

## SouthEastern Arizona Governments Organization

Serving our member governments and their constituents since 1972

### SEAGO Member Entities

Cochise County Benson Bisbee Douglas Huachuca City Sierra Vista *Tombstone* Willcox Graham County Pima Safford San Carlos Apache Tribe Thatcher Greenlee County Clifton Duncan. Santa Cruz County Nogales Patagonia

> SEAGO Main Office

- Administration
- Community and Economic
   Development
- Transportation

1403 W. Hwy 92 Bisbee, AZ 85603 520-432-5301 520-432-5858 Fax

Area Agency on Aging Office

300 Collins Road Bisbee, AZ 85603 520-432-2528 520-432-9168 Fax

www.seago.org

March 5, 2020

Mr. Ted Matley
Director
Office of Planning and Program Development
Federal Transit Administration
90 7<sup>th</sup> Street
Suite 15-300
San Francisco, CA 94103

Subject: FTA Grantee Supporting Documentation - Project ID: D2019-HSCR-005

Dear Mr. Matley:

Please find enclosed the Grantee Supporting Documentation demonstrating Legal, Financial, and Technical capacity of the SouthEastern Arizona Governments Organization (SEAGO) pertaining to Project ID: D2019-HSCR-005.

Should you have any questions regarding the attached, please don't hesitate to contact me at (520) 432-5301 Extension 209, or cdvertrees@seago.org.

Chris Vertrees

Siñcerelv.

Transportation Program Administrator

cc/R. Heiss

Encl/FTA Award Notice
SEAGO HSCR Grant Application
Supporting Documentation – Legal Capacity
Supporting Documentation – Financial Capacity
Supporting Documentation – Technical Capacity

#### DEPARTMENT OF TRANSPORTATION

**Federal Transit Administration** 

Fiscal Year 2018 and 2019 Competitive Funding Awards:

Access & Mobility Partnership Grants [Innovative Coordinated Access and Mobility Pilot Program (ICAM) and Human Services Coordination Research (HSCR) Grant Program]

AGENCY: Federal Transit Administration (FTA), Department of Transportation (DOT).

ACTION: Access & Mobility Partnership Grants (ICAM and HSCR Programs)
Announcement of Project Selections and Implementation Guidance

**SUMMARY:** The Federal Transit Administration (FTA) announces the selection of projects with Fiscal Year (FY) 2018 and 2019 Access & Mobility Partnership Grants Initiative, including the Innovative Coordinated Access and Mobility Pilot Program (ICAM) and the Human Services Coordination Research (HSCR) Grant Program; and provides administrative guidance on project implementation.

**FOR FURTHER INFORMATION CONTACT:** Successful applicants should contact the appropriate FTA Regional office for information regarding applying for the funds or program-specific information. A list of Regional offices can be found at <a href="https://www.transit.dot.gov/">https://www.transit.dot.gov/</a> and go to the "Find Your Regional Office" tab on the webpage. In the event the contact information provided by your organization in the application has changed, please contact your FTA Regional office with the current information to expedite the grant award process. Unsuccessful applicants may contact Kelly Tyler, Office of Program Management at (202) 366-3102, email:

Kelly.Tyler@dot.gov to arrange a proposal debriefing within **30 days** of this announcement. A TDD is available at 1-800-877-8339 (TDD/FIRS).

**SUPPLEMENTARY INFORMATION:** The Access and Mobility Partnership Grants is comprised of two separate and distinct grant programs. The Innovative Coordinated Access and Mobility Pilot Program (ICAM) is authorized under Section 3006(b) of the Fixing America's

Surface Transportation (FAST) Act (Pub. L. 114-94, Dec. 4, 2015). The Human Services Coordinated Research Program (HSCR) is funded through the Public Transportation Innovation Program, 49 U.S.C. 5312(b).

On September 12, 2018, FTA published a Notice of Funding Opportunity (NOFO) through a *Federal Register* notice announcing the availability of Federal funding for the program. Section 3006(b) of the FAST Act authorizes \$3,250,000 in FY 2018 and \$3,500,00 in FY 2019 for grants under the ICAM Pilot Program. The funds that FTA is making available also includes \$187,822 in FY 2016 funds and \$465,893 in FY 2017 funds that remain available. Additionally, the NOFO announced the HSCR Program, under which FTA makes available \$2,434,767 under the Public Transportation Innovation Program, 49 U.S.C. 5312(b), to finance capital and/or operating projects that develop and deploy an enhancement or improvement to the coordination of human services transportation. The total amount of funds also includes \$2,148,053 in remaining balances from FY 2015 and \$286,714 from FY 2016.

The ICAM Pilot Program grants will support <u>capital projects</u> that address the challenges the transportation disadvantaged face when accessing healthcare, such as: getting to the doctor or returning home from a hospital procedure, or going to rehabilitation, behavioral health services, the pharmacy, or free health screening services. These projects seek to improve the coordination of transportation services and non-emergency medical transportation services for targeted populations. The goals of the ICAM Pilot Program are to: (1) increase access to care, (2) improve health outcomes, and (3) reduce healthcare costs.

The HSCR program supports <u>operating and capital projects</u> that will build upon identified gaps in services for the improvement of services, as outlined in a locally developed Coordinated Public Transit-Human Services Transportation Plan. The goal of the HSCR Program is to implement a coordinated public transportation project that offers innovative solutions to improve

local coordination or access to coordinated transportation services. Additionally, this program seeks to support transit agencies, human service agencies, and local communities as they:

- integrate new mobility tools like smart phone apps, demand-responsive bus and van services;
- aim to improve multi-modal connectivity for seniors, people with disabilities, and low-income individuals;
- address accessibility issues through innovative technologies and practices;
- improve the quality of the traveler experience and the transit product; and
- identify new mobility-enhancing practices and technologies.

Funds under the ICAM Pilot Program may be used for capital expenditures only. Funds under the HSCR Program may be used for operating or capital expenditures that are tied to the locally developed Coordinated Public Transit-Human Services Transportation Plan. Project expenditures for both the ICAM and HSCR Programs must be consistent with the specific eligibility and priorities established in the September 2018 NOFO. Pre-award authority is as of May 22, 2019 when the projects were announced by press release.

For the ICAM and HSCR Programs, a total of \$9.6 million dollars is available under this Access and Mobility Partnership Grants Initiative. A total of 126 proposals were received from 39 States, District of Columbia, and Virgin Islands requesting \$37 million. Project proposals were evaluated based on each applicant's responsiveness to the program evaluation criteria outlined in FTA's September 2018 NOFO. On May 22, 2019, FTA announced on the Access and Mobility Partnership Grants landing page the selection of 37 projects in 37 states, totaling \$9,601,981. The projects selected in Table 1 provide funding for twenty-three ICAM projects and 14 HSCR projects. Funds must be used only for the specific purposes identified in Table 1. Allocations may be less than what the applicant requested. Applicants selected for competitive

funding should work with their FTA regional office to finalize the grant application in FTA's Transit Award Management System (TrAMs) for the projects identified in the attached table to expeditiously obligate funds. In cases where the allocation amount is less than the proposer's requested amount, applicants should work with the regional office to ensure the funds are obligated for eligible aspects of the projects, and for specific purpose intended as reflected in Table 1. A competitive project identification number has been assigned to each project for tracking purposes, and must be used in the TrAMs application. For more information about TrAMs, please visit <a href="https://www.transit.dot.gov/">https://www.transit.dot.gov/</a>. The post award reporting requirements include submission of the Federal Financial Report (FFR), Milestone Progress Report in TrAMs, and FTA's National Transit Database (NTD) reporting as appropriate. (see the current version of FTA Circular 9040.1G).

An independent evaluation of the pilot program or research grants may occur at various points in the deployment process and at the end of the pilot project. In addition, FTA is responsible for producing an annual report to Congress that compiles evaluations of selected projects, including an evaluation of the performance measures identified by the applicants. All applicants must develop an evaluation plan to measure the success or failure of their projects and describe any plans for broad-based implementation of successful projects. The FTA may request data and reports to support the independent evaluation and annual report.

FTA has designated the National Aging and Disabilities Transportation Center (NADTC) to support grantees with project performance evaluations and provide technical assistance.

NADTC will also develop and host a Learning Collaborative available to all Access and Mobility Partnership Grantees. Grantees will be contacted by NADTC regarding participation in the Learning Collaborative.

All <u>Access and Mobility Partnership</u> grantees must comply with all applicable Federal statutes, regulations, executive orders, FTA circulars, and other Federal requirements in carrying out the project supported by the FTA grant.

Funds allocated in this announcement must be obligated in a grant by September 30, 2021 or the funds will no longer be available. As previously mentioned, applicants selected for competitive funding should work with their FTA regional offices to finalize the grant application in FTA's TrAMs.

Table 1
FY 2018 and 2019 Access and Mobility Partnership Grants Project Selections

	11 2010 0110	2019 Access and Wobinty Partnersing		
State	Recipient	Project Description	Project ID	Allocation
AL	United Way of Central Alabama, Inc.	The United Way of Central Alabama will receive funding to address identified gaps and barriers in service through modernization of technology. The funds will be used to purchase software and app development that will help to increase system efficiency throughout Central Alabama.	D2019-HSCR-008	·\$ 148,000
AZ	Southeastern Arizona Governments Organization	Southeastern Arizona Governments Organization (SEAGO) will receive funding to create a mobile service hub in which medical, food, and transportation services will be offered simultaneously at strategic locations throughout the County.	D2019-HSCR-005	\$ 235,852
CA	San Diego Metropolitan Transit System	San Diego Metropolitan Transit System will receive funding to enhance the automated and web reservation system for arranging Non-Emergency Medical Transportation trips for NEMT purposes. This will give paratransit riders an easier way to make reservations through an automated phone and web reservation system.	D2019-ICAM-023	\$ 536,000
со	Disability Services Inc., dba Envida	Disability Services, Inc. will receive funding to purchase vehicles and scheduling and routing software to increase access to healthcare.  Additionally, a Mobility Manager will increase coordination and foster partnerships with the healthcare services in the community.	D2019-ICAM-013	\$ 249,526
DC	Capitol Hill Village	Capitol Hill Village will receive funding to improve health outcomes of low-income seniors and persons with disabilities by developing transportation skills through a travel training program designed to increase clients' transportation awareness, knowledge, and confidence. Peer Support Health Educators will work one-on-one with clients to assess transportation needs, enroll in appropriate transportation, and assist in planning medical visits.	D2019-ICAM-015	\$ 290,500

# Human Services Coordination Research(HSCR) Grant FY 2018(Operating & Capital Projects Only)

# **Applicant and Proposal Profile**

Is this a resubmission due to an invalid/error r	nessage from FTA? ( ) Yes ( © No
Section I. Applicant Informa	ation
Organization Legal Name:	Southeastern Arizona Governments Organization (SEAGO)
FTA Recipient ID Number:	
Applicant Eligibility:	Direct or designated recipient
	C State
	Federally recognized Native American Tribe
	Operators of public transit area
	Local government authority
	C Private non-profit org
Population Served:	⊠ Rural
	⊠ Small Urbanized Area
	☐ Large Urbanized Area
functions. Established in 1972, SEAGO is a 501 cooperative solutions to area wide problems; between municipal, county, tribal, state, and for Cruz. SEAGO's programs focus on issues that development initiatives, transportation, aging expanded considerably since its inception to economic development, social services, transpared Agency on Aging will combine resources.	nization (SEAGO) is a regional planning agency which performs and coordinates a variety of (c)3, nonprofit organization whose core function is to assist local governments in seeking to provide a forum for regional policy development; and to serve as a coordinating link federal agencies. SEAGO serves the four counties of Cochise, Graham, Greenlee, and Santa often cross jurisdictional boundaries, such as water quality, community and economic g, and social service issues. Originally a planning entity, SEAGO's operational scope has include project programming and implementation activities in the areas of aging, housing, portation, the environment, and public transit. SEAGO's Transportation Program and our
	e and health insurance planning, legal assistance, long term care ombudsman, meals, senion
mobility management. SEAGO coordinates tr maintains the Regional Human Services Trans services to 15 providers, developed a Regiona SEAGO's Coordinated Mobility Training Progr skills and knowledge that will positively affect awards from FTA and AZDOT; and unify accep expanded to serve almost all of rural Arizona.	any services and programs. The Regional Mobility Management Program is a state leader in ansportation services in 4 counties, and 14 towns/cities. The programs develops and portation Coordination Plan, provides FTA Section 5310 and 5311 technical assistance. I Transit Asset Management Program, and has led multiple transit planning studies. It is a developed to build the capacity of organizations providing transit by developing the performance in work roles; meet the compliance requirements associated with funding sted training practices across regions. The program has been so successful that it has In 4 years, 867 people have been trained and 167 unique agencies served.

The project will be piloted in Cochise County. The project will be located in Cochise County, Arizona. The area is very rural, very poor, and has a quickly aging population. According to the 2016 American Community Survey data, the population of the County is 128,177. There is an estimated 34,422 (26.9%) people 62 years and over. There is an estimated 22,184 (19%) living below poverty level and 36,339 (31%) living below 150% poverty level.

The County is designated a Health Professional Shortage Area for both medical and dental services by the Health Resources and Services Administration. The ratio of population to health provider in Cochise County is 642 to 1. According to data from the United States Department of Agriculture Food Access Research Atlas, 39% of the population live in areas identified as having low access to healthy food (food deserts). According to data available through Feeding America, 14.5% of the County is food insecure.

## **Section II. Project Information**

Project Title: (Descriptive title of this project)

Project Title: | Bridging Medical and Healthy Food Access with Transportation in Cochise County, Arizona

#### **Project Executive Summary:**

Cochise County's death rate is significantly higher than the State rate for cancer, diabetes, stroke, and kidney disease. Higher rates of chronic illness exist in rural communities because of geographic isolation, high poverty levels, age, and lack of transportation access. This project offers a unique solution through the creation of a mobile service hub in which medical, food, and transportation services will be offered simultaneously at strategic locations throughout the County.

## Section III. Project Evaluation

\*\*\*Address each of the evaluation criteria as described in the Notice of Funding Opportunity.\*\*\*

## **Demonstration of Need**

Four of the top five causes of death in Cochise County are from chronic disease. The County's death rate per 100,000 people is significantly higher than the State rate for cancer, diabetes, stroke, and kidney disease. To compound the issue, Cochise County lacks the healthcare professionals needed to appropriately cover rural Cochise County. The County is designated a Health Professional Shortage Area for both medical and dental services by the Health Resources and Services Administration. The ratio of population to health provider in Cochise County is 642 to 1.

Lack of access to healthy food is also a major contributing factor chronic disease to the high death rates in the county. According to data from the United States Department of Agriculture Food Access Research Atlas, 39% of the population lives in areas identified as having low access to healthy food (food deserts). According to data available through Feeding America, 14.5% of the County is food insecure. Higher rates of chronic illness exist in rural communities like Cochise County because of geographic isolation, high poverty levels, age, and lack of transportation access. 19% of the County is living below poverty level and 31% living below 150% poverty level. 26.9% of the County population are 62 years and over. SEAGO's coordinated mobility planning process focuses on specific population groups that are more likely to be dependent on public transit and specialized transportation. These groups are often defined as transit dependent and include the elderly (individuals 65 years of age or older); individuals with disabilities (a physical or mental impairment that substantially limits one or more of the major life activities); and individuals at or below the 150 percent poverty line threshold. Using data collected from the 2016 American Community Survey, 55% of the County's population is considered transit dependent.

Access to healthcare and access to healthy food were identified as significant regional needs in the SEAGO FY18 Regional Human Services Transportation Coordination Plan (Coordination Plan). Increased coordination between transportation services and rural fixed and mobile health clinics was identified as a goal in the Coordination Plan. Increased coordination between transportation services and local food banks/pantries was also identified as a goal in the Coordination Plan. The creation of partnerships that directly link medial,

food, and transportation services to close these access gaps was identified as a gap closing strategy in the Coordination Plan.

#### **Demonstration of Benefits**

The benefits of this project are many and will meet several goals of the HSCR Program to include:

Implementing Strategies to Increase Human Services Transportation Through Inter-agency Cooperation: SEAGO will partner directly with transportation, medical, and food providers in the County that will create a mobile service hub in which medical, food, and transportation services will be offered simultaneously at strategic locations throughout the County.

Improving Access to Cost-effective Transportation Services: Normally transportation providers in the rural environment travel long distances to pick-up a client. They again travel long distances to get the client to their medical appointment and finally travel long distances to return the client home. One driver is often occupied for a full day helping just one client. It allows little flexibility to deviate from the transports original purpose, such as access to healthy food. This process strains resources, limits capacity, and costs a significant amount of money. This project will address that trend. This project will partner with a mobile clinic provider in the County. Transportation and medical access will be coordinated to bring transportation and medical services to high demand areas. Transportation services will benefit from decreased travel distances and travel times. This will directly limit costs and increase ridership. Medical services would benefit from an increased service area for their mobile clinics and an increase in patients.

Encouraging Enhanced Access to Transportation Resources: An additional element to this project is the inclusion of local food banks/pantries. Most food banks/pantries redistribute aging and perishable food. Most of these services are fixed and very dependent on clients having transportation access. As a result, much food is wasted. This project will allow food access to become mobile. SEAGO will be partnering with a local food bank, a congregate meals program, regional health clinic, and a faith-based organization to identify clients in need of healthy food that would normally not consider public transportation as an option.

Data collection is critical to determining the project's benefits. Much of the data for this project will be generally easily to collect.

Baseline data for this project is in place. The number of patients seen at each mobile health clinic site, the number of persons visiting local food banks, the number of persons receiving congregate meals, the number of passenger trips to these services, the number miles traveled, and the cost per passenger trip are readily available. This will provide an excellent mechanism to track the project's success.

Data collection and analysis will be conducted quarterly.

## Demonstration of Coordination, Planning and Partnership

SEAGO has developed several critical partnerships to ensure project success:

The grant will be administered by SEAGO. This will include, invoicing, procurement, reporting, and grant compliance. SEAGO's Regional Mobility Management Program will manage the coordination process, to include development of project forms, developing scheduling processes, developing partnership agreements, facilitating partnership meetings, providing technical assistance, conducting compliance reviews, developing data collection methods, and resource management.

SEAGO Area Agency on Aging will support the project in many ways. This will include participation in project planning/partnership meetings, assist in identifying community transportation, healthcare access, and healthy food needs, providing referral services to participating partners, and working with the SEAGO Transportation Department to coordinate available Older Americans Act, State and local transportation funding to programs that increase access medical and food to the elderly and to persons with disabilities.

Chiricahua Community Health Centers, Inc. (CCHCI) Federally Qualified Health Center whose services are offered to all County residents regardless of a person's ability to pay. They have 4 clinics at fixed rural locations and 6 mobile medical and dental units. As a partner, they will be the medical services provider for the project, they will participate in planning/partnership meetings, provide referral services, assist in identifying community health and transportation needs, coordinate health services with transportation with project partners, and assist with public outreach efforts.

Douglas ARC is a program that serves persons with developmental disabilities. Douglas ARC has woven its transportation services into a

trans-disciplinary approach with its clients. They provide a wide variety of services to consumers. Transportation is provided to appointments, medical care, and shopping. Their vocational program allows clients to participate in meaningful employment opportunities. Their vocational program houses a congregate meals and a home delivered meals program. Residents are skilled in meal preparation and packaging of food for home delivery. As a partner, they will participate in planning/partnership meetings, they will act as a liaison between community food banks to collect and package food for distribution, coordinate services with transportation providers, and assist with public outreach efforts.

The Douglas Area Food Bank serves more than 3,900 residents throughout the County. The Douglas Area Food Bank distributes food from local, regional and national donations, including food from The Emergency Food Assistance Program. Some of the services provided by the food bank are: diabetic awareness workshops, they work with SEAGO AAA to provide food boxes to the elderly and disabled in the community, they provide "homebound" service elderly clients who cannot come to the food bank, and theyprovide blood pressure monitoring to our recipients. As a partner, they will participate in planning/partnership meetings, they will act as a liaison between community food banks and transportation providers, and will assist Douglas ARC in the collection and distribution of food. The Volunteer Interfaith Caregiver Program (VICaP), provides vital transportation services for seniors, disabled, and homebound residents throughout Cochise County. Transportation services are provided primarily by volunteers driving their own vehicles, with two paid drivers supporting the highly rural areas of the County with VICaP owned vans. They have over 150 volunteer drivers. As a partner, they will assist with transportation throughout the County, participate in planning/partnership meetings, assist with the delivery of food packages to individuals within our service area, coordinate transportation services with healthcare providers, and assist with public outreach efforts.

## **Local Financial Commitment**

There is sufficient local financial support for this project. In 2016, SEAGO secured a \$600,000 private foundation grant to support transportation projects in the County. SEAGO will direct \$60,000 of those funds to this project.

The SEAGO Area Agency on Aging programs approximately \$160,000 annually to transportation for seniors and the disabled. \$50,000 will be directed to transportation programs that support this project and meets the goal to increase access medical and food to the elderly and to persons with disabilities.

Chiricahua Community Health Centers, Inc. will dedicate a staff position to be the lead scheduler for the project. The person will schedule medical transportation for the project. They staff will be full-time and include benefits. The position is valued at \$23.00 per hour for 2080 hours. Total value of the position is expected to be \$47,840. 18 month value is \$71,760.

Chiricahua Community Health Centers, Inc. houses a full-time media relations/public outreach position. The center will dedicate 40 hours to promoting the project. They will also produce promotional materials at no cost to the project. Total value of this contribution is expected to be \$2,500.

The Douglas Area Food Bank will utilize volunteers to package food for transportation. 20 hours of volunteer time is expected weekly. 1,560 hours are expected for the duration of the project. Independent Sector estimates volunteer time at \$24.69 per hour. 18 month value of the contribution is \$38,516.

Total local financial commitment is \$222,776 for the project.

## **Project Readiness**

The project will utilize existing programs and services for this project. Therefore, the project can move quickly from notification to start-up. Final planning, partnership agreements, and executive board approvals is expected to take 4 months. The project will be ready no later than 6 months after award notification.

SEAGO has proposed an 3 month planning period and an 18 month operational schedule. Project time line has been included in this application. Performance measures for the project have been identified and will collected and analyzed quarterly. Performance measures include he number of patients seen at each mobile health clinic site, the number of persons visiting local food banks, the

number of persons receiving congregate meals, the number of passenger trips to these services, the number miles traveled, and the cost per passenger trip.

SEAGO will develop a public participation plan. SEAGO will hold public meetings prior to project kickoff and at the seven month point of the project. Stakeholder surveys will be conducted at the project 3 month mark and prior to project close-out.

Access to healthcare and access to healthy food were identified as significant regional needs in the SEAGO FY18 Regional Human Services Transportation Coordination Plan (Coordination Plan). Increased coordination between transportation services and rural fixed and mobile health clinics was identified as a goal in the Coordination Plan. Increased coordination between transportation services and local food banks/pantries was also identified as a goal in the Coordination Plan. The creation of partnerships that directly link medial, food, and transportation services to close these access gaps was identified as a gap closing strategy in the Coordination Plan.

Sustainability of the project is strong. The core of the project (medical services) has no direct project costs. Much of the project utilizes volunteer services for transportation and food packaging/delivery. The project also includes a one-time project cost for a vehicle that should last for several years after project closeout.

## Technical, Legal, and Financial Capacity

SEAGO has no outstanding legal, technical, or financial issues that would make this a high-risk project.

SEAGO has the technical capacity to house this project. Our Regional Mobility Management Program is recognized at a high performer in the state. The program develops the Human Services Transportation Coordination Plan and updates it annually. We have developed a Transit Asset Management Program that provides regional transportation programs with tools to manage their vehicle fleets. We have led the start up of several transit related projects to include transit connector service that linked 3 FTA Section 5311 program and an FTA Section 5307 Program. We developed a Coordinated Mobility Training Program from scratch. The program has been so successful that it has been expanded to serve almost all of rural Arizona. Our reputation as a transit leader in the State, led to a \$600,000 foundation grant to improve and implements transit projects in Cochise County.

SEAGO has the financial capacity to lead the project. SEAGO has an annual internal operating budget of \$1.6 million. In addition, SEAGO coordinates the distribution of over \$600,000 pass-through dollars annually. SEAGO has \$1.4 million is reserves. SEAGO has significant grant administration experience as over 90% of our operating revenue comes from federal, state and local grants. SEAGO staff are well versed on the federal reimbursement, compliance and reporting processes. SEAGO is audited annually and found to be in compliance with generally accepted accounting principles. SEAGO provides expenditure reports quarterly to the SEAGO Executive Board.

Description	QTY	HSCR Amount	Other Federal Match	Local Match	Total Cost
14 Passenger Cutaway Van	1	46,400	0	11,600	58,000
SEAGO Project Mobility Manager	1	48,000	0	12,000	60,000
Douglas ARC - Transportation Costs to Pick-Up Food	1	14,040	0	14,040	28,080
Douglas ARC Food Packing Labor Costs	1	15,312	0	15,312	30,624
VICaP Volunteer Driver Fuel Reimbursement	1	35,000	0	35,000	70,000
VICaP: Paid Driver Cost	1	22,500	0	22,500	45,000

VICaP: Vehicle Operating Costs	1	40,000	0	40,000	80,000
Douglas Area Food Bank; Part-time Project Coordinator	1	10,000	0	10,000	20,000
Douglas ARC: Retro fit delivery truck with invertor and 2 freezers.	1	4,600	0	1,150	5,750
	Total:	235,852	0	161,602	397,454

Project Scalability
Is Project scope scalable? • Yes • No
If Yes, specify ICMA Funds necessary: 45,000
Provide explanation of scalability.  The project has the capability to grow with demand. The area that would most impact growth would be the capacity of the Chiricahua Community Health Clinics to see patients. Currently there is significant unused capacity at their clinics to accommodate this project and future growth. The project also has some flexibility because of the use of mobile clinics. If demand is there, Chiricahua has indicated that they will increase capacity as needed.

# **Matching Funds Information**

Matching	<b>Funds Amount:</b>	
Matchille	i unus Amount	

222,776

#### Source of Matching Funds.

Local matching funds currently exceed the matching funds needed for the project. In 2016, SEAGO secured a \$600,000 private foundation grant to support transportation projects in the County. SEAGO will direct at least \$60,000 of those funds to this project.

The SEAGO Area Agency on Aging programs approximately \$160,000 annually to transportation for seniors and the disabled. \$50,000 will be directed to transportation programs that support this project and meets the goal to increase access medical and food to the elderly and to persons with disabilities.

Chiricahua Community Health Centers, Inc. will dedicate a staff position to be the lead scheduler for the project. The person will schedule medical transportation for the project. They staff will be full-time and include benefits. The position is valued at \$23.00 per hour for 2080 hours. Total value of the position is expected to be \$47,840. 18 month value is \$71,760.

Chiricahua Community Health Centers, Inc. houses a full-time media relations/public outreach position. The center will dedicate 40 hours to promoting the project. They will also produce promotional materials at no cost to the project. Total value of this contribution is expected to be \$2,500.

The Douglas Area Food Bank will utilize volunteers to package food for transportation. 20 hours of volunteer time is expected weekly. 1,560 hours are expected for the duration of the project. Independent Sector estimates volunteer time at \$24.69 per hour. 18 month value of the contribution is \$38,516.

Total local financial commitment is \$222,776 for the project.

Supporting Documentation of Local Match.

Letters of Support from each partner is attached.

C		 
(		

Project Timeline	
Timeline Item Description	Timeline Item Date
Project Planning: Finalize Roles, Responsibilities, Performance Measures, Schedules, Budgets	03/01/2019
Develop Public Participation/Outreach Plan	04/01/2019
Begin Procurement Process 14 Passenger Cutaway Van	04/01/2019
Finalize Partnership Agreements with Direct Partners	05/01/2019
Hire Project Mobility Manager	05/01/2019
Develop program forms, job descriptions, and project procedures	05/15/2018
Project Kick-off Meeting with Direct Partners	06/01/2019
Public Outreach Meetings with Impacted Communities	06/15/2019
Kick-off Project	07/01/2019
Project Review Meeting #1	08/01/2019
Project Review Meeting #2	11/01/2019
Stakeholder Survey	11/01/2019
6-month Data Review and Analysis	01/15/2020
Project Review Meeting #3 and Stakeholder Meeting #2	02/01/2020
Annual Report	03/01/2020
Project Review Meeting #4	05/01/2021
12-month Data Review and Analysis	07/01/2020
Project Review Meeting #5	08/01/2020
Project Review Meeting #6	11/01/2020

Month Report, Data Reviev	v and Analysis, Project Closeout	12/31/2020
	Congression	al Districts (Place of Performance)
Congressional District	_	al Districts (Place of Performance)