-SampleCivilRightsUploadDocument.docx
- ✓ **Authorization to Apply** (Board Minutes, Letter, and/or Resolution for Governmental Authorities) http://demo.agatesoftware.com/intelligrants_AZDOT/_Upload/4253-SampleCivilRightsUploadDocument.docx
- ✓ **Program Information; Service Area Map:** Only if not already attached in the program information section. http://demo.agatesoftware.com/intelligrants_AZDOT/_Upload/4253-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.