Lead Agency Questionnaire Part I / Purchase of Services Application

Required fields are marked with a red asterisk (*)
Do not enter any formatting (dollar signs, commas, etc.) in numeric fields.

Note: Only apply for purchase of service funding if you did not apply during the last grant cycle or if you need to make changes to your application from last year.

This application is for one year of funding.

Eligibility for Purchase of Services grants is contingent on participation in a coordination group, completion of an approved Public Transit-Human Services Community Coordination Plan (or approval by Stephanie Bushong), and conformance with the State Transit Office Program Goals for Purchase of Services, as well as the basic requirements for all human services grants through the Alaska DOTPF Transit Office. Only the identified lead agency within a coordination group may apply for funds, although the funding may be specified for any members of the coordination group.

Please complete the Lead Agency application documenting the results of the planning and coordination process. All approved lead agencies will appear in the agency pick list below.

All responses are required. Please respond to every question.

Applicant Information

1. Identify which of the following lead agencies you are from the drop-down list: *

2. Will the lead agency hold the agreement with the State for the group and administer the grant on behalf of all the agencies in the application, or will each agency in the group have separate agreements with DOT&PF? A single agreement for the Lead Agency with the State will identify total funding and terms for billing; the Lead Agency will develop written agreements with the other agencies in the application, and can specify terms with those agencies. Under this arrangement, the administrative costs recouped from the State are only those claimed by the Lead Agency.

   * ○ Lead agency will be sole grantee for group ○ Each agency will be a separate grantee

Project Information

3. Please enter Purchase of Services requests for each agency. If there are more than three

agencies in your group separately applying for funds, please contact us to expand the table.

Enter dollar amounts for Year 1 (07/01/2011 - 06/30/2012)
The matching amount given must be at least 20% of the **total project** cost. Divide grant amount by .80 for total project cost, and subtract grant amount to determine minimum match required. Matches higher than 20% will score higher.

The Lead Agency may apply for funds to reimburse itself for administrative costs of managing the grant program or meeting eligibility requirements such as those related to coordination meetings and resolutions or administering grant funds on behalf of other agencies. Any agency who is awarded grant funds for a Purchase of Services project can claim the administrative expenses they incur for running that project as a portion of the true costs per trip. Adequate documentation will be required for all reimbursement for administrative costs.

You may apply for technology grants to assist you with your purchase of services project, such as purchase or lease of hardware or software for tracking, reporting, and billing for trips. The choice of one agreement with the State or separate agreements for Purchase of Services will carry over to the technology grants also.

Agency Request Table

Agency Name (Please put Lead Agency first if applying for funds)		Year	Grant Request	Match Amount	Total Project Cost	Match Ratio 20 or more (enter whole numbers)
A.		07/01/2011 - 06/30/2012				
	Please give below specifics of the selected Match Sources.					
		Match Source (select all that apply)	local government other agency contributions			
B.		07/01/2011 - 06/30/2012				
	Please give below specifics of the selected Match Sources					
		Match Source (select all that apply)	local government other agency contributions			
C.		07/01/2011 - 06/30/2012				
	Please give below specifics of the selected Match Sources.					
		Match Source (select all that apply)	local government other agency contributions			

D.		07/01/2011 - 06/30/2012				
	Please give below specifics of the selected Match Sources.					
		Match Source (select all that apply)	local government other agency contributions			

Lead Agency Administrative Costs

Lead Agency Name		Year	Grant Request	Match Amount	Total Project Cost	Match Ratio 20 or more (enter whole numbers)
		07/01/2011 - 06/30/2012				
	Please give below specifics of the administrative costs and selected match sources					
		Match Source (select all that apply)	local government other agency contributions			

Technology Grant

Agency Name (Please put Lead Agency first if applying for funds)		Year	Grant Request	Match Amount	Total Project Cost	Match Ratio 20 or more (enter whole numbers)
A.		07/01/2011 - 06/30/2012				
	Please give below specifics of the Technology Requested and selected Match Sources.					
		Match Source (select all that apply)	local government other agency contributions			
B.		07/01/2011 - 06/30/2012				
	Please give below specifics of the Technology Requested and selected Match Sources.					
		Match Source (select all that apply)	local government other agency contributions			
C.		07/01/2011 - 06/30/2012				
	Please give below specifics of the Technology Requested and selected Match Sources.					

		Match Source (select all that apply)	local government other agency contributions

4. Describe the project(s), including the size and type of populations to be served, the agencies involved, how the service will be delivered, and the purposes and destinations of the trips. **Response limited to 4000 characters, including spaces.**

*

5. Describe the gaps in transportation services that the project(s) would fill, including reference to the relevant text in the coordination plan. For this application, a gap in service would be any mobility need for the targeted population that cannot be met by public transportation. From the following list of gaps in service, identify which your project(s) address and what portion of your request will go to each:
* no public transit in community
* client needs are outside public transit hours of service
* cllients are outside of public transit service area
* there is no real access to public transit services offered (must justify)
* excessive wait times (must justify)

Note: Issues arising from staffing escorts are not eligible.

For each gap claimed, what percent of your requested funding is directed at filling it? **Response limited to 4000 characters, including spaces.**

*

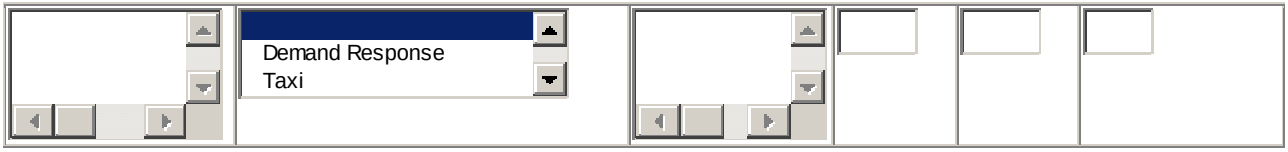
6. Provide the estimated number of one-way passenger trips, the hours of operation, and seating capacity to be provided by each service proposed in the grant application.

	Agency & project	Type of service (select)	# of one-way passenger trips	Hours of operation	Total seating capacity	ADA seating capacity
A.		Demand Response Taxi				

B.		Demand Response Taxi				
C.		Demand Response Taxi				
D.		Demand Response Taxi				
E.		Demand Response Taxi				

7. Drawing from the Coordinated Service Element in your coordination plan, in the table below list the agencies in your coordination group that provide the same type of service during the hours of operation of your proposed service(s), identify the service(s), their hours of operation, seating capacity, and available capacity (percentage of unused seats during hours of operation). Enter "None" in the first row if no other agency in your coordination group offers the same type of service during the hours of operation proposed.

Agency & service name	Type of service (e.g. demand responsive, taxi, fixed route)	Hours of operation	Total seating capacity	ADA seating capacity	% of capacity available/ unused (enter as whole number)
	Demand Response Taxi				
	Demand Response Taxi				
	Demand Response Taxi				
	Demand Response Taxi				

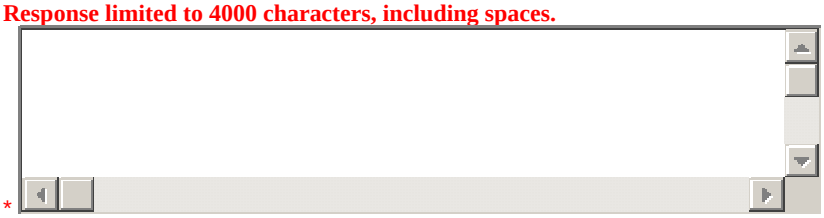


Community and Client Information

8. Describe the coordination area in which you are located. Please include the population total taken from the census.

(Census data can also be obtained from your local government or the State of Alaska Department of Community and Economic Development at http://www.commerce.state.ak.us/dca/commdb/CF_CIS.htm or contact the Research & Analysis program at (907) 269-4521.)

Response limited to 4000 characters, including spaces.



*

9. In the table below, identify the communities that would be served by the proposed project(s) and the number of people from the community in each category. (taken from the Census information for each community to be served).

Community				
a. People with a disability				
b. People who are elderly				
c. People who are economically disadvantaged				

10. For each community, indicate how many people in each category would be served by the purchase of services projects in this application.

Community				
a. People with a disability				
b. People who are elderly				
c. People who are economically disadvantaged				

Financial Information

11. In the updated Agency Profile for each agency that is part of this application, enter the relevant budget information from the last 12 months of your records for each type of service to be provided. If you are not a public transit provider and provide rides as needed, your type of service is likely to be Demand Response.

Once complete, enter the automatically-calculated cost per one-way passenger trip from the Agency Profile in the table below. Then, show the breakdown of the sources of funds which would pay for each trip. See the sample table below.

If the project represents a new service for which there are no cost numbers for the current fiscal year, then they should be estimated.using the cost factors in the Agency Profile.

Sample Table

	Agency & Project	Agency Profile cost per one-way passenger trip	Source of Funds (how you will pay the cost per trip)			
			Grant funds	Operator discount (if applicable)	Client fares	Other agency resources
A.	Scientology Church Services -Senior Van	25.25	20.20			5.05
B.	JIBE - Taxi voucher program	21.50	13.75	1.50	1.00	5.25
C.	Big Bus Brokerage-Pink Passes	15.15	10.25	1.75		3.15

Cost & Source of Funds Table (enter information for your projects here)

	Agency & Project	Agency Profile cost per one-way passenger trip	Source of Funds (how you will pay the cost per trip)			
			Grant funds	Operator discount (if applicable)	Client fares	Other agency resources
A.						

B.						
C.						
D.						
E.						

12. In the table below, list the agencies in your coordination group (such as those who contributed to the coordinated service element of your plan) that offer the same type of transportation service(s) as proposed in this application or that can meet the need identified. For each, enter their cost per one-way passenger trip.

Agency & Service	Type of service (select)	Cost per one-way passenger trip
	Demand Response Taxi	
	Demand Response Taxi	
	Demand Response Taxi	
	Demand Response Taxi	

	Demand Response Taxi	
	Demand Response Taxi	

13. Compare the cost per one-way passenger trip of the proposed service(s) in question #11 to the costs of similar types of services offered by other agencies in #12. If the cost per trip of the service(s) proposed in this application are higher than the lowest cost of an agency providing the same type of service, please explain the factors that account for these higher costs. **Response limited to 4000 characters, including spaces.**

*

14. Describe how you will track actual trips taken for the purposes of billing and reporting. **Response limited to 4000 characters, including spaces.**

*

15. What will be your Medicaid rate per trip over the next two years, if you bill Medicaid?

Coordination

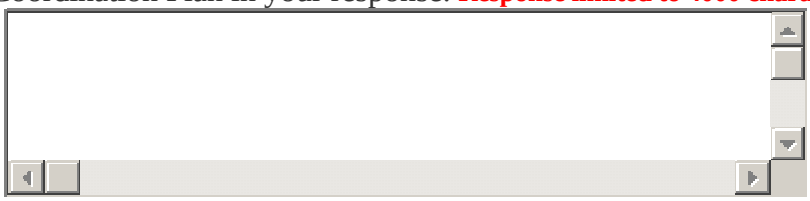
16. Please list each project in the application and the strategy or strategies from your group's Coordination Plan that the project(s) implement. Cite the page number(s) of the plan where the strategy can be found. **Note: The Federal Transit Administration will not fund any project without the strategy and page number in the plan. Response limited to 4000 characters, including spaces.**

*

17. Describe how the proposed project(s) would successfully carry out the identified strategy or strategies. Indicate whether the proposed project(s) are described in the Coordination Plan, and if so, cite the page number of the plan where the project(s) appear and give the relative priority assigned to each project compared to all others by the coordination group. **Response limited to 4000 characters, including spaces.**

18. Describe how each agency applying will employ the coordinated service element of the Coordination Plan to 1) efficiently utilize shared resources and 2) expand available services associated with this project or projects. Please be as specific as possible. To the degree possible, quantify the improved performance that would result from successful implementation of the coordinated service element in association with this project. **Response limited to 4000 characters, including spaces.**

19. Describe how clients will access the service(s) provided by this project and the coordination group's common client screening form will be used. As part of your answer, describe how members of the coordination group will screen and train clients who might use this service to ensure they choose the least expensive transportation service available to them among all the transportation options offered by the coordination group. Reference appropriate sections of the Coordination Plan in your response. **Response limited to 4000 characters, including spaces.**



20. Please describe how clients in target populations have been involved in the planning of this project and indicate how that involvement influenced the initiation and development of the project. **Response limited to 4000 characters, including spaces.**

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