

Organization:

**APPLICATION SELECTION**

What type of Project(s) are you applying for? (Select 'Yes' for all that apply)

	Capital
	Operating
Yes No	Mobility Management

This application includes project request(s) for a regional mobility management project at the **COG/MPO** level. If this is the case, complete the questions in this section AND provide project detail in the *Regional Mobility Management Project Request(s) Section*.


This application includes project request(s) for mobility management activities at the **sub-regional level**. Sub-regional projects will only be considered for areas where regional mobility management programs exist. If this is the case, complete the questions in this section AND provide project detail in the *Sub-Regional Mobility Management Project Request(s) Section*.

Do you provide a transportation service?

SUMMARY OF PROJECT AND FUNDING REQUEST(S)

Applicant Agency Name

Project Summary

1	Project Title				Priority Number	
	Location Address					
	Brief Description of Proposed Project					
	Funding Request Amount	FTA Request:	Local Match:	Total Cost:		
	Project Type		Primary Project Service Area	COG/MPO Region	<div style="border: 1px solid red; padding: 2px; display: inline-block;">  <span style="color: red;">most often missed</span> </div>	
2	Project Title				Priority Number	
	Location Address					
	Brief Description of Proposed Project					
	Funding Request Amount	FTA Request:	Local Match:	Total Cost:		
	Project Type		Primary Project Service Area	COG/MPO Region		
3	Project Title				Priority Number	

**SUMMARY OF PROJECT AND FUNDING REQUEST(S)**

Location Address				
Brief Description of Proposed Project				
Funding Request Amount	FTA Request:	Local Match:	Total Cost:	
Project Type		Primary Project Service Area	COG/MPO Region	

4

Project Title				Priority Number	
Location Address					
Brief Description of Proposed Project					
Funding Request Amount	FTA Request:	Local Match:	Total Cost:		
Project Type		Primary Project Service Area	COG/MPO Region		

5

Project Title				Priority Number	
Location Address					
Brief Description of Proposed					

**SUMMARY OF PROJECT AND FUNDING REQUEST(S)**

Project				
Funding Request Amount	FTA Request:		Local Match:	Total Cost:
Project Type			Primary Project Service Area	COG/MPO Region

**SECTION 5310 PROJECT FUNDING REQUESTS**

OPERATING (ALL PROJECTS)			CAPITAL (ALL PROJECTS)			MOBILITY MANAGEMENT (ALL PROJECTS)		
FTA REQUEST(S)	LOCAL MATCH	TOTAL	FTA REQUEST(S)	LOCAL MATCH	TOTAL	FTA REQUEST(S)	LOCAL MATCH	TOTAL
<b>TOTALS</b>								
FTA REQUEST(S)	LOCAL MATCH	TOTAL						

**PROGRAM INFORMATION**

1. Mission. Describe the agency's purpose and services.

for your agency - not just transportation

2. Program. Describe the agency's current transportation program or program(s) related to transportation, to include a summary of mobility management activities and what geographic area(s) are served.

Attach a MAP of the service area by clicking here.

3. Service Provider. What agency provides the transportation service described in question 2.

- Applicant
- Subcontractor (Contracted/Purchased Transit Service Provider)
- Other: (Describe)

If subcontractor or other, please provide contact information for the agency providing the service to include Name, Address, Phone Number, Email and Contact Individual.

4. Service Area. Indicate approximate percentage of census designated geographic areas the agency serves. Total percentage should equal 100%.

Click the link. Map of Area Types

Put your location address in the upper RIGHT corner and press enter.

The map will zoom to your location and show which type of area you work in—rural, small urban, or urban. If you are listed as urban cluster, you are in a rural area.

- PERCENT OF
- TOTAL TRIPS
- % Urbanized Area
- % Small Urbanized Area
- % Rural Area/Urban Cluster
- % **TOTAL PERCENTAGE**

Make sure you look at the map. Be careful, some of the colors for the COGs and MPOs are the same for type of trip.

5. Operations.

FIXED ROUTE	DEMAND RESPONSE	DEVIATED FIXED ROUTE	TOTAL DAYS AND HOURS PER WEEK
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a. What days of the week does your service operate?

(e.g., M-F, M, Tu, W, Th, Sa, Su)

b. What hours of the day does your service operate?

(e.g., 5 am–7:30 pm)

6. Clientele. Describe the transportation clientele and client eligibility requirements.

7. Trip Purpose. Indicate approximate percentage of the type of trip(s) the agency offers. Total percentage should equal 100%.

PROGRAM INFORMATION

PERCENT OF TOTAL TRIPS TRIP TYPE

- % Workforce/Employment Related
- % Medical
- % Education
- % Senior Programs
- % Social, Recreational, Personal
- % OTHER (Describe):
- % **TOTAL PERCENTAGE**

8. Vehicles. Indicate the number of Revenue Service Vehicles used in the transportation program. (Do not include non-revenue service vehicles.)

NUMBER DESCRIPTION

- Full-time
  - Part-time
  - Back-up/spare
  - Total Vehicle Fleet - Revenue Service
- Of this total, how many vehicles are ADA Accessible (regardless of status in fleet)?

9. Program Staff. Indicate the number of Staff employed in the transportation program.

NUMBER DESCRIPTION

- Paid Full Time Drivers
- Paid Part Time Drivers
- Volunteer Drivers
- Paid Full Time Administrative Staff
- Paid Part Time Administrative Staff
- Paid Full Time Mobility Manager

NUMBER DESCRIPTION

- Paid Full Time Operation Supervisors
- Paid Part Time Operation Supervisors
- Paid Full Time Dispatchers
- Paid Part Time Dispatchers
- Mechanics
- Paid Part Time Mobility Manager

Attach a copy of your ORGANIZATIONAL CHART by clicking here

10. Fare/Donation. Describe the Fare or Donation Structure of the transportation program.

Most Recent Actual Agency and/or Transportation Program Budget Revenues

← Still in Program Section

DEDICATED FUNDING SOURCES OR CONTRACTS

OPERATING

CAPITAL/MOBILITY MANAGEMENT

TOTAL

City, town or county funds (list type below)

- a.
- b.
- c.
- d.
- e.

Title III (Older Americans)

PROGRAM INFORMATION

Act)  
 TANF (Temporary  
 Assistance to Needy  
 Families)  
 Medicaid  
 Charter Service  
 Other Contracts (list type  
 below)

- a.
- b.
- c.
- d.
- e.

TOTAL DEDICATED  
 FUNDING SOURCES OR  
 CONTRACTS

GRANT FUNDING  
 SOURCES

OPERATING

CAPITAL/MOBILITY TOTAL  
 MANAGEMENT

FTA Section 5307  
 FTA Section 5310  
 FTA Section 5311  
 FTA Section 5316  
 FTA Section 5317  
 Foundation Grants (list  
 type below)

- a.
- b.
- c.
- d.
- e.

Other Grants (list type  
 below)

- a.
- b.
- c.
- d.
- e.

TOTAL GRANT FUNDING  
 SOURCES

OTHER REVENUE  
 SOURCES

OPERATING

CAPITAL/MOBILITY TOTAL  
 MANAGEMENT

Passenger Fares  
 Advertising  
 Private Donations  
 In-Kind Support (list type

**PROGRAM INFORMATION**

below)

- a.
- b.
- c.
- d.
- e.

TOTAL OTHER  
REVENUE SOURCES  
TOTAL REVENUE  
SOURCES

City, Town, County Funding. Describe in detail the type(s) of city, town, or county funds the agency/ transportation program receives.

Other Funding (grants and/or contracts). Information provided above will prepopulate below. Further explain how often this type of funding is received and how it is applied for.

TYPE	HOW OFTEN RECEIVED (i.e. monthly, yearly, etc.)	HOW YOU APPLY FOR IT (i.e.: grant application, allocated general funds, etc.)
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In-Kind Funding. How and by whom does the agency/transportation program receive in-kind funding?  
(In-kind funding cannot come from your own agency.)

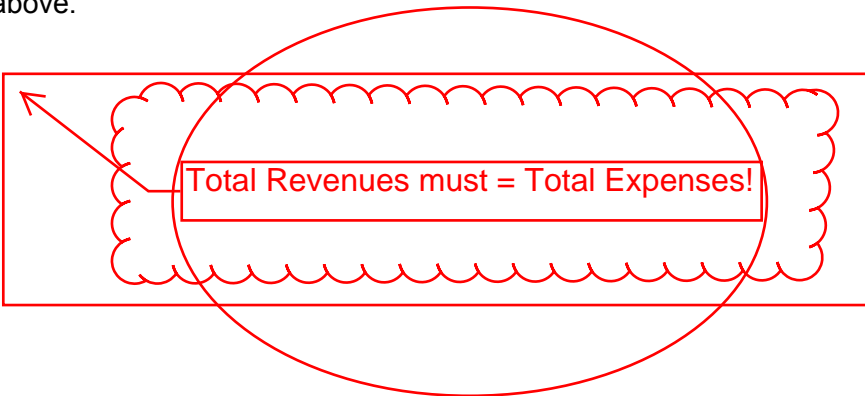
Expenditures EXPENSES	OPERATING	CAPITAL/MOBILITY MANAGEMENT	TOTAL
Salaries and Wages			
Benefits			
Insurance			
Fuel			



PROGRAM INFORMATION

- Utilities
- Materials and Supplies  
(e.g., oil, tires, etc.)
- Vehicle Maintenance and  
Repair Services
- Contract (purchased)
- Transit Services
- Leases and Rentals
- License Fees and Taxes
- Administrative Costs
- Vehicle Depreciation
- Miscellaneous (explain  
type below)
- TOTAL EXPENSES

Explain the miscellaneous expenditures the agency/transportation program has that are not itemized in the categories above.



## CIVIL RIGHTS

**Title VI Plan**

If you have any questions about submitting or creating your Title VI Plan, please contact the Civil Rights Office at (602) 712-8946 or [CivilRightsOffice@azdot.gov](mailto:CivilRightsOffice@azdot.gov)

1. Please identify the name, address, phone number, and email address of the Title VI Coordinator.

If you have a comprehensive Title VI Plan (including the required elements from the FTA Circular C 4702.1B link to the FTA Title VI Checklist) that can be uploaded as one file, please complete 2a only. If you do not, or if your plan is comprised of multiple documents, please start with 2b and continue through the form.

- 2a. Please upload your comprehensive Title VI Plan. If your agency does not yet have a comprehensive Title VI Plan, please provide the portions as required under the Title VI section below.

- 2b. Please attach a copy of your Title VI Notice to the Public.

- a. \*

If yes, please provide the URL.

- b. If not specifically documented in your Notice to the Public, please upload a document that describes where your notice is posted.

3. Please attach a copy of your Title VI Complaint Procedures.

- a. \*

If yes, please provide the URL.

4. Please attach a copy of your Title VI Complaint Form.

- a. \*

If yes, please provide the URL.

5. Please attach a copy of your Title VI Complaint Log describing any Title VI Investigations, Complaints, and Lawsuits.

6. Please attach a copy of your Public Participation Plan.

## CIVIL RIGHTS

7. Please attach a copy of your Language Assistance Plan (LEP).
8. \*
  - a. If yes, please attach a copy of your Table Depicting Membership of Non-elected Committees (by race).
9. \*
  - a. If yes, please attach a copy of the procedures you use to monitor your Subrecipients for Title VI Compliance.
10. \*
  - a. If yes, please attach a copy of your Title VI Equity Analysis.
11. Please attach a copy of the board meeting minutes showing board approval for your Title VI Plan.
12. \*

If you are a Fixed Route Transit Provider, you must provide the additional requirements found in Chapter IV of the FTA Circular Checklist link to the FTA Title VI Checklist.
13. Please attach a copy of your service standards.
14. Please attach a copy of your service policies.

## Civil Rights Complaints

15. \* Has there been any civil rights related complaints, lawsuits, allegations, or legal actions filed against your agency in the last two years?
  - 15.a. If yes, briefly explain the nature of the complaint(s), as well as how and when they were rectified.
  - 15.b. Attach a copy of your Title VI Nondiscrimination complaint process.
  - 15.c. Attach a copy of your Title VI complaint form.

## Limited English Proficiency (LEP)

16. \* Does your agency have a policy, in compliance with Federal Executive Order 13166, to ensure persons with Limited English Proficiency (LEP) needs can access your services?
  - 16a. Attach a copy of your LEP policy.

## CIVIL RIGHTS

**16b. Attach a copy of your LEP public notice document, if it is different than your Title VI notification.**

**16c. Does your organization have a Limited English Proficiency (LEP) plan?**

**a. If yes, please attach a copy of your LEP Plan.**

**Equal Employment Opportunity (EEO)**

**17. \* Does your agency have an Equal Opportunity Employment (EEO) policy?**

**17a. Attach a copy of your EEO policy.**

**17b. Attach a copy of your EEO public notice document.**

**17c. Identify the name, phone number, and email address of the EEO coordinator?**

**Name**

**Phone**

**Email Address**

**17d. \* Does your agency include an EEO statement in all job announcements?**

**17e. \* Does your agency post EEO information in places where employees congregate?**

**Americans with Disabilities Act (ADA)**

**18. Does your agency have an Americans with Disabilities Act (ADA) policy?**

**18a. Attach a copy of your ADA policy.**

**19. FTA requires that if your agency has any non-ADA accessible vehicles in your fleet, your agency must be able to provide "equivalent service" through some other means, such as sufficient other accessible vehicles or a written agreement with another provider in your service area to provide a lift-equipped vehicle when needed. Does your agency have at least one fully operable**

## CIVIL RIGHTS

wheelchair accessible vehicle meeting ADA standards, with available qualified driver(s), for each of your primary service areas?

19a. If no, please explain if and how your agency maintains equivalent service for persons with disabilities if service is requested and an accessible vehicle is needed to provide service?

19b. Does your agency have a "back up" plan to provide equivalent service should the only accessible vehicle(s) or available driver(s) be rendered out-of-service for more than a few days.

20. \* Is information on your service provided in accessible formats if requested?

20a. If yes, explain how both a hearing impaired person and a visually impaired person would request a ride on your service?

21. \* Has your agency ever turned down a request for transportation from a person with a disability?

21a. If yes, explain the circumstances surrounding the incident(s) and why the request(s) was denied?

22. \* Is your turndown rate higher for people with a disability than for non-disabled?

23. \* Are inspections of ADA equipment including lifts, ramps, securement devices, signage, and communication systems, part of your agency's pre-trip and post-trip inspection checklists?

23a. If yes, when equipment failures or deficiencies are found during these inspections, what is your agency's policies and procedures to immediately address the problem?

23b. If no, explain how these items of equipment are being checked on a regular basis to ensure safe and reliable use?

24. Does your agency have in place written policies, procedures, and information regarding the following requirements of the ADA?

24a. Lift vehicle availability?

24b. Maintenance of accessible features on vehicle(s)?

24c. Adequate time for vehicle boarding and disembarking?

24d. Use of portable oxygen/respirator equipment?

## CIVIL RIGHTS

- 24e. Service animals allowed?
- 24f. Training (wheelchair securement, sensitivity to passengers, etc)?
- Disadvantaged Business Enterprise (DBE)**
25. During the past four (4) years, has your agency received or are you applying for FTA funds other than rolling stock- including Mobility Management, and/or Operating funding from ADOT?
26. Does your agency contract out or plan to contract out or procure services using ADOT awarded funds including operating or mobility management funds or have other outside service contracts using federal funds, other than vehicle purchases?
- 26a. If yes, does your agency report these contracted services and vendors through the AZ LPA Contract Management System at <http://arizonalpa.dbesystem.com> at the time of submitting the reimbursement request to ADOT?
27. Have you adopted or do you agree to adopt ADOT's DBE plan?  
ADOT FTA DBE Plan
- 27a. If no, does your agency have an approved FTA Disadvantaged Business Enterprise (DBE) program plan?  
a. If yes, Attach a copy of your DBE program plan.
28. Please describe the methods your agency uses to include or recruit certified DBE's for contracting opportunities (services and vendors).

**Drug/Alcohol Free Workplace & Safe Environment**

29. Does your agency have a Drug / Alcohol Free Workplace & Safe Environment Policy?
30. Attach a copy of your policy.
- 31a. If no, please provide the date your agency will be approving a Drug / Alcohol Free Workplace & Safe Environment policy.

**TRAINING PROGRAM****Instructions:**

- Please complete this page and click SAVE. Fields will populate with information and any errors will be noted at this point.
- After you saved this page, you may add additional pages by selecting the ADD button above.
- Required fields are marked with an \*

The following are components of a required Americans with Disabilities Act (ADA) training program:

- Operate vehicles and equipment safely
- Appropriate attention to the differences among persons with disabilities
- Treat persons with disabilities in a respectful and courteous way
- Assist passengers properly

**1. INDICATE ALL TRAINING YOUR AGENCY PROVIDES:**

**Do your drivers receive training that covers the above ADA areas?**

**Defensive Driving training?**

**PASS (Passenger Service and Safety - CTAA)**

**START (Safety Training and Rural Transit – National RTAP)**

**Customer Service**

**Emergency Evacuation (covered by PASS)**

**Biohazard Training**

**First Aid**

**CPR**

**Safety**

**Reasonable Suspicion (Drug & Alcohol Training for Supervisors)**

**Dispatcher Training**

**24 hour behind the wheel training for drivers with experienced driver**

**Vehicle Pre/Post Trip Inspection Training**

**Transit Operations Policies & Procedures**

Other

Describe:

Other

Describe:

Other

Describe:

**2. Is your training program offered in house?**

**If no, where and by whom does your agency staff receive training**

SAFETY

## TRAINING PROGRAM

3. Please answer the following questions. The transportation program or agency...:
- Obtains a copy of a driving record before hiring a new driver?**
  - Makes a road test part of the driver applicant review process?**
  - Performs criminal history checks on new hires?**
  - Has a Federal Transit Administration approved Drug & Alcohol Testing Policy and Program?**
  - Formally investigates accidents and incidents, maintains an accident log, and prepares a report for the files?**
  - Has a file in which records of all accidents are kept?**
  - Has a specific safety/risk management manual?**
  - Developed a written transit safety and security policy?**
  - Takes ADOT funded vehicles in for annual inspection?**
  - Has a documented vehicle maintenance program?**



**COORDINATION OF TRANSPORTATION SERVICES****Instructions:**

- Please complete this page and click **SAVE**. Fields will populate with information and any errors will be noted at this point.
- After you saved this page, you may add additional pages by selecting the **ADD** button above.
- Required fields are marked with an \*

Please answer the following questions:

1. **Does agency staff attend either regional or sub-regional coordinating council meetings?**
2. **Is the agency listed in the regional listing of transportation services, programs, and resources?**
3. **Does the agency formally support (through a letter, MOU, or other means) regional efforts to coordinate human service transportation and public transit services?**

**If yes, describe what method of support has been adopted and what regional efforts the agency supports:**

4. **Has the agency's Board adopted any policies regarding coordination?**

**If yes, describe what has been adopted:**

5. **Describe agency procedures that support transportation coordination in the following areas. The agency:**
  - a. **Provides information on services, hours of service, fees, and eligibility to the regional mobility manager.**
  - b. **Participates in training provided by other agencies.**
  - c. **Makes current training programs available to other agencies.**
  - d. **Has provided information on vehicle maintenance and insurance to the regional mobility manager.**
  - e. **Has at least one agreement in place with another agency to provide or obtain services if needed (e.g. for an accessible trip or if there is a breakdown or staff shortage).**
  - f. **Other: (describe)**

**COORDINATION OF TRANSPORTATION SERVICES**

6. **Is the agency participating in any coordination initiatives either with other agencies or with the coordinating council?**

**If yes, please describe.**

7. **Does the project request(s) applied for in this application support and enhance regional coordination activities?**

**If yes, please describe.**

**CAPITAL REQUEST****Instructions:**

- Please complete this page and click **SAVE**. Fields will populate with information and any errors will be noted at this point.
- After you saved this page, you may add additional pages by selecting the **ADD** button above.
- Required fields are marked with an \*.

Answer questions provided for **each** capital request. *Applicants can apply for numerous capital requests but must complete the set of project questions for EACH request.*

**General Project Information**

1. **Project Title (should be the same as Summary of Requests tab)**
2. **Project Description (should be the same as Summary of Requests tab)**
3. **Priority of Requested Projects (will populate when page is saved)**
4. **Is the capital request tied to an operating project(s)?**

**If yes, which operating project(s)? Use the same project title that's on the summary page.**

5. **If the capital request is tied to operating project(s), can the operating project be funded without the capital project or vice versa?**

**Capital Request Information**

1. **What is the capital request for? (mark one and/or describe other type of request)**
  - a. Replacement of Vehicle or Equipment in Existing Transportation Service
  - b. Expansion of Fleet or Inventory to Accommodate Increased Demand in Existing Transportation Service
  - c. Expansion of Fleet or Inventory to Accommodate Additional (New/Expanded) Transportation Service
  - d. Establish New Service by Purchase of New Vehicle or New Equipment

If requesting a vehicle for replacement in 1a above, what is the number of miles per year this vehicle averages?

## CAPITAL REQUEST

2. **What is the cost of the capital request?**  
**a. Choose the VEHICLE TYPE requested.**

Total Cost  
FTA Share Amount  
Local Share

**OR**

- b. Enter the Total Cost of the EQUIPMENT requested.**

Total Cost  
FTA Share Amount  
Local Share

**If cost is entered manually by the applicant, how was the cost determined?  
Quotes to substantiate the cost request must be attached if obtained from  
vendor.**

3. **What client base will be serviced by the capital request?**
4. **In what city/county will the request be based?**
5. **What organization is responsible for operation of the capital request?**
6. **What organization is responsible for obtaining insurance for the capital request?**
7. **What organization will hold title (if a vehicle is requested)?**
8. **What is the transportation program's spare ratio (if a vehicle is requested)?**

## CAPITAL REQUEST

(See guidebook instructions for how to calculate.)

9. **What is the transportation program's fleet accessibility ratio (if a vehicle is requested)? (See guidebook instructions for how to calculate.)**

**Replacement Request**

Answer the next four questions only if requesting to **replace** vehicles or capital equipment in *existing transportation service*.

- 1a. **Last 4 digits of VIN of vehicle to replace, if replacing a vehicle. (Make sure this VIN is listed in the vehicle inventory.)**
- 1b. **Age of equipment to replace, If replacing equipment.**
2. **Why is there a need to replace the vehicle or capital equipment?**
3. **What is the impact on the transit agency if the vehicle or equipment is not replaced?**

**Expansion of Fleet or Service or New Service Request**

1. **Expansion of service for additional/new service. Why is there a need for a new or expansion of service (which requires either vehicles or equipment) to be provided by your organization?**  
**OR**  
**Expansion of fleet/inventory for existing service. Why is there is a need to expand the fleet or inventory to accomodate increased existing transportation service needs?**
2. **What client base will the new, expanded, or increased service mainly target and serve?**
3. **Identify the major service area for the new, expanded, or increased service.**

**CAPITAL REQUEST**

4. **How does this new, expanded, or increased service enhance the transportation coordination service goals defined in your region?**
  
5. **If applicable, how does the expansion of service fit in with the rest of the existing transportation program?**
  
6. **If requesting a vehicle for expanded service or increased existing services, explain why the current fleet is inadequate to provide the service needed.**
  
7. **If requesting a vehicle, how was the vehicle type determined to be the right vehicle for the new, expanded, or increased level of service?**
  
8. **If requesting equipment, explain how the equipment ties into the existing technology requirements for the agency. Provide information that includes if the request is based on some type of technology mandate by a municipality (such as county wide technology upgrade, etc.)**
  
9. **What are the agency (and subsequent client service impacts) if the request is not funded?**

**Vehicle Performance**

**Complete for all types of vehicle requests.**

Estimate operating days, service hours, service miles and trips for the requested vehicle. Complete only the Week, Month or Annual Categories, do not complete all three:						
OPERATING DAYS	WEEK:		MONTHLY		ANNUALLY	
SERVICE HOURS	WEEK:		MONTHLY		ANNUALLY	
SERVICE MILES	WEEK:		MONTHLY		ANNUALLY	
ONE WAY PASSENGER TRIPS	WEEK:		MONTHLY		ANNUALLY	

## OPERATING REQUEST

**General Project Information**

1. Project Title (should be the same as Summary of Requests tab)
2. Priority of Requested Projects

**Operating Project Request Information**

FTA REQUEST(S)	LOCAL MATCH	TOTAL

- 1a. Project Status
- 1b. Project Type (choose one)
  - Project Exceeds the Requirements of the ADA
  - Alternative to Public Transportation that Assists Seniors and Individuals with Disabilities
  - Project Improves Access to Fixed-Route Service and Decreases Reliance on Complementary Paratransit Service
2. Provide an in-depth Project Description, to include information on Start Date, Service Type (Fixed Route, Demand Response, etc.), and Service Area.
3. Transportation Project Information (complete as applicable):
  - Days of Operation
  - Hours of Operation
  - Average Fare or Donation
  - Primary Trip Purpose (medical, shopping, etc)
  - Estimated One Way Passenger Trips per Day
  - Describe How the Estimated Ridership is Determined.

**OPERATING REQUEST**

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**4. Need and Project Benefits**

Describe the Unmet Need that the proposed project seeks to address.

Describe how the service provided by current public or private transit operators is insufficient to meet the transportation needs proposed to be served by this project.

Section 5310 has three key program objectives:

increase transportation opportunities for individuals with disabilities beyond the requirements of the ADA ; or  
improve access to fixed-route service and decrease reliance by individuals with disabilities on complementary paratransit; or  
increase alternatives to public transportation that assist seniors and individuals with disabilities.

Based on the project type determined in the project information above, explain how the project will address one of these three Section 5310 program objectives:

Describe the impacts on the agency (and subsequently the clients) if the project is not funded or only partially funded.

**5. Service Implementation Plan (complete for new project only)**

Describe the proposed service plan. Information should include project tasks, benchmarks, key milestones, key personnel, deliverables, routes and schedules as applicable. Include as attachments if applicable formal service plan, timetable, route map, and/or service map.

Attach a copy of a formal service plan, if available, by clicking [here](#).

Describe how the agency will market the project to target populations and promote public awareness of the program.



OPERATING REQUEST

If the project is only partially funded, what portion of the project will be implemented?

6. **Project Effectiveness and Performance Indicators\***

← For the project being funded!

Complete table with Estimated Performance Measure Data (provide data as applicable to service type on left)

Fixed Route Flexible Route Shuttle Feeder Demand Response	Annual One-Way Passenger Trips: Annual Vehicle Service Hours: Annual Vehicle Service Miles: Total Vehicles in Service (exclude spares/backups):  Total Operating Expenses: Total Administrative Expenses:  Cost Per Mile: Cost Per Passenger Trip:
User-Side Subsidy or Vouchers (e.g., taxi)	Annual One-Way Passenger Trips:
Vanpool Car-Sharing	Annual One-Way Passenger Trips: Number of Vehicles:

6a. How did your agency determine that the service type (i.e. fixed route, demand response, etc.) and route/schedule proposed or currently in place is the most effective to meet the needs of the passengers served?

6b. Describe what performance indicators have been identified to evaluate the effectiveness of the project in terms of meeting identified goals and objectives.

6c. Describe the agency's plan for monitoring and evaluating the project. Attach any relevant supporting documentation (i.e.: demographic materials, surveys, etc.)

6d. For Existing Projects: How has the service become more efficient over time and how was this determined?

OPERATING REQUEST

**Fiscal Capacity**

1. **Current and Proposed Project Budget**

ESTIMATED REVENUE, IDENTIFY SOURCE:	CURRENT YEAR		PROPOSED PROJECT	
	CASH	IN KIND	CASH	IN KIND
a. Revenue Source #1:				
b. Revenue Source #2:				
c. Revenue Source #3:				
d. 5310 FTA Share Grant Request Amount				
<b>TOTAL INCOME</b>				

ESTIMATED DIRECT EXPENSES	CURRENT YEAR		PROPOSED PROJECT	
	CASH	IN KIND	CASH	IN KIND
a. Salaries/Wages				
b. Benefits				
c. Insurance				
d. Fuel				
e. Utilities				
f. Materials and Supplies				
g. Vehicle Maintenance and Repair Services				
h. Contract (Purchased) Transit Services (Identify):				
i. Leases and Rentals				
j. License Fees and Taxes				
k. Administrative Related Office Materials, Supplies, and Services				
l. Other (i.e.,: vouchers; etc.) (Identify):				

revenue and expenses  
**MUST MATCH**

## OPERATING REQUEST

**TOTAL EXPENSES****Local Match Sources**

An "In Kind Match Valuation Proposal" is to be created and submitted with all applications that use in kind as a source of local match. (Capital Equipment projects cannot use in kind as a source of local match.)

Please complete and upload the In Kind Match Valuation Proposal here.

## IDENTIFY SOURCE(S) OF LOCAL MATCH

## AMOUNTS

- a.
- b.
- c.

**TOTAL LOCAL MATCH**

2. How was the cost of the project determined?
3. ADOT has requested the Most Recent Actual agency/transportation budget figures as part of this application. Explain why the revenue sources not tied to FTA grants provided by ADOT listed in that budget are not sufficient to pay for the proposed project's services.
 

← The assumption here is that your program revenue (contracts) should include the actual cost of transportation
4. Describe the agency's efforts to leverage funds from other sources to help implement or continue the project (i.e.: Area Agency on Aging).
5. Describe the service area's economic conditions in terms of commitment to transportation funding. Is the agency receiving local sources of funding to sustain transit service?
6. Describe any long term efforts to develop relationships or partnerships that may result in additional funding sources to help sustain the project should ADOT FTA funding not be available in future years.
 

← This could include your other grant writing activities.
7. If ADOT can only partially fund your 5310 grant request, list below, in priority order, the budget project line item category(ies) that ADOT should focus on funding.

**OPERATING REQUEST**

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