

# GRANT APPLICATION – FY 2002

## SECTION I – Applicant Information

**Applicant Organization** \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Street Address \_\_\_\_\_

**Communities to Be Served or Project Name:** \_\_\_\_\_

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 Alaska Mental Health Trust Authority Coordinated Client Transportation Program and/or the Federal Transit Administration 5310 Elderly and Persons With Disabilities Program.

### Agency Representative

### Project Contact (if different)

Name \_\_\_\_\_

\_\_\_\_\_

Title \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

Fax \_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_

\_\_\_\_\_

**Authorized Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Title** \_\_\_\_\_

*(This must be someone **legally authorized** to commit the agency to contractual arrangements, usually a Mayor, Chief, or Board President. If the person is not a member of a local government council, tribal council, or agency board, attach to this page the council or board's written authorization to perform this function.)*

Written authorization attached? Yes \_\_\_\_\_ N/A \_\_\_\_\_

1) Type of Entity: public or tribal \_\_\_\_\_ nonprofit corporation \_\_\_\_\_  
organization (includes village corporations) \_\_\_\_\_ for-profit \_\_\_\_\_

2) Is your agency willing to sign the General Grant Assurances for the AMHTA Program, if you are recommended for this funding? \_\_\_\_\_

3) Is your agency willing to sign the General Grant Assurances and the Standard Certifications and Assurances for the FTA Section 5310 Program, if you are recommended for this funding? \_\_\_\_\_

4) Agency legal status:

- If you are a private nonprofit corporation, attach the following to the end of this section.
  - Current State of Alaska Certificate of Incorporation
  - IRS Section 501(c) Certification [or other IRS tax exempt certification if your organization is not a 501(c)]
- If you are a Native tribal organization and wish to be considered for FTA Section 5310 funding, attach documentation of your tribal status to the end of this section.
- If you are a public entity and wish to be considered for FTA Section 5310 funding:
  - demonstrate that there is no nonprofit corporation available to provide transportation to elderly and disabled persons in your service area. Attach your explanation and any documentation to the end of this section.

5) Local Match Information - Review the Transit Program Manual for local match requirements, and attach the following to the end of this section. If you plan match for this project, attach documentation of match committed to this project. If you do not plan 20% local match, attach an explanation and indicate whether you wish to be considered for AMHTA funds for part or all of your local match.

6) If you are not a State-recognized coordinated system but propose a project within the service area of one of these systems (other than a project to purchase services from it, attach a letter from the State-recognized system stating its preference for your to apply for funding directly to meet your need.

**Agency Information Required for FTA Section 5310 Program Eligibility**

*(Complete this section only if you wish to be considered for FTA funds.)*

- 1) If you are a private nonprofit corporation, in what year was your organization originally incorporated? Year \_\_\_\_\_
- 2) Are you a minority-operated private nonprofit organization or tribal government?  
YES \_\_\_\_\_ NO \_\_\_\_\_
- 3) Does your organization primarily provide services to minorities?  
YES \_\_\_\_\_ NO \_\_\_\_\_
- 4) Give a breakdown of your current clients by race:

<b>Race</b> <i>(FTA's required categories)</i>	<b>Number of People</b>
Black American	
Asian/Pacific Islander	
Hispanic American	
American Indian/Alaska Native	
Asian-Pacific American	
Asian-Indian American	
Other	

- 5) Attach documentation that you have included and will include private mass transportation providers in planning and provision of services under this project to the maximum extent feasible **OR** describe how you have included and will include private mass transportation providers in planning and provision of services under this project to the maximum extent feasible.
  
- 6) If your project will serve Juneau, Ketchikan, or Barrow and your agency is not the public transit operator there, or one of its contractors, then attach a statement signed by the operator, stating its services are unavailable, insufficient, or inappropriate for seniors and persons with disabilities in the project service area.

## Grant Application Checklist

*Complete, sign, and submit this with your application.*

### General Requirements

#### For Implementation Projects:

- \_\_\_\_\_ 1 original application (includes Sections I with attachments, II with appendices, and IV)
- \_\_\_\_\_ 2 exact copies of Section I with attachments
- \_\_\_\_\_ 15 exact copies of Section II with appendices
- \_\_\_\_\_ 2 exact copies of Section IV

#### For Planning Projects:

- \_\_\_\_\_ 1 original application (includes Sections I with attachments and III with appendices)
- \_\_\_\_\_ 2 exact copies of Section I with attachments
- \_\_\_\_\_ 15 exact copies of Section III with appendices

#### For All Projects:

- \_\_\_\_\_ Application follows the format, page for page, and responses fit in the spaces provided
- \_\_\_\_\_ Pages in the original application and in all copies are in order and face correctly.
- \_\_\_\_\_ Pages are bound in a manner suitable for easy mailing to reviewers (no plastic, cardboard, or oversized covers, loose leaf notebooks, etc.) Upper left corner staple of each section is preferred.

### Special Criteria

#### For All Projects:

- \_\_\_\_\_ Applicant agency's vehicle/equipment/facility inventory information in the Alaska Public Transportation Management System (APTMS) is up to date.

APTMS data is on the DOT&PF web site. If your agency spends public funds on transportation, check to be sure the data for your agency is current:

[www.dot.state.ak.us](http://www.dot.state.ak.us), *World of DOT&PF, Planning, Public Transportation Grants and Technical Assistance, Library, Alaska Public Transportation Management System*

**OR**

[http://www.dot.state.ak.us/external/state\\_wide/planning/menu.html](http://www.dot.state.ak.us/external/state_wide/planning/menu.html)

**If your agency's information is not current**, mark here: \_\_\_\_\_

- \_\_\_\_\_ Applicant's AMHTA grant reports are up to date, if current grantee.
- \_\_\_\_\_ Applicant's FTA Section 5310 grant reports are up to date, if current grantee.
- \_\_\_\_\_ Applicant has documented inclusion of private mass transportation providers in planning and Provision of services under this project, for 5310 eligibility only
- \_\_\_\_\_ If project will serve Juneau, Ketchikan, or Barrow, applicant has included a signed statement from the public transit/paratransit operator that its services are unavailable, insufficient, or inappropriate for seniors and persons with disabilities in the project service area.

*See next page for information required in each section..*

**Section I - Applicant Information** *(required for all applicants)*

- \_\_\_\_\_ Applicant identifying information page, with the three questions answered
- \_\_\_\_\_ If applicable, written authorization to sign on behalf of mayor, chief, or board president
- \_\_\_\_\_ Agency legal status documented per instructions in application format
- \_\_\_\_\_ Local match documented or explanation provided
- \_\_\_\_\_ Letter from State-recognized coordinated system, if required
- \_\_\_\_\_ If FTA funds sought, Additional Agency Information Required for FTA Program Eligibility provided
- \_\_\_\_\_ This two-page checklist

**Section II – For Implementation Projects** *(required for all Implementation applicants)*

- \_\_\_\_\_ Applicant Organization, Description of Service Area, and Summary of What Grant Funds Will Buy page
- \_\_\_\_\_ Table 1 - Details of Items Requested
- \_\_\_\_\_ About Your Agency...questions
- \_\_\_\_\_ Table 2 - Your Agency's Current Vehicles
- \_\_\_\_\_ Table 3 - Your Community's Current Transportation Providers
- \_\_\_\_\_ About Your Proposed Project... questions
- \_\_\_\_\_ Table 4 - Ridership and Table 4 Data Explanation (3 pages)
- \_\_\_\_\_ Table 5 - Vehicle, Equipment, and Facility Maintenance Plan
- \_\_\_\_\_ Table 6 - Other Agencies' Resource Commitments to Your Overall Project
- \_\_\_\_\_ Local Government and Community Organization Support ...questions
- \_\_\_\_\_ Special Notes About Your Proposed Project *(optional)*
- \_\_\_\_\_ Appendix II-A Written Agreements
- \_\_\_\_\_ Appendix II-B Three-Year Business Plan for New Coordinated System
- \_\_\_\_\_ Appendix II-C Documentation of Resources Committed to Maintenance and Repair
- \_\_\_\_\_ Appendix II-D Documentation of Other Agencies' Resource Commitments to Your Project
- \_\_\_\_\_ Appendix II-E Resolutions of Support from Local Governments
- \_\_\_\_\_ Appendix II-F Letters of Support from Community Organizations, Including Transportation Providers

**Section III – For Planning Projects** *(required for all Planning applicants)*

- \_\_\_\_\_ Applicant Organization, Description of Service Area, and Summary of Planning Project
- \_\_\_\_\_ About Your Agency...questions
- \_\_\_\_\_ About Your Proposed Project...question
- \_\_\_\_\_ Local Government and Community Organization Support...questions
- \_\_\_\_\_ Special Notes About Your Proposed Project *(optional)*
- \_\_\_\_\_ Table 3 - Planning Project Budget
- \_\_\_\_\_ Appendix III-A Letters of Support from Top Local Government Officials
- \_\_\_\_\_ Appendix III-B Letters of Support from Community Organizations, Including Transportation Providers
- \_\_\_\_\_ Appendix III-C Documentation of Other Agencies' Resource Commitments to Your Project

**Section IV - ADA Compliance** *(required for Implementation projects ONLY)*

- \_\_\_\_\_ ADA Compliance... questions

***Certification of Authorized Agency Official***

*I have checked my agency's application against this checklist and certify that it is complete per this checklist.*

\_\_\_\_\_  
Signature of Authorized Agency Official

\_\_\_\_\_  
Date

## SECTION II – For Implementation Projects

### Coordinated Transportation System Support: Vehicles, Equipment, Facility Acquisition or Construction, Capital Improvements, and Purchase of Transportation Services

**Applicant Organization** \_\_\_\_\_

Applicant Location (community) \_\_\_\_\_

#### Description of Service Area

1) Name the community(s) that will receive services if grant is approved:

2) Clearly mark area to be served by this project on the map below:



3) What is the population of the service area? \_\_\_\_\_  
*(Census data can be obtained from your local government or the State of Alaska Department of Community and Economic Development at [www.dced.state.ak.us/mra/Home.htm](http://www.dced.state.ak.us/mra/Home.htm) or phone Laura Walters, Research Analyst at (907) 269-4521.)*

**Summary of What These Grant Funds Will Buy** (*Do not describe overall project, system, service, or agency*):

**Total Amount Requested \$** \_\_\_\_\_

**Table 1 - Details of Items Requested**

Items Requested	Quantity and <b>New or Used?</b> and Gas or Diesel?	Amount Requested	Local Match	Total Cost  <i>(include shipping)</i>	Source of Local Match	How Will Each Item Be Used? <i>(check as appropriate)</i>		
						Replace Existing	Expand Services	Start Up New Service
<i>(In Quantity column, show "1 NG" for 1 new gas vehicle, or "2 UD" for 2 used diesel vehicles)</i>								
<b>Vehicles</b> <i>(may include snow tires and similar items, and extended warranties in keeping with industry standards, with grant funds)</i>								
Bus: # of seats & # of wheelchair stations, excluding driver								
Cutaway: # of seats & # of wheelchair stations, excluding driver								
Van: # of seats & # of wheelchair stations, excluding driver								
Mini-Van: # of seats & # of wheelchair stations, excluding driver								
Stretcher Vehicle: # of seats & # of wheelchair stations with 1stretcher and excluding driver								
Other: # of seats & # of wheelchair stations, excluding driver								
<b>Vehicle and Equipment Improvements and Repairs</b> <i>(may include engine rebuilds, suspension work, paint, etc)</i>								
<b>Equipment (New or Used)</b> <i>(include unit cost for each item)</i>								
<b>Facility Acquisition, Construction, or Improvement</b> <i>(grants for facility acquisition and construction are rare but requests considered)</i>								
<b>Purchase of Services from a State-Recognized Coordinated Transportation System or for Coordinated Service</b>								
	n/a							
	n/a							
<b>Start-Up Operating Costs for a Coordinated Transportation System</b>								
	n/a		n/a					

<b>TOTALS</b>	\$	\$	\$	<i>(You may add a page, if needed.)</i>
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**About Your Agency...**

1) What does your agency do, what programs does it operate, and what client groups does each program serve?

2) What kind of transportation does your agency currently provide and how?



**About Your Community’s Current Transportation Providers...**

**Table 3 – Current Transportation Providers**

<i>List <u>all</u> ground transportation providers in your service area who serve the elderly and disabled, excluding school buses.</i>	<b>Phone Numbers</b>	<b>ADA Vehicles ?</b>
<b>Public Transit System</b> ( <i>public bus with complementary paratransit service</i> ) or <b>State-Recognized Coordinated Transportation System</b> ( <i>per Transit Program Manual</i> )		
<b>Community Organizations Which Provide Interagency Cooperative Transportation Services</b> ( <i>outside State-recognized systems, but documented by written agreements</i> )		
<b>Community Organizations Which Provide Transportation Only to Their Own Clients</b> ( <i>note which informally coordinate with others</i> ):		
<b>Tribal Government Transportation</b> ( <i>outside State-recognized systems</i> ):		
<b>Private Tour Companies:</b>		
<b>Taxi Companies:</b>		

(attach additional pages as needed)

**About Your Proposed Project...**

1a) What is your overall project and how does this request fit into it?

b) Why is your overall project needed? If existing transportation options in your service area are not working for the elderly and persons with disabilities (including Mental Health Trust beneficiaries), explain this.

c) Why is each individual requested item needed?

2) Days and hours of the proposed transportation operation (*example: Monday through Friday, 8:00 a.m. to 4:30 p.m.*)

3) If you request vehicles:

a) How many hours per day will each actually be used to transport clients?

b) Which kinds of training will you require for drivers?

- |       |                                 |       |                          |
|-------|---------------------------------|-------|--------------------------|
| _____ | defensive driving               | _____ | biohazard clean-up       |
| _____ | first aid/cpr                   | _____ | special needs of clients |
| _____ | passenger assistance techniques | _____ | lift operation           |
| _____ | other (identify): _____         |       |                          |

c) Will an existing FTA- or AMHTA-funded vehicle be traded in? \_\_\_\_\_

The State-recognized coordinated transportation systems are:

**State-Recognized Coordinated System Status**

- AnchorRides/People Mover (Anchorage)
- CARTS (Kenai/Soldotna area)
- Fairbanks North Star Borough
- KATS (Kodiak)

- MASCOT (Mat-Su Valley area)
- Sitka Public Transit

**State-Recognized Planning Status**

- Dillingham

6) Will this project provide service in any of the above coordinated system service areas?

**Yes** Which area? \_\_\_\_\_

*If in 'system status' – Answer questions E and G below*

*If in 'planning status' – Answer question A below*

*If proposing a project in the coordinated system service area that won't be part of the coordinated system, your project must serve Trust beneficiaries. Answer question H and attach the required letter from the coordinated system to your response to question H.*

**No** Are you proposing a new coordinated community transportation system?

*Yes - Answer questions B, D, E, F, and G below*

*No, but we will have written interagency agreements and provide coordinated services on a more limited basis - Answer questions C, D, and E below*

*No. We will operate on our own or engage in informal cooperation with other agencies - Answer question H below*

**\*\*\*\*\* NOTE: Answers not required may not be considered by the review committee. \*\*\*\*\***

A) What is the current status of your coordinated system development effort?

B) Describe how coordination will occur. Describe each agency's role and how the vehicles, equipment, and facilities of each agency will be shared. Attach a single memorandum of agreement among the agencies that documents how coordination will be accomplished, as Appendix II-A to this section of your application.

C) Describe how limited interagency coordinated services will occur. Describe each agency's role and how the vehicles, equipment, and facilities of each agency will be shared. Attach memoranda of agreement among the agencies that will provide these services to document how interagency coordination will be accomplished, as Appendix II-A to this section of your application.

D) Who will be your partner agencies?

1. Lead Agency:	6.
2.	7.
3.	8.
4.	9.
5.	10.

E) If you propose to purchase services (rides) with this grant, complete the following.

- (a) The direct provider of rides will be:
- a State-recognized coordinated system
  - a limited coordinated Service
  - a taxi company(s)
  - other (specify) \_\_\_\_\_

(b) Actual No. of Rides to Be Purchased: \_\_\_\_\_ **OR** Estimated No. of Rides to Be Purchased: \_\_\_\_\_

(c) No. of Coupons to Be Purchased: # \_\_\_\_\_

(d) No. of Bonus Coupons to Be Received (if any) # \_\_\_\_\_

	Amount Per Individual Purchased Coupon	Amount for All Purchased Coupons
(a) Full Value	\$	\$
(b) Discounted Price	\$	\$
(c) Amount Grant to Pay	\$	\$
(d) Cost Riders Will Pay	\$	\$
(e) Balance (Line b minus lines c & d)	\$	\$

(e) Average Cost Per Coupon (paid coupons plus any bonus coupons divided by Line b discounted price)  
\$ \_\_\_\_\_

(f) If Balance e is a positive amount, what resource will you use to pay this amount of the cost of the coupons?

If Balance e is a negative amount, this represents an 'excess resource.' What will you purchase with it (specify quantity)?



- F) How do you plan to fund your ongoing operating costs in the first three years of system operation? Be as specific about your future funding sources as you can and attach as Appendix II-B a detailed 3-year business plan to show how you intend to meet administrative and operating costs for your new system over the next 3 years. (If you cannot provide one, you may also apply for planning funds to develop a community transportation system plan.)

- G) If you are requesting start-up operating funds, what will you purchase with these funds and how will you fund these kinds of costs and be financially solvent after the start-up funds are withdrawn?

H) Why will your project not participate in a State-recognized coordinated system, development of a new systems outside a State-recognized system service area, or provide coordinated services under written interagency agreements?

**Table 4 – Ridership**

**APPLICANTS PLEASE NOTE THAT THIS TABLE IS AN IMPORTANT PART OF YOUR APPLICATION**

*If you receive a grant, this is the baseline data from which your performance will be measured.*

All applicants complete both pages of this table. State-recognized coordinated system applicants must summarize ridership for the entire system.

All coordinated systems applicants must complete all columns.

If requesting a new service or replacement vehicle, complete only columns 'b' and 'e.'

DO NOT CHANGE THE COLUMN HEADINGS OR CATEGORIES!

**First**, assign all Trust beneficiary riders to the beneficiary categories, each based on age and most prominent eligibility characteristic.

**Then**, assign remaining cognitively or mobility impaired riders to impairment categories, based on age and most prominent impairment characteristic.

**Next**, assign other non-beneficiary riders to non-beneficiary age categories. Total each 'a' column. Complete and total 'b' and 'c' columns.

**Lastly**, complete the 'TRIPS' section on the next page.

**Count each current rider in one category ONLY!**

**Riders Per Year**

<b>RIDERS</b>	(a)			(b)	(c)
	Current No. of Riders			Projected No. of Riders	Projected Increase in Riders
	Age 0 - 59	Age 60+	Total Riders	Total Riders	(column b minus column a)
<b>Mental Health Trust Beneficiaries</b> (per Transit Program Manual definitions)					
Mentally Ill					
Alzheimer's Disease & Related Dementia Victims					
Developmentally Disabled					
Chronic Alcoholics with Psychosis					
<b>BENEFICIARIES SUBTOTAL</b>					
<b>Non-Beneficiaries</b> (persons who don't qualify as beneficiaries)					
Other Cognitively Impaired					
Mobility Impaired					
<b>Impaired Non-Beneficiaries Subtotal</b>					
<b>Other Non-Beneficiaries</b>					
<b>NON-BENEFICIARIES SUBTOTAL</b>					
<b>TOTAL BENEFICIARIES &amp; NON-BENEFICIARIES</b>					
				<b>Projected 60+ Riders:</b>	

continued....II-13

**Table 4 - Ridership (continued...)**

<b>TRIPS</b>	(d)	(e)	(f)
	<i>Current No. of One-Way Trips* Per Month</i>	<i>Projected No. of One-Way Trips* Per Month</i>	<i>Projected Increase in One-Way Trips* Per Month (column e minus column d)</i>
<b>Mental Health Trust Beneficiaries</b> (per Transit Program Manual definitions)			
<i>Mentally Ill</i>			
<i>Alzheimer's Disease &amp; Related Dementia Victims</i>			
<i>Developmentally Disabled</i>			
<i>Chronic Alcoholics with Psychosis</i>			
<b>BENEFICIARIES SUBTOTAL</b>			
<b>Non-Beneficiaries</b> (persons who don't qualify as beneficiaries)			
<i>Other Cognitively Impaired</i>			
<i>Mobility Impaired</i>			
<b>Impaired Non-Beneficiaries Subtotal</b>			
<b>Other Non-Beneficiaries</b>			
<b>NON-BENEFICIARIES SUBTOTAL</b>			
<b>TOTAL BENEFICIARIES &amp; NON-BENEFICIARIES</b>			
<b>How many of the TOTAL trips on the line above will be for age 60+?</b>			

\* A 'one-way trip' is a ride for one person from point A to point B. If two people ride from point A to point B, count as 2 one-way trips. If one of them gets back on at point B and rides to point C, count this as third one-way trip.



**Table 5 - Vehicle, Equipment, and Facility Maintenance Plan**  
*(ONLY applicants for vehicles, equipment, or facility acquisition/construction need to complete this page)*

- **Show** below how you plan to protect and care for items you request. Identify the resources committed to their maintenance. *(Refer to the Transit Program Manual.)*
- **Attach** documentation of resources committed to maintenance and repair to this section of your application as Appendix II-C.

Vehicle, Equipment, and/or Facility Requested	Where Will You Store and/or How Will You Secure or Protect This Item When Not in Use?	How Will You Maintain This Item to Keep It in Good, Clean, and Safe Condition? <i>(include inspections, routine and major maintenance schedule)</i>	Identify Resources Committed to Maintenance and Repair

*(Add pages as needed)*

**Table 6 - Other Agencies' Resource Commitments to Your Overall Project**

- 1) Complete this table if other agencies will contribute resources to your proposed project. Show what they commit for the first full year of your project (include secretarial service, dispatching, use of a garage, maintenance, bulk storage tanks for fuel, etc.)
- 2) Attach documentation of these agencies' commitments to this section of your application as Appendix II-D.

Resource Description	Monetary Value	Name of Contact & Agency	Phone #
<b>Examples:</b> Secretarial Service: 16 hours, clerical, make phone calls, fax documents, arrange meetings	Pay Rate \$8 hr (16 hrs. X \$8 = \$128)	John Jones Village Transit Services, Inc.	321-1111
<b>Total:</b>			

(add pages as needed)

**Local Government and Community Organization Support**

- 1) Attach a resolution of support from each community and borough your proposed project will serve to this section of your application as Appendix II-E.

\_\_\_\_\_ n/a (no local government in service area)

- 2) Attach a letter of support from each community organization which supports your project, including other transportation providers, to this section of your application as Appendix II-F. Include only organizations with whom you do not have written agreements.

**Special Notes About Your Proposed Project – Optional.** Use this section to briefly note anything about your project that might require special consideration in the funding process.



**Appendices to SECTION II**

Appendix II-A Written Agreements

Appendix II-B Three-Year Business Plan for New Coordinated System

Appendix II-C Documentation of Resources Committed to Maintenance and Repair

Appendix II-D Documentation of Other Agencies' Resource Commitments to Your Project

Appendix II-E Resolutions of Support from Local Governments

Appendix II-F Letters of Support from Community Organizations, Including Transportation Providers

## SECTION IV – ADA Compliance

**APPLICANT:** \_\_\_\_\_

**Americans With Disabilities Act (ADA)** – All Implementation project applicants complete this page.

- 1) If you propose to purchase a new or reconditioned vehicle, will it be lift-equipped with wheelchair tiedowns and otherwise meet ADA standards?

\_\_\_\_\_ NO                      \_\_\_\_\_ YES                      \_\_\_\_\_ No vehicle purchase planned

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***If you answered NO to question 1, answer questions 1a, 1b, & 1c.***

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- a) Is there a lift-equipped vehicle(s) available in your community to transport your disabled clients? (If so, attach a letter from the owner of the lift-equipped vehicle stating agreement to transport any of your clients that require a lift-equipped vehicle).

\_\_\_\_\_ NO                      \_\_\_\_\_ YES - Letter attached

- b) Why do you believe the purchase of a lift-equipped vehicle is unnecessary?

- c) If you are awarded FTA 5310 funds, you will be required to submit an **Accessibility Waiver Application** which states that you have sufficient wheelchair capacity in your other vehicles to meet ADA intent, or that you have documented arrangements with another agency to secure sufficient wheelchair capacity for your clients to meet ADA requirements. DOTPF will provide the appropriate waiver form to FTA 5310 recipients who request noncompliant vehicles. If you answered NO to question 1a above, is your agency willing to submit a waiver application?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

- 2) If you are requesting a facility, or an improvement that requires or implies a need for accessibility, will it be fully accessible to persons with disabilities?

\_\_\_\_\_ NO                      \_\_\_\_\_ YES                      \_\_\_\_\_ n/a for facility or improvement planned

- 3) Is your program fully accessible to

- clients with disabilities                      \_\_\_\_\_ YES                      \_\_\_\_\_ NO
- employees with disabilities?                      \_\_\_\_\_ YES                      \_\_\_\_\_ NO

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***If you answered NO to question 2 or 3, answer the question below.***

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Why do you believe full accessibility is unnecessary?

