|  |  |  |
| --- | --- | --- |
| ***Operating Grant Application***  ***for Operating Assistance & Mobility Management***  **octa logo blue TransparentOrange County Enhanced Mobility**  **for Seniors & Disabled Grant Program**  *Applications due to OCTA by 4:00 pm on September 9, 2021* | | |
|  | | |
| Please complete all sections of this application. Incomplete and/or missing information cannot be considered for funding. Instructions and other guidance documents are available on OCTA’s website at [www.octa.net/emsd](file:///C:\Users\jfarinas\Desktop\www.octa.net\emsd). Completed applications should not exceed 30 pages, excluding required attachments. | | |
| Agency (Applicant) Legal Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| Physical Address (No P.O. Box) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| City \_\_\_\_ County \_\_\_\_ Zip \_\_\_\_ | | |
| Contact Person (Grant Management) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Alternate Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Phone \_\_\_\_ | FAX \_\_\_\_ | E-Mail Address \_\_\_\_ |
| Authorizing Representative must certify the information contained in this application is true and accurate and has signature authority to enter into grant agreements on behalf of the applicant organization.  Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ | | |
| Service Area (briefly indicate areas served by the proposed project, additional detail should be provided in the required map attachment)    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | | |
| Upload application and supporting documents at [www.octa.net/emsd](http://www.octa.net/emsd%20) by 4:00 p.m. on September 9, 2021. **Late applications will not be accepted.** We recommend uploading your documents 48 hours prior to allow time for troubleshooting if needed. Hard copy applications will be accepted, see guidelines for instructions. | | |

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**PART I –APPLICANT PROFILE**

**Agency Purpose & Program**

1. Briefly describe your agency’s purpose and program. **Include the days and hours of the operation of your transportation program** and the services your agency currently provides. *Supporting documentation must be attached (e.g. agency brochure).* Attachment included?  Yes  No

Click here to enter text.

1. Describe the available non-profit, public transit or paratransit, including fixed route, ADA complementary paratransit services. This is an assessment of available services that identifies current transportation providers (public, private, and non-profit).

Click here to enter text.

1. Describe the transportation needs of seniors and individuals with disabilities to be served by the proposed project. **This is an assessment of transportation needs for seniors and individuals with disabilities, which may be based on the experience and perceptions of the planning partners or on more sophisticated data collection efforts, and gaps in service.**

Click here to enter text.

**Agency Geographic Area**

Please attach an 8-1/2 x 11 map delineating service boundaries to the application.

**Applicant Profile**

Provide the total number of clients currently served by the agency, and provide a breakdown of those who are seniors, disabled or a wheelchair user. **If a client can be identified in more than one category, choose the one category that most closely describes the client.**  A client is counted only once. For example, a senior person who uses a wheelchair would be counted **once**, as a wheelchair user.

A person with disabilities is someone of any age who is not able to use fully accessible public fixed-route services, whether temporarily or on a long-term basis, regardless of whether they need to use a wheelchair. Race/Ethnicity/National Origin information is collected for reporting purposes.

|  |  |
| --- | --- |
| Total number of clients currently served by your agency’s transportation program (*do not duplicate or double count*) | Race/Ethnicity/National Origin served by your program by percentage. (Total 100%) |
| Number of seniors \_\_\_\_\_\_\_  Number of individuals w/disabilities \_\_\_\_\_\_\_  Number of wheelchair/lift users \_\_\_\_\_\_\_  **Total number of clients** \_\_\_\_\_\_\_ | American Indian & Alaska Native \_\_\_\_\_\_\_%  Asian \_\_\_\_\_\_\_%  Black or African American \_\_\_\_\_\_\_%  Hispanic or Latino \_\_\_\_\_\_\_%  Native Hawaiian & Pacific Islander \_\_\_\_\_\_\_%  All Other \_\_\_\_\_\_\_% |
| Total number of wheelchair/lift users  divided by clients \_\_\_\_\_\_\_% |
|  | **Total must be 100%** \_\_\_\_\_\_\_% |

# **Project Need**

The Orange County Enhanced Mobility for Seniors and Disabled (EMSD) grant program is intended to enhance the mobility of seniors and individuals with disabilities by providing local transportation funding to meet the transportation needs of seniors beyond traditional public transportation and individuals with disabilities.

## **Check the appropriate box below. One box must be checked.**

**Insufficient:** Available public transportation and paratransit services are insufficient to meet the needs of the target population or equipment needs replacement to ensure continuance of service. (Examples: service at capacity service parameters, routes, hours, need not met due to eligibility and/or trip criteria, projected future need, vehicles inaccessible, etc.)

**Inappropriate:** Target population has needs that are difficult or impossible to serve on available public transportation and/or paratransit.

1. **Existing Transit Service**

Describe how existing public transit or paratransit, including fixed-route, ADA complementary paratransit and private paratransit do not meet the needs of your senior and disabled clients.

Click here to enter text.

**Applicant Annual Budget**

1. ***Annual Operating Budget***:

|  |  |
| --- | --- |
| **Estimated Income** |  |
| 1. Passenger Revenue | $\_\_\_\_\_\_\_\_ |
| 1. Other Revenues | $\_\_\_\_\_\_\_\_ |
| 1. Total grants\*, donations, subsidies from other agency funds | $\_\_\_\_\_\_\_\_ |
| **TOTAL INCOME** | **$\_\_\_\_\_\_\_\_** |
| ***\*****Not including this grant request.* |  |
| **Estimated Expenses** |  |
| 1. Wages, Salaries and Benefits (non-maintenance personnel) | $\_\_\_\_\_\_\_\_ |
| 1. Maintenance & Repair (salaries and estimated costs for current and requested vehicles/equipment [if applicable]) | $\_\_\_\_\_\_\_\_ |
| 1. Fuels | $\_\_\_\_\_\_\_\_ |
| 1. Casualty & Liability Insurance | $\_\_\_\_\_\_\_\_ |
| 1. Administrative & General Expense | $\_\_\_\_\_\_\_\_ |
| 1. Other Expenses (e.g., materials & supplies, taxes) | $\_\_\_\_\_\_\_\_ |
| 1. Contract Services (specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | $\_\_\_\_\_\_\_\_ |
| **TOTAL EXPENSES** | **$\_\_\_\_\_\_\_\_** |

1. ***Operating* *Fund Sources***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Operating Fund Sources** | | **Prior Year** | **Current Year** | | **Next Year** |
| 1. \_\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ | | $\_\_\_\_\_\_\_\_ |
| 1. \_\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ | | $\_\_\_\_\_\_\_\_ |
| 1. \_\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ | | $\_\_\_\_\_\_\_\_ |
| 1. \_\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ | | $\_\_\_\_\_\_\_\_ |
| **TOTAL OPERATING** | | | |  | **$\_\_\_\_\_\_\_\_** |

**PART II – FUNDING REQUEST**

**Funding Request Summary**

**Step 1:** Check and complete the funding request summary form below to summarize all projects proposed under the operating project category. If you are requesting multiple projects under a category, please make copies of the tables for each project as applicable. See application instructions for additional guidance on eligible project types and required information.

* Operating
* Mobility Management

**Step 2:** Complete and attach a separate project budget for each of your proposed projects.

Are you a current recipient of any of the following funds?

FTA 5310  Job Access and Reverse Commute/New Freedom  Senior Mobility Program (Project U)

Community Circulators (Project V)  Other: ­­­­­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you also applying for a vehicle(s) under this year’s EMSD grant program?

Yes  No

|  |  |  |
| --- | --- | --- |
| **FUNDING REQUEST FOR OPERATING** | |  |
| **Operating Assistance** | **Cost** | |
| Project Title **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | $\_\_\_\_\_\_\_\_ |
| Project Title **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | $\_\_\_\_\_\_\_\_ |
| Project Title **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | $\_\_\_\_\_\_\_\_ |
| **TOTAL REQUEST FOR OPERATING ASSISTANCE** | | **$\_\_\_\_\_\_\_\_** |
| **MATCH FUNDING SOURCE (25%) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | $\_\_\_\_\_\_\_\_ |
| **TOTAL COST OF PROJECT** | | **$\_\_\_\_\_\_\_\_** |
| **FUNDING REQUEST FOR MOBILITY MANAGEMENT** | |  |
| **Mobility Management** | **Cost** | |
| Project Title **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | $\_\_\_\_\_\_\_\_ |
| Project Title **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | $\_\_\_\_\_\_\_\_ |
| Project Title **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | $\_\_\_\_\_\_\_\_ |
| **TOTAL REQUEST FOR MOBILITY MANAGEMENT** | | **$\_\_\_\_\_\_\_\_** |
| **MATCH FUNDING SOURCE (10%) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | $\_\_\_\_\_\_\_\_ |
| **TOTAL COST OF PROJECT** | | **$\_\_\_\_\_\_\_\_** |
| *\*The maximum request amount per applicant is $250,000 for two years of service operations* | | |

**Operating Assistance & Mobility Management Budgets**

|  |  |  |
| --- | --- | --- |
| **Total Labor & Administrative Costs (Itemize)** | **Year 1** | **Year 2** |
| 1. **Direct Labor (Job Title, Task, Hourly Rate)** | | |
| Click here to enter text. | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ |
| Click here to enter text. | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ |
| Click here to enter text. | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ |
| Click here to enter text. | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ |
| **Total Direct Labor Costs** | **$\_\_\_\_\_\_\_\_** | **$\_\_\_\_\_\_\_\_** |
| 1. **Administrative/General Costs (e.g. materials, supplies, travel)** | | |
| Click here to enter text. | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ |
| Click here to enter text. | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ |
| Click here to enter text. | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ |
| **Total Administrative/General Costs** | **$\_\_\_\_\_\_\_\_** | **$\_\_\_\_\_\_\_\_** |
|  |  |  |
| **Annual Totals** (a+b) | **$\_\_\_\_\_\_\_\_** | **$\_\_\_\_\_\_\_\_** |
|  |  |  |
| **Total Labor & Administrative Costs** (Year 1+2) | **$\_\_\_\_\_\_\_\_** | |
| **\*Indirect Cost (Rate** **\_\_\_%)** | $\_\_\_\_\_\_\_\_ | |
| **TOTAL LABOR & ADMINISTRATIVE COSTS** | **$\_\_\_\_\_\_\_\_** | |
| ***\*****A 10% de minimis indirect cost rate is allowed. Other rates require prior approval from OCTA through a federally approved Indirect Cost Allocation Plan (ICAP).* | | |
|  |  |  |
| **Total Maintenance & Other Costs (Itemize)** | **Year 1** | **Year 2** |
| 1. **Maintenance & Repair Costs** | | |
| Click here to enter text. | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ |
| Click here to enter text. | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ |
| Click here to enter text. | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ |
| Click here to enter text. | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ |
| **Total Maintenance & Repair Costs** | **$\_\_\_\_\_\_\_\_** | **$\_\_\_\_\_\_\_\_** |
| 1. **Other Costs (e.g. fuel, insurance)** | | |
| Click here to enter text. | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ |
| Click here to enter text. | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ |
| Click here to enter text. | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ |
| **Total Other Costs** | **$\_\_\_\_\_\_\_\_** | **$\_\_\_\_\_\_\_\_** |
| 1. **Contract Services** | | |
| Click here to enter text. | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ |
| Click here to enter text. | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ |
| **Total Contract Costs** | **$\_\_\_\_\_\_\_\_** | **$\_\_\_\_\_\_\_\_** |
|  |  |  |
| **Annual Totals** (c+d+e) | **$\_\_\_\_\_\_\_\_** | **$\_\_\_\_\_\_\_\_** |
| **Total Labor & Administrative Costs** (Year 1+2) | **$\_\_\_\_\_\_\_\_** | |
| **TOTAL LABOR & ADMINISTRATIVE COSTS (2-years)** | $\_\_\_\_\_\_\_\_ | |
| **TOTAL MAINTENANCE & OTHER COSTS (2-years)** | $\_\_\_\_\_\_\_\_ | |
| **TOTAL OPERATING COSTS** (must equal Total Project Funding below) | **$\_\_\_\_\_\_\_\_** | |

Please provide documentation of the required match source and upload as an attachment to the application.

**Operating Assistance Funding Sources (25% match)**

|  |  |
| --- | --- |
| **EMSD Grant Funding Request & Local Match** | **Amount** |
| 1. **OCTA EMSD Grant Fund Request** (must equal 75% of Total Operating Costs) | **$\_\_\_\_\_\_\_\_** |
| **Local Match Funding Sources (e.g., revenue, donations, in-kind)** |  |
| 1. Click here to enter text. | $\_\_\_\_\_\_\_\_ |
| 1. Click here to enter text. | $\_\_\_\_\_\_\_\_ |
| 1. Click here to enter text. | $\_\_\_\_\_\_\_\_ |
| 1. Click here to enter text. | $\_\_\_\_\_\_\_\_ |
| **TOTAL LOCAL MATCH** (must equal 25% of Total Operating Cost) | **$\_\_\_\_\_\_\_\_** |
|  | |
| **TOTAL PROJECT FUNDING** (must equal Total Operating Cost above) | **$\_\_\_\_\_\_\_\_** |

**Mobility Management Funding Sources (10% match)**

|  |  |
| --- | --- |
| **EMSD Grant Funding Request & Local Match** | **Amount** |
| 1. **OCTA EMSD Grant Fund Request** (must equal 90% of Total Operating Costs) | **$\_\_\_\_\_\_\_\_** |
| **Local Match Funding Sources (e.g., revenue, donations, in-kind)** |  |
| 1. Click here to enter text. | $\_\_\_\_\_\_\_\_ |
| 1. Click here to enter text. | $\_\_\_\_\_\_\_\_ |
| 1. Click here to enter text. | $\_\_\_\_\_\_\_\_ |
| 1. Click here to enter text. | $\_\_\_\_\_\_\_\_ |
| **TOTAL LOCAL MATCH** (must equal 10% of Total Operating Cost) | **$\_\_\_\_\_\_\_\_** |
|  | |
| **TOTAL PROJECT FUNDING** (must equal Total Operating Cost above) | **$\_\_\_\_\_\_\_\_** |

**General Questions**

1. Indicate the type(s) of proposed transportation service for the project. (Check all that apply.)

|  |  |
| --- | --- |
| Expansion of existing paratransit service beyond the minimum requirements of ADA | New mobility management project |
| New paratransit service beyond the minimum requirements of ADA | Expansion of existing driver and/or travel training project |
| Expansion of an existing mobility management project | New driver and/or travel training project |
| COVID-19 restoration of service | First and last mile trips |

1. Is the proposed project an expansion of current service supported by a prior funding award from OCTA?

No  Yes If yes, please provide the grant program and agreement number.

Click here to enter text.

1. Does your agency intend to use a third-party contractor for the proposed project service?

No  Yes

1. If you plan to use an existing third-party service contract, is your contract on file with OCTA?

No  Yes If yes, please provide the name of the vendor and agreement number.

Click here to enter text.

1. What is the operating period of the existing third-party service contract?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Is there a written option in the contact to extend beyond the base years?

Yes, Identify Page/Paragraph No. \_\_\_\_\_\_\_\_\_

No

**PART III – SCORED QUESTIONS**

**Project Narrative**

Please provide a **brief** narrative to describe the project. To receive the maximum allowable points per question, each response will be reviewed and scored for clarity, completeness, and accuracy. The project must address each of the following:

1. **Goals & Objectives (maximum 10 points)**
   1. Briefly provide a detailed project description. Please include project beginning and ending dates (up to a maximum of 2 years of service). For COVID-19 restoration requests, project start and end dates may not exceed 6 months. (2 points)

Click here to enter text.

* 1. Provide the following information as it pertains to this project. (1 point) Information can be found at <https://www.census.gov/quickfacts/fact/table/US/PST045219>:

|  |  |
| --- | --- |
| * + - 1. Total population (number of people) in your service area. | \_\_\_\_\_\_ |
| * + - 1. Number of eligible individuals with disabilities served by this project. | \_\_\_\_\_\_ |

* 1. Briefly describe how your proposed project is consistent with the goals and objectives of the EMSD grant program for Operating Projects as stated in the Program Goals of the Application Instructions. (2 points)

Click here to enter text.

* 1. Specify how your proposed project is included in the current *Orange County Public Human Services Transportation Coordination Plan* by referencing the relevant goal, objective and/or strategy. (Indicate the section/page numbers). A copy of the Coordination Plan is available for review at:

<https://www.octa.net/pdf/HumanServicesTransportation.pdf>. (2 points)

Click here to enter text.

* 1. Explain how the project increases or enhances the availability of transportation of the targeted population (2 points).

Click here to enter text.

* 1. Explain how the project meets the program requirement of providing transportation related activities and/or services beyond those required by the Americans with Disabilities Act (ADA) (1 point).

Click here to enter text.

1. **Project Implementation Plan (maximum 30 points)**
2. For service operation projects, describe your operational plan that includes defined routes, schedules, current/projected ridership, key personnel, and marketing strategies. For Mobility Management projects, describe your implementation plan that includes project tasks timeframes, benchmarks, key milestones, key personnel, deliverables and estimated completion dates. Attach supporting documentation to substantiate this plan(s). See instructions for additional guidance. Attachment included?  Yes  No (15 points)

Click here to enter text.

1. If this is an expansion of an existing project, please describe how your current project met your prior performance goals and objectives. How is this project proposal different than the existing, and what do you intend to accomplish with the new funding? (15 points)

Click here to enter text.

1. **Program Performance Indicators (maximum 20 points)**
2. Please provide the **performance measures and objectives** for your proposed project(s) below (5 points)

|  |  |
| --- | --- |
| **Operating Assistance** (Check and complete applicable project category) | |
| **Existing Service**  Current Geographic Coverage  Current Service Hours/Days  Current System Capacity  Current Access/Connections | Number of one-way trips per day: \_\_\_\_\_\_  Number of new miles (one-way) on weekdays: \_\_\_\_\_\_  Number of new miles (one way) on weekends: \_\_\_\_\_\_ |
| **Service Expansion**  Expanded Geographic Coverage  Extended Service Hours/Days  Improved System Capacity  Improved Access/Connections | Number of one-way trips per day: \_\_\_\_\_\_  Number and percentage of new miles (one-way) added to weekdays: \_\_\_\_\_\_  Number and percentage of new miles added to weekends: \_\_\_\_\_\_ |
| **COVID-19 Restoration of Service**  Restored Geographic Coverage  Restored Service Hours/Days  Restored System Capacity  Restored Access/Connections | Number of one-way trips per day: \_\_\_\_\_\_  Number of new miles (one-way) on weekdays: \_\_\_\_\_\_  Number of new miles (one way) on weekends: \_\_\_\_\_\_ |

|  |  |
| --- | --- |
| **Mobility Management** (Check and complete applicable project category) | |
| **Mobility Management** | Number of customers contacts: \_\_\_\_\_\_  Number of one-way trips per day (if mobility manager also provides service): \_\_\_\_\_\_ |
| **One-stop Center/Customer Referral** | Number of customer contacts: \_\_\_\_\_\_ |
| **Trip/Itinerary Planning** | Number of customer contacts: \_\_\_\_\_\_ |
| **One-on-One Travel Training** | Number of people trained: \_\_\_\_\_\_ |
| **Group Training** | Number of people trained: \_\_\_\_\_\_ |
| **Internet-based Information** | Number of web hits: \_\_\_\_\_\_ |
| **Information materials/marketing** | Description of materials/distribution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Driver Training** | Number of drivers trained: : \_\_\_\_\_\_ |

1. Identify the performance measures and indicators to track the effectiveness of your proposed project and include the number of people you anticipate being served, and the number and purpose of trips that the project will provide (and other measurable units of service). Include the desired outcome (impact) that the project will have on the target community. (10 points)

Click here to enter text.

1. Based on the performance objectives and outcomes that you provided in the previous question, describe your methodologies and procedures for ongoing monitoring and evaluation of the project or service. (5 points)

Click here to enter text.

1. **Coordination, Outreach and Sustainability (maximum 20 points)**
2. List all stakeholders involved in the proposed project. Describe how the project will be coordinated with other social service agencies and/or public transportation providers. (e.g. sharing vehicles, dispatching, scheduling, maintenance, coordinating client trips, training, etc.) Attach your letters of support from stakeholders to the grant application. Attachment included?  Yes  No (5 points)

Click here to enter text.

1. What outreach was done with your senior and disabled clients to demonstrate the need for this project? How was the feedback incorporated into the proposed project(s)? (5 points)

Click here to enter text.

1. Please describe your outreach methods with your senior and disabled clients to ensure their needs are being met and adjustments to service are made accordingly. (5 points)

Click here to enter text.

1. Describe strategies for sustaining this program beyond the two-year funding cycle. (5 points)

Click here to enter text.

1. **Emergency Planning and Preparedness (maximum 10 points)**
2. What policies and procedures does your agency have in place to address emergency planning and preparedness? (5 points)

Click here to enter text.

1. Is your organization included in the Orange County Office of Emergency Services (OES) Response Plan?  Yes  No (OES Response Plan page number \_\_\_\_\_) (5 points)

Click here to enter text.

**PART IV – CERTIFICATIONS**

# **Private Nonprofit Agency – Corporation Status Inquiry**

The EMSD grant program is intended to enhance mobility for seniors and individuals with disabilities by providing local transportation funding to private non-profit organizations, or to public agencies where no private non-profits are readily available to provide the proposed service.

To document eligibility as a EMSD grant applicant based on your status as a private nonprofit organization, verification of your incorporation number and current legal standing must be obtained from the *California Secretary of State Information Retrieval /Certification & Records Unit* (IRC Unit). The “Status Inquiry” document must be attached as an appendix to the application. To assist you in obtaining this information, use one of the following methods:

* To obtain Corporate Records Information over the Internet, go to <https://businesssearch.sos.ca.gov/> and enter your agency name. If you are active, print the page or screenshot for use as proof. If the verification of your status is not available at the time you submit your application, you must indicate the date on which you requested the verification and the estimated date it will be forwarded to OCTA.
* If you are unable to locate the information online, you can obtain the “Status Inquiry” document by making a written request to:

**California Secretary of State**

**Information Retrieval/Certification Unit (IRC)**

**1500 11th Street, 3rd Floor**

**Sacramento, CA 95814**

**(916) 653-6814**

Please **do not** attach articles of incorporation, bylaws or tax status documentation.

**Private Nonprofit Information**

|  |
| --- |
| Legal Name of Non-profit Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| State of California Articles of Incorporation Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of Incorporation: \_\_\_\_\_\_\_\_ |
| Attachment included?  Yes  No |

**Public Agency Certification**

To enhance the mobility for seniors and individuals with disabilities, the EMSD grant program also offers local transportation funding opportunities to public agencies where no private non-profit organizations are readily available to provide the proposed service.

A public agency must certify that no non-profit organizations are readily available to provide the proposed service, by completing and signing the Public Agency Certification below. A public hearing is a **required** part of the application process and should be completed by the application due date of September 9, 2021. Further, please attach the following to your application:

* 1. Submit proof of a public hearing notice and a copy of the contact letter sent to non-profit transportation providers informing them of the hearing.
  2. *S*ubmit a resolution that no non-profit agencies are readily available to provide the proposed service.
  3. *C*omplete Public Agency Certification.
  4. Submit proof of contact with all non-profit transportation providers regarding notice of public hearing.

**Certification of No Readily Available Service Providers**

The public agency, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certifies that there are no non-profit agencies readily available to provide the service proposed in this application.

|  |  |
| --- | --- |
| Name of Certifying Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date \_\_\_\_\_\_ |
| Date of Hearing: \_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Audited Financial Statement**

Attach a copy of your agency’s **current** (i.e., within the last 2 years) **audited financial statement** showing no instance of non-compliance as an attachment. Provide a summary of the results/findings.

Attachment(s) included?  Yes  No

Click here to enter text.

**Title VI & ADA Requirements & Complaints**

Describe any lawsuits or complaints against your **entire agency** within the last year alleging Title VI discrimination on the basis of race, color, or national origin, and/or any lawsuits or complaints in regard to the Americans with Disability Act. At a minimum, please include the date and description of complaint(s) or lawsuit(s), and current status. A **written response is required**. N/A is not an acceptable response.

Click here to enter text.

**PART V – CERTIFICATIONS (continued)**

**General Certifications & Assurances**

1. The use of grant-funded vehicles or grant-funded activities beyond the scope of an awarded project is prohibited. A deviation from the awarded project scope requires prior approval from OCTA.
2. Grantees shall follow competitive procurement practices in the purchase of vehicles and the selection of vendors for all services which it does not provide using its own workforce.
3. Any procurement of vehicles or services will specify the use of vehicles meeting Americans with Disabilities Act accessibility standards.
4. Grant-funded vehicles must provide a minimum of 10 hours of service per week per vehicle or in coordination with other agencies for the useful life of the vehicle.
5. Grantees shall perform, or ensure that a contracted vendor performs proper maintenance of all vehicles, including, at a minimum:

a) Daily Pre-Operation Inspections.

b) Scheduled preventative maintenance that meets or exceeds manufacturer requirements, including the maintenance of all accessibility features of the vehicles.

c) Maintenance records for each vehicle shall be retained for 5 years.

1. Grantees cooperate fully in annual motor coach carrier terminal inspections conducted by the California Highway Patrol.
2. Grantees shall procure and maintain adequate insurance coverage during the term of the project and throughout the useful life of the vehicle. Coverage shall be full coverage or subject to self-insurance provisions.
3. Grantees shall ensure that its operators, or its contracted vendor’s operators, are properly licensed and trained to proficiency to perform duties safely, and in a manner that treats its riders with respect and dignity. Disability awareness and passenger assistance will be included in this training.
4. Grantees shall ensure that it maintains adequate oversight and control over all aspects of services that are provided by a contracted vendor.
5. Grantees shall submit a quarterly report to OCTA’s Community Transportation Services, which includes, at a minimum, a monthly and fiscal year-to-date summary of service and expenditures. Additional reporting may be requested as needed.
6. Grantees shall participate in OCTA marketing and outreach efforts to encourage use of transit services by seniors and individuals with disabilities.
7. Grantees shall note OCTA sponsorship in any promotional material for service funded under this agreement and may be required to display OCTA program logo on vehicles used in this program (excluding taxis).
8. Grantees shall ensure compliance with all applicable provisions of Title VI of the Civil Rights Act and Americans with Disabilities Act and promptly notify OCTA of any issues or complaints.
9. Non-compliance to program requirements may result in relinquishment of vehicles and/or equipment to OCTA.

**Coordinated Plan Certification**

The projects selected for funding under the Orange County Enhanced Mobility for Seniors and Disabled (EMSD) program must be supported by the *Human Services Transportation Coordination Plan for Orange County* (Coordinated Plan), which was developed through a process that includes representatives of public, private, and non-profit transportation and human services providers and participation by members of the Orange County community.

Orange County’s current Coordination Plan was adopted by the Orange County Transportation Authority (OCTA) Board of Directors on November 23, 2020. The Coordinated Plan is available for download and review at[*https://www.octa.net/pdf/HumanServicesTransportation.pdf*](https://www.octa.net/pdf/HumanServicesTransportation.pdf)

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| I certify that the project in this application is supported by the *Human Services Transportation Coordination Plan for Orange County*:  Agency (Applicant) Legal Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Authorizing Agency Representative (Print)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Title  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date  \_\_\_\_ |