

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

SFY2012 REPLACEMENT VEHICLE & EQUIPMENT HUMAN SERVICES GRANT APPLICATION

FTA Section 5310 Elderly Individuals and Individuals with Disabilities Program
 FTA Section 5316 Jobs Access & Reverse Commute Program (JARC)
 FTA Section 5317 New Freedom Beyond the ADA Program
 Alaska Mental Health Trust Authority Coordinated Transportation Program

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

PROJECT OVERVIEW

1. Enter cost for each project in application (use whole dollars only, i.e., no decimals or commas). Match must be dollars, not in-kind, for vehicles. * At least one row in the table below must be completed.

Number Requested	Project Type	Enter Grant Request	Enter Match (min 20% cash; request divided by .80 minus request)	Enter Total Project Cost (request plus match)	Options	Diesel
Vehicles						
<input type="checkbox"/>	ADA Minivan	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/>	ADA TAXI Minivan	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/>	ADA Van with Conversion	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/>	ADA Narrow-Body Cutaway	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/>	ADA Standard-Body Cutaway	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/>	ADA Mid-Size Bus	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> yes
<input type="checkbox"/>	ADA Stretcher-Equipped Paratransit Vehicle	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/>	Non-ADA Standard Minivan	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/>	Non-ADA Standard Passenger Van	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/>	Non-ADA Narrow-Body Cutaway	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/>	Non-ADA Standard-Body Cutaway	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/>	Non-ADA Mid-Size	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

<input type="checkbox"/>	Other Coordinated Vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Total		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Fuel Reimbursement Incentive Grant. Check the following box if you are applying for the fuel reimbursement incentive grant for the vehicle project(s) in this application. Please see application instructions in the Call for Applications. The grant amount will be determined by your location on a fuel pricing zone map (\$3,000, \$4,000, \$5,000).

yes

- Narrative Description of Proposed Project(s).** Be sure to detail especially Other Coordinated vehicles and non-ADA vehicles, which are not priority for funding. If you are applying for non-ADA vehicles, you must document how non-ambulatory passengers will be offered equivalent service. *

After the narrative, please provide the number of ambulatory and non-ambulatory seats for each vehicle. *

- For the vehicle(s) being replaced, enter the VIN number(s) of the vehicle(s), vehicle year(s) and odometer

mileage(s): *

- How did you acquire the vehicle(s)? (purchased outright with your agency's funds, purchased with a grant from _____, etc.) If purchased through DOT funds, which source (AMHT, 5311, 5307, 5309, 5310, 5316,

5317, CMAQ)? *

- In what condition is each of the vehicles being replaced? *

6. How many passenger trips did each vehicle provide in the past year? *

UTILIZATION OF EXISTING VEHICLES

7. What types of service are provided by your existing vehicle fleet? (Please check all that apply) * Fixed route transit Deviated fixed route transit Demand responsive, transporting your agency's clients only Demand responsive, transporting clients for multiple agencies in your coordinated group Other

8. How many trips were made by your agency's vehicles for the last year? Please provide subtotals by client type (elderly, persons with disabilities, work trips for economically disadvantaged, other).

* Table below must be completed.

What is the year being reported? * Jul 08 - Jun 09 Calendar year 2008

Passenger Type	# of Trips
Trips for people who are elderly	<input style="width: 100%; height: 20px;" type="text"/>
Trips for people with disabilities	<input style="width: 100%; height: 20px;" type="text"/>
Work trips for economically disadvantaged	<input style="width: 100%; height: 20px;" type="text"/>
Other	<input style="width: 100%; height: 20px;" type="text"/>
Total	<input style="width: 100%; height: 20px;" type="text"/>

MAINTENANCE OF EXISTING VEHICLES

9. Who performs your vehicle maintenance? *

10. Do you have a written preventive maintenance plan for the vehicles? * yes no

11. Describe where your agency will store the vehicle(s) purchased with these funds. Indicate whether there is an enclosed and/or secure area (i.e., gated fenced lot, fully enclosed unheated garage, heated garage,

carport, etc.). *

SAMPLE

COST OF EXISTING SERVICE

12. What is your average cost per trip provided for the last full year? (the same period used for question 8)

USE OF THE NEW VEHICLE

13. Describe in narrative the type of service to be provided by the vehicle(s). Then fill in the following tables to detail the purpose of the rides, the type of passengers, and the hours of operation of each vehicle

requested. *

14. Justify the seating capacity of the vehicle(s) requested. Would all the seats be filled at any given time? How

often? *

15. Provide the estimated number of trips per year (measured by passenger boardings) that will be provided by the proposed vehicle for: persons with disabilities, persons who are elderly, work trips for economically

disadvantaged persons. *

16. Provide the estimated number of trips per year (measured by passenger boardings) that will be provided by the proposed vehicle(s) for [Alaska Mental Health Trust Beneficiaries](#).

*

17. Will the proposed replacement vehicle(s) provide service that currently can not be provided with better utilization of other existing service delivery or resources? Please explain. Does the vehicle fill a "gap in service" for target populations; in other words, without it, they would have no transportation they could

use? Please explain. *

18. If your agency or group of agencies is already operating transportation service, is your system advance reservation only? Or do you also carry passengers who call for on-demand service?

19. Will the replacement vehicle(s) be used as part of a coordinated service; that is, will it's use be shared among agency partners or to meet the needs of their combined clients? * yes no

20. Please describe the coordinated service, agencies participating, and particularly the role of the proposed vehicle(s). Please scan and email a copy of the signed written agreement your agency has with other participating agencies. Subject line should read: Replacement Vehicle and Equipment (agency name) Application

agreement.

21. What is the name and date of adoption of the Public Transit-Human Services Community Coordination Plan to which your agency is a member partner? *

22. Please list by number a specific identified strategy or strategies from your community coordination plan **with its precise page number** for each project in this application, and provide an explanation of how each project is derived from each strategy. **No project is eligible for federal funding without being derived from a specific strategy with page number in your plan.** *

23. Please identify the numeric priority ranking assigned by your coordination group for each project listed in your coordination plan and resolution, including the projects in this application. *

FINANCIAL INFORMATION

24. In the following table, please document the amount and source of applicant matching funds and ongoing operating funds for the vehicle(s) requested. * Every row in the table below is required.

Table B (For Vehicle Request)		
Resource Description	Monetary Value	How Will You Pay for This? <small>Identify the source of cash or in-kind (Note: In-kind cannot be used for Vehicle Match)</small>
Match	<input style="width: 100%;" type="text"/>	<div style="border: 1px solid black; height: 50px; width: 100%;"></div>
Are you applying for match in this application?	<input type="checkbox"/> yes <input type="checkbox"/> no	
If so, how much?	<input style="width: 100%;" type="text"/>	
Insurance	<input style="width: 100%;" type="text"/>	<div style="border: 1px solid black; height: 50px; width: 100%;"></div>
Storage	<input style="width: 100%;" type="text"/>	<div style="border: 1px solid black; height: 50px; width: 100%;"></div>
Routine Inspection & Maintenance	<input style="width: 100%;" type="text"/>	<div style="border: 1px solid black; height: 50px; width: 100%;"></div>

Major Maintenance & Repair	<input type="text"/>	
Fuel	<input type="text"/>	
Driver(s)	<input type="text"/>	

25. How do you plan to fund your ongoing operating costs for this project for the life of the project (4-12 years or 100,000-125,000 miles depending on selected project)? Be as specific about your future funding sources as you can. Extract this information from your written Community Coordination Plan if available. *

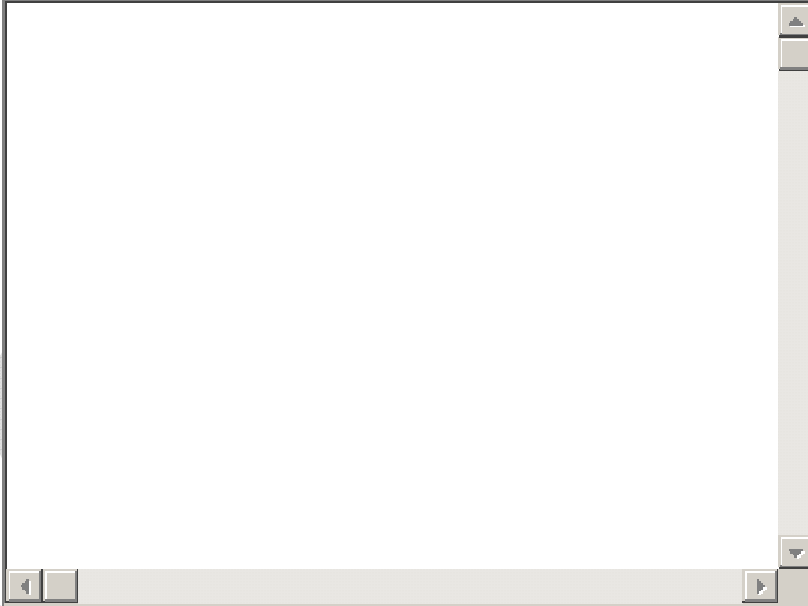
EXAMPLE

26. 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.

SAFETY AND RISK MANAGEMENT

27. Please provide a description of any accidents or incidents that have occurred in the last 2 years with your vehicles, the outcome of the accident or incident, and your agency response to the event(s).

NOTE: An accident involves any damage arising from a collision; an incident is a non-collision occurrence, such as a client falling inside the vehicle, a "near miss," a passenger getting very ill while riding. *



ADA Compliance

Americans with Disabilities Act (ADA)
All Implementation project applicants complete this page.

28. APPLICANT: *

29. Does your project meet ADA requirements? By checking this box you are certifying that your project meets ADA requirements. * yes

Application Confirmation Page

30. I am sending emails with attachments to accompany this application (send to Jessica

DeBartolo at: jessica.debartolo@alaska.gov) * yes no

31. By checking this box you are confirming the following:

- You understand and have completed all of the required questions for your project(s).
- You understand that all accompanying documentation for your application must be received by 11:59pm on January 31, 2011, or your application may be deemed unresponsive.

* yes

SAMPLE