

GRANT APPLICATION - FALL 2000

SECTION I – Applicant Information

Applicant Organization _____

Mailing Address _____

City, State, and Zip Code _____

Street Address _____

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 _____

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)(3) Certification

- 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) Documentation of Local Match - Review the Transit Program Manual for local match requirements. If you plan local match for this project, attach documentation of local match committed to this project **to the end of this section**.**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:

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

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
- _____ 4 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 APTMS is up to date --that is, if your agency spends public funds on transportation, your agency has submitted the most recently requested data to *Brooks and Associates* for the Alaska Public Transportation Management Plan. [If you haven't done this, contact Anne Brooks at (907) 272-1877.]
- _____ 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.

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
- _____ Local match documented, if match will be provided
- _____ Agency legal status documented
- _____ If FTA funds sought, Additional Agency Information Required for FTA Program Eligibility provided
- _____ This two-page checklist

Section II – For Implementation Projects

- _____ Applicant Organization, Description of Service Area, and Planned Purchase(s) page
- _____ Table 1 - Summary 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 (2 pages)
- _____ Table 5 - Vehicle, Equipment, and Facility Maintenance Plan
- _____ Table 6 - Other Agencies' Resource Commitments to Your Project
- _____ Local Government and Community Organization Support ...questions
- _____ Special Notes About Your Proposed Project *(optional)*
- _____ Appendix II-A Written Agreements
- _____ Appendix II-B Documentation of Resources Committed to Maintenance and Repair
- _____ Appendix II-C Documentation of Other Agencies' Resource Commitments to Your Project
- _____ Appendix II-D Letters of Support from High Government Officials
- _____ Appendix II-E Letters of Support from Community Organizations

Section III – For Planning Projects

- _____ 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 High Government Officials
- _____ Appendix III-B Letters of Support from Community Organizations
- _____ 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 III – For Planning Projects

Coordinated Transportation System Planning

Applicant Organization _____

Applicant Location (community) _____

Description of Service Area

- 1) Name the community(s) for whom planning will be done if grant is approved:
- 2) Clearly mark service area location 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 or phone Laura Walters, Research Analyst at (907) 269-4521.)

Description of Proposed Coordinated Transportation Planning Project

Amount of Planning Funds Requested: \$ _____

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 Proposed Project...

1) Why is this project needed? How will it improve mobility for Alaska Mental Health Trust Beneficiaries, other persons with disabilities, and the elderly? What is your sense of how many Trust beneficiaries might benefit from your project (recognizing that the planning process may change this number)?

Local Government and Community Organization Support

- 1) Attach a letter of support from the mayor, chief, or other high local government official of each community or borough your proposed project will serve, to [this section of your application as Appendix IV-A](#).

_____ n/a (no local government in service area)

- 2) Attach a letter of support from each community organization which will be involved in your proposed coordinated transportation planning project, to [this section of your application as Appendix IV-B](#):

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

Table 3 - PLANNING PROJECT BUDGET

- 1) Show how you will meet all the costs of your proposed planning project:

	This Grant	Other Resources <i>(local match not required)</i>	Total
Personnel			
Travel			
Facilities			
Supplies			
Communications/Utilities			
Professional Services Contracts			
Printing/Advertising/Other			
TOTAL PROJECT COST			

- 2) If you indicated Other Resources above, identify them and their sources here. Attach documentation of other agencies' commitments to your planning project to [this section of your application, as Appendix IV-C](#).

Appendices to SECTION III

Appendix IV-A Letters of Support from High Government Officials

Appendix IV-B Letters of Support from Community Organizations

Appendix IV-C Documentation of Other Agencies' Resource Commitments to Your Project