

II. Transportation Project:

A. Type of vehicle(s) proposed and please specify number of wheel chair positions per vehicle:

B.

<u>Quantity</u>	<u>Type Vehicle</u>	<u>#Wheel Chair Positions</u>
_____	_____	_____
_____	_____	_____

Note: Read last page of application for selection and required trip compliance before choosing size of vehicle.

B. Define the service area of this vehicle by describing the geographical area(s) to be served by this vehicle for primary clientele.

Note: Vehicles must be used a minimum of 20 days per month, and meet the monthly trip requirements unless other written arrangements have been made with the Department. Your transportation project must recognize the general transportation needs of the elderly and/or disabled in your service area, and must include actions that will directly address these needs.

C. Type of service to be provided: (% of use)

_____ % Demand responsive (dial-a-ride) _____ % Fixed route _____ % Other (specify)

D. Write an Essay explaining how you will address the proposed transportation needs of all elderly and disabled persons in your service area. Essay MUST be at least one page. (MUST attach essay to the application.)

E. Vehicle is intended to:

_____ Replace existing service
 _____ Expand existing service
 _____ Start new service

F. Target specific clientele categories for this vehicle:

_____ Elderly
 _____ Physically disabled
 _____ Mentally disabled
 _____ Other (specify)

G. Estimate the annual unduplicated number of elderly and disabled persons to use this vehicle (i.e., how many different (Categories) passengers will ride the vehicle in one year?) _____

Note: Count each passenger only once during the year regardless of how many times (s)he rides the vehicle?

H. Estimate the number of trips per **day** to transport:

_____ Elderly
 _____ Disabled
 _____ Non-Ambulatory

I. Estimate the number of trips per **month** to transport:

_____ Elderly
 _____ Disabled
 _____ Non-Ambulatory

Note: One trip consists of transporting one client one-way from point A to point B. Therefore, transporting two clients from point A to point B and back to point A equals four trips.

J. Number of days per month the vehicle will normally be in service: _____

II. Transportation Project: (Continued)

K. Estimated annual unduplicated number of persons within the following groups to use this vehicle: (Count each passenger only once during the year regardless of how many times (s)he rides the vehicle.)

_____ Black _____ Caucasian _____ Hispanic
_____ Asian or Pacific Islander _____ American Indian/Alaskan Native

Total **unduplicated** number of clients who will ride this vehicle **annually** _____

Note: Total above must agree with Item G, page 2.

L. Types of trips to be made available: (Check all that apply)

_____ Medical _____ Employment _____ Nutrition _____ Social _____ Education
_____ Shopping _____ Meal Delivery _____ Shared Use _____ Public Transit _____ Other

M. Public Notice Requirements: ([Check to indicate the required materials are attached.](#))

_____ Letters of support are attached from public and private transit and Para transit and other Section 5310 operators in the proposed service area indicating the operators do not intend to offer similar service in the same area. ([Attach documentation to show that at least one attempt has been made to secure these support letters.](#))

_____ Copies of public notice given in area newspapers are attached.

_____ A list of agencies and operators contacted above is attached.

_____ Written comments from interested parties, [e.g. clients, organizations, community leaders, etc.](#) are attached.

N. Special Agreements:

If your agency plans to enter into purchase of service or other interagency agreements using this vehicle, check the statement below, attach copies of the agreements, and explain fully. Attach additional pages as necessary.

_____ Purchase of service and/or interagency agreements are attached.

Explain the general intent of these agreements:

O. Coordination Efforts:

_____ Check here if your efforts to coordinate with existing service providers have been unsuccessful.

Attach documentation indicating unsuccessful coordination efforts with other service providers.

If your coordination efforts have been successful, describe them in Part III, Item C. ([May attach documentation.](#))

III. Project (new vehicle) Justification:

- A. Describe all transportation currently being provided to elderly and disabled clients by the applicant agency. (Include days and hours of service, number of passengers, frequency, fares, types of trips, and client response.)

- B. Describe other transportation now being provided for elderly and disabled in the proposed vehicle service area by other social service agencies, transportation companies, and transit organizations. (Include days and hours of service, categories of passengers, fares, and client response.)

- C. Identify shortcomings of existing transportation services in the service area proposed by your project, and explain how your project will overcome them. (Include any plans to combine or coordinate the use of the proposed vehicle with the services described in A. and B. above.)

- D. Explain the circumstances under which your organization would be willing to coordinate with existing transportation services, or with other agencies in need of transportation for their elder/disabled clients. Would your agency be willing to coordinate with other general or specialized transportation service providers? _____ Yes _____ No

- E. Capacity to Serve Non-Ambulatory Disabled:

1. Show the number of operable vehicles in your current transportation system:

_____ Autos _____ Station Wagons _____ Vans _____ Buses

2. Show number of above vehicles which are wheelchair accessible to the disabled. _____ Number of Vehicles.
(Give brief description of each, e.g. 1990 bus with wheelchair lift and 3 wheelchair positions).

3. Show the number of patrons served by your existing transportation system (or proposed system if starting or expanding service) who require a wheelchair accessible vehicle:

_____ Number of patrons served by your existing transit system who require a wheelchair accessible vehicle.

_____ Number of additional wheelchair patrons (if any) that will be served by your proposed new vehicle.

4. Wheelchair accessibility:

_____ Number of monthly trips required of the wheelchair accessible vehicle(s) presently in service.

_____ Number of additional monthly trips which the new vehicle will provide.

_____ Check here if the new vehicle will not substantially increase the current level of wheelchair accessible trips.

5. Complete this section only if you are not applying for a wheelchair accessible vehicle. Check below as appropriate. If unable to check both responses, explain fully on an attachment.

_____ Existing transportation services are currently meeting all demands for service by non-ambulatory persons.

_____ The existing transportation system is currently offering generally equal services to the non-ambulatory, and will continue to do so after receiving the vehicle(s) applied for.

IV. Planning Review

Planning Requirements for Applicants:

The Department will conduct a preliminary review and categorize all applications. Applications (Rural) not requiring a Metropolitan Planning Organizations (MPO's) approval will continue with procedures.

If the Department forwards your application (Urban) to the Metropolitan Planning Organizations (MPO's), serving that area for further consideration, the MPO will advise you of any additional information necessary for their review of your application. The MPO serving that area must include your application as part of its Transportation Improvement Plan (TIP).

If the MPO fails to include your application as part of its TIP, your application will be denied. The Department cannot approve an application until it has been officially included in the TIP for its area **(if applicable)**.

If the MPO requires changes in the operating plan for your vehicle, or changes the vehicle type, the Department will re-evaluate your application to determine whether your revised plan is consistent with the evaluative standards for originally approved plans. If so, your application and others will be submitted to the Federal Transit Administration (FTA) for final approval. If not, your application will be denied. A list of MPO's is provided in the application Procedure and Requirements.

V. Project Budget

A. Indicate specific sources of funds (public and private) and amounts to be used as matching local (non-federal) contribution to this Federal Grant.

B. Indicate the specific sources and amount of funds available to pay the initial excise tax, license, and registration fees for this vehicle.

C. Estimate annual operating expenses for this vehicle:

_____ Driver's salaries

_____ Maintenance and repair

_____ Fuel

_____ Insurance

_____ Other

_____ Total estimated annual operating expense

D. Indicate the specific sources of funds to be used for this vehicle's operating expense, and show the amount of funds to be contributed from each source.

VI. Assurances

ALL ASSURANCES MUST ALL BE SIGNED BY THE HIGHEST RANKING CORPORATION OFFICER

A. Assurance Concerning Nondiscrimination on the Basis of Handicap in Federally assisted Programs:

_____, (the "Recipient") AGREES THAT, as a condition to the approval or extension of any
(Applicant Name)
federal financial assistance from the United States Department of Transportation to construct facility, or to participate in or obtain any benefit from any program administered by the Department, to which the Department's regulations set forth in Title 49, Code of Federal Regulations, Department of Transportation, Subtitle A, Office of the Secretary, Part 27—"Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or benefiting from Federal Financial Assistance" (the Regulation") applies, no otherwise qualified handicapped person shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives or benefits from Federal Financial assistance administered by the Department of Transportation, including the Federal Transportation Administration, and GIVES ASSURANCE that it will conduct any program or operate any facility so assisted in compliance with all of the above requirements imposed by the Regulation, or any directive issued pursuant to that Regulation.

Date

Legal Name of Applicant

Signature of President or Board Chairman

B. Assurance of Compliance with Title VI of the Civil Rights Act of 1964:

_____, HEREBY AGREES, it will comply with Title VI of the Civil Rights Act of 1964
(Name of Applicant)
(P.L. 88-352) and all requirements imposed by the U. S. Department of Transportation to the end that, in accordance with Title VI of the Act, no person in the United States shall, on the ground of race, color, sex or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Recipient receives Federal financial assistance from the Department under Federal transportation programs; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Recipient by the Department under Federal urban mass transportation programs, this assurance shall obligate the Recipient, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided this assurance shall obligate the Recipient for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Recipient for the period during which the Federal financial assistance is extended to it by the Department under Federal urban mass transportation programs.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Recipient by the Department under Federal transportation programs. The Recipient recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Recipient its successors, transferees, and assignees. The person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Recipient.

Date

Signature of President or Board Chairman

VI. Assurances (Continued)

C. Assurance of Fiscal and Managerial Capacity:

I certify that, based on my experience with the applicant organization, and a review of the organization's records, the organization has the requisite fiscal and managerial capability to carry out the project. I further certify that I am an officer of the applicant corporation herein, and authorized to make this verification on its behalf. The statements in the foregoing document are true of my own knowledge.

I declare that the foregoing is true and correct.

Executed on _____ at _____
Date City and State

Signature of President or Board Chairman

Title

D. Assurance to the Governor (Public Agency Option #1)

I hereby certify to the Governor of the State of Oklahoma at the time of this application, there is no private, non-profit corporation readily available to provide the transportation services required by our agency at _____.

Signature of President or Board Chairman

Title

E. Assurance of coordination role in service area (Public Agency Option #2)

I certify and request the State of Oklahoma recognize that _____ at _____
Name of Agency City and State
acts in the role of area coordinator of transportation for elderly persons and persons with disabilities.

Signature of President or Board Chairman

Title

VII. Procurement Information

Vehicles procured under this program will be purchased through competitive bidding in accordance with established State and Federal procedures.

Where possible by law, the State will procure the vehicles and equipment on behalf of the private non-profit organizations.

Vehicles procured under this program will list as Lien Holder the OKDHS-Aging Services, 2401 N. W. 23rd Street, Suite 40, OKC, OK 73107-2422.

Vendors of new vehicles will be required to certify that the vehicles will comply with air pollution criteria currently established by the Environmental Protection Agency.