

Agency Name	Test Agency - System Account		
Mailing Address *	<input type="text" value="P.O. Box 112500"/>		
Street Address	<input type="text" value="123 Some Street"/>		
City, State, Zip *	<input type="text" value="Juneau"/>	<input type="text" value="AK"/>	<input type="text" value="99811-23"/>
Tax ID (FEIN)	<input type="text"/>		
Telephone *	<input type="text" value="907465697"/>	Fax	<input type="text"/>
Website	<input type="text"/>		

**Alaska Transit Office
Division of Program Development,
Alaska Department of Transportation & Public Facilities**

**State Fiscal Year 2012 HUMAN SERVICES COMMUNITY
TRANSPORTATION
GRANT APPLICATION**

General Qualifying Application for funding

FTA Section 5310 Elderly & Persons with Disabilities,
FTA Section 5316 Jobs Access & Reverse Commute (JARC),
FTA Section 5317 New Freedoms Beyond the ADA,
Alaska Mental Health Trust Coordinated Transportation Program

IMPORTANT PLEASE READ!

[See materials posted on our Grants page](#)

All scanned materials should be sent to jessica.debartolo@alaska.gov with application and agency name in subject line

Applicant Information

Authorized Agency Representative

The undersigned, acting on behalf of the above-named organization, submits this application to the Alaska Department of Transportation and Public Facilities to request funding under the available sources above.

Name *	<input type="text" value="nancy"/>
Title *	<input type="text" value="admin"/>
Phone *	<input type="text" value="2097004"/>
Fax *	<input type="text" value="4656984"/>
Email Address *	<input type="text" value="nancy_w_ebb@dot.ak.us"/>

*(This must be someone legally authorized to commit the agency's council or board to grant agreements.
If the person signing is not a member of a local government council, tribal council, or agency board, you must scan and email the council or board's written authorization to commit*

the council or board to grant agreements.)

1. I hereby certify that the information contained in this application is true and complete, and that I am legally authorized to commit the agency's council or board to grant agreements. true

I have emailed an authorization letter giving me the legal authority above. yes no

Organization Eligibility

2. **Type of Applicant:** You must select at least one type of and document status.

state, city, or borough federally-recognized tribal organization private non-profit corporation private for profit (5316 and 5317 only)

Note: To be eligible for FTA 5310, you must be a non-profit or eligible tribal entity or a state-approved government entity alternate to a non-profit who is a partner in a coordinated system. Contact the State Transit Office at jessica.debartolo@alaska.gov to determine your status if you are a government entity.

3. If you are a federally-recognized native tribal organization, please select the name of your organization from the following list:

Akiak Native Community

I have emailed a document validating federal tribal status. yes no

4. If you are a private non-profit agency, I hereby certify that my agency has current (2010) non-profit status as well as good standing with the IRS. NOTE: If you cannot certify this, you are not eligible to apply for any of these grants. true

5. Are you a minority-operated private nonprofit organization or a tribal government?

yes no

6. Who are the clients served by your organization? (select all that apply)

Seniors
Disabled
Alaska Mental Health Trust beneficiaries

* Low Income is 150% of Census poverty level and less

7. Does your organization primarily provide services to minorities? yes no

8. My projects have been reviewed, adopted, and prioritized by the coordination group in my area, and have been adopted by resolution by a local government body in 2010.

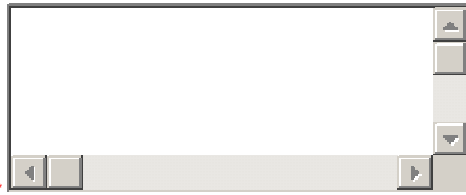
yes no

9. My projects have NOT been reviewed, adopted, and prioritized by the coordination group, and adopted through a resolution of a local governing body. The date of the upcoming adoption meeting is:

10. My agency has provided updated and complete information as of July 1, 2010 or more recent to our Agency Profile and Capital Inventory, including current odometer readings

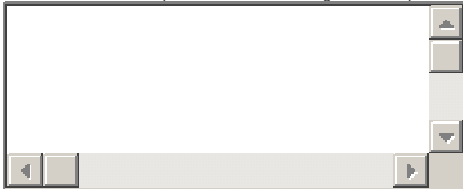
for vehicles listed. * yes no

11.

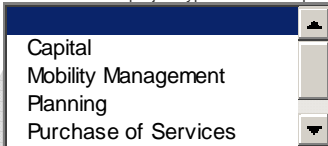
An empty rectangular text input field with a light gray border. On the right side, there are three vertically stacked buttons: a small square, a larger square, and a square with a downward-pointing arrow. On the bottom side, there are two square buttons with left and right arrows.

What experience does your organization have with passenger transportation services? *

12. Who will be the staff responsible for this funding? What experience do these individuals have with grant management including federal grants?

An empty rectangular text input field with a light gray border. On the right side, there are three vertically stacked buttons: a small square, a larger square, and a square with a downward-pointing arrow. On the bottom side, there are two square buttons with left and right arrows.

13. Select at least one project type from the drop down list.

A dropdown menu with a blue header bar. The menu is open, showing four options: "Capital", "Mobility Management", "Planning", and "Purchase of Services". On the right side of the menu, there are three vertically stacked buttons: a small square, a larger square, and a square with a downward-pointing arrow.

SAMPLE

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