

NYS DOT/FTA **SECTION 5310** Grant Program



Application Workshop for the FFY 2009 Grant Application
CFDA 20.513

What is **SECTION 5310**?

- Section 5310 refers to the federal section of law that authorizes this program. Created in 1975 by Congress, it provides capital-only funding for the transportation needs of elderly individuals and individuals with disabilities.

IT IS A FEDERAL FUNDING PROGRAM!

- In New York State, the NYS Department of Transportation (NYSDOT) is the agency designated by the Governor to administer this federal funding program.
- Through the NYSDOT Section 5310 Grant Program, funds are used for the capital purposes of purchasing **buses**, primarily for not-for-profit organizations throughout the State of New York.

Section 5310 Federal Oversight

- Because Section 5310 is a federal funding program, NYSDOT administers the Program with federal oversight by the Federal Transit Administration (FTA).
- 5310 Program is administered in accordance with federal laws and regulations, as stipulated by the FTA.

How much does it fund?

- The program funds 80% of the vehicle purchase cost, with the remaining 20% provided by the applicant organization as the required local match.
- There are no operating funds provided under this program, and recipients are responsible for 100% of their ongoing operating expenses for buses awarded through a 5310 program grant.

2008 Federal Section 5310 Apportionment

- Federal Fiscal Year 2008 apportionment to NYS was \$8.659 million
- 134 applications were submitted under the 2008 Application Program, totaling \$16.2 million in vehicle purchase requests
- Approximately 183 grant vehicles will be purchased with this federal funding amount
- New York State's FFY 2009 apportionment expected to increase slightly

Who is Eligible to Apply?

1. Not-for-profit organizations (incp. w/in NYS) which serve elderly individuals or individuals with disabilities. (Primary Applicant)
2. Public bodies (i.e. municipalities, County level governments) which can:
 - (a.) certify that *no* not-for-profit organizations are available in their general area to provide these services; *or that is*
 - (b.) approved by the State to coordinate services.

How many organizations actually receive a grant?

- Section 5310 is a competitive grant program. Historically, approximately 50% of applicant requests each year are funded under this grant program.
- Program grants are awarded competitively based upon such factors as:
 - The need for the vehicle, and the level of need for transportation service in the area
 - The ability of the applicant to operate, maintain and finance their transportation service
 - The actual vehicle usage for transporting elderly individuals and individuals with disabilities
 - Meeting the federal requirement that project vehicles proposed for funding are included as part of the strategy of a Locally Developed Coordinated Plan

Grantee Responsibilities

- Maintain collision and comprehensive insurance on awarded vehicle(s)
- Maintain financial, operating and maintenance records and report semi-annually to NYSDOT on the use of the vehicle(s) for the life of the Grant (average 6-8 years)
- Commit to coordinate with other transportation providers in area of proposed/existing service with awarded vehicle(s)
- Once grantees successfully operate vehicles for the life of the Grant and fulfill grant responsibilities, vehicle is released to grantee with no further obligations

How long is the 5310 grant Application process?

- Applications are solicited by the Dept. annually; released in January of the Federal Fiscal Year (FFY) that starts the preceding October
- May 1, 2009 due date for Applications
- December (2009) awards announced
- January – March (2010) contract agreements signed/approved; Vehicles ordered (20% local match will be required at this time)
- Fall (2010) grant Vehicle Deliveries begin

Application process (cont.)

- Applications available on the NYSDOT 5310 website or paper copy can be requested from the 5310 Office via mail
- Application Workshops held throughout the State in March (One Workshop in NYC Webcast at the end of March)

FFY 2009 Application Schedule of Workshops

<u>Date</u>	<u>Time</u>	<u>Location</u>
March 2, 2009	10 am-12 pm	SCHENECTADY NYSDOT Region 1 328 State Street, St. Lawrence Room
March 3, 2009	10 am-12 pm	BINGHAMTON NYSDOT Region 9 44 Hawley Street, 18th floor
March 4, 2009	10 am-12 pm	BUFFALO NYSDOT Region 5 100 Seneca Street, Salamanca Room
March 18, 2009	10 am-12 pm	KINGSTON Ulster County Transit Center 1 Danny Circle
March 19, 2009	10 am-12 pm	WHITE PLAINS Westchester County Center 198 Central Avenue
March 24, 2009*	11 am-1 pm	NEW YORK CITY** NY Metropolitan Planning Council 199 Water Street, 22nd floor
* You must register by 3/19/2009 for security purposes by calling: Jennifer Murdza at 518-457-8335 (NYC workshop only)		
March 25, 2009	10 am-12 pm	HAUPPAUGE Dennison Building Media Room 100 Veterans Memorial Highway

** The workshop in New York City will be webcast live and also recorded for future viewing.

NYSDOT Vehicle Procurement

- Section 5310 Program procures vehicles in cooperation with OGS through an OGS State Contract, specific to the program needs for transporting elderly individuals and individuals with disabilities
- OGS State Contract is used to purchase all Program vehicles for grantees
- Maximizes the use of federal dollars to offer grant vehicles to as many organizations as possible
- NYSDOT purchases all vehicles on behalf of the 5310 grantees using the OGS State Contract prices
(Vehicles are titled to grantee and DOT records a lien against the vehicle)

Vehicles Offered under NYSDOT 5310 Grant Program

- Type I – 12 passenger Bus modified w/ wheelchair lift (seats maximum 8 ambulatory)
- Type II – 20 passenger Bus modified w/ wheelchair lift (seats maximum 14 ambulatory)
- Type III – 24 passenger Bus modified w/ wheelchair lift (seats maximum 18 ambulatory)
- Type IV – 40 passenger Bus modified w/ wheelchair lift (seats maximum 30 ambulatory)

WHEELCHAIR EQUIPPED VEHICLES

- NYSDOT only offers wheelchair equipped buses under the 5310 grant program
- All buses must be equipped with a wheelchair lift and minimum number of wheelchair spaces

5310 School Bus Transport Exclusion

- Grant Program cannot provide funding for school bus purchases; and further
- 5310 applicants are prohibited from using grant vehicles to transport children to and from school grounds, or for school purposes (i.e. day camp, child care)

Title 49 USC 5323(f)

What's New This Year

- Up-to-date semi-annual reporting is being strongly emphasized, and organizations with 5310 program vehicles with missing reports will be penalized during the application evaluation process for FFY 2009
- Application grant requests will be limited to four (4) vehicles or \$325,000
- Type IV vehicle will now be a conventional front engine style (instead of transit style)
- A Local Coordinated Plan referenced page number must be provided
- All current/active 5310 program vehicles that are proposed to be replaced through the grant request must be identified

What's New This Year (cont.)

- Not-for-profit applicants must have a state tax exempt no. and charity registration no. as proof of eligibility to apply under the program
- Federal IRS 501(c)(3) tax exemption determination letter & Dept. of State Certificate of Incorporation also acceptable as proof of eligibility

(but state tax exempt no. and charity reg. no. or exemption documentation must be secured prior to funding award announcements)

SECTION 5310 Application **FORMS**

PART I



**FFY 2009 SECTION 5310 PROGRAM
Application Form
PART I
(Application Cover Sheet)**

PLEASE SEE THE
5310 APPLICATION
MANUAL IF YOU
NEED ASSISTANCE
WITH THESE FORM
QUESTIONS

(Please place "x" in only one)

Not-For-Profit Applicant: (If not-for-profit, state tax exempt no. & charities reg. no. must be provided, or other proof of 501(c)(3) status)
Public Body Applicant: (If public body, certification letter or memorandum must accompany this application form)

First Time Applicant? Yes No County: _____

Is the applicant a Native American Indian Tribe? Yes No

Legal Name of Applicant: _____

dba: _____

Address:

Mr.
Ms.

Telephone No.: _____
E-Mail: _____

Coordinated Plan Lead Agency (name of MPO, County, or other): _____
(Coordinated Plan Referenced Page # for Proposed Project Vehicle(s): _____)

Congressional District No.: _____

Organization's State Tax Exempt No.: _____

Organization's Federal Employer Identification No.: _____

Organization's Department of Law Charities Registration No.: _____

(It is important that your charities registration is current. If exempt, please provide document that proves the exemption.)

(Place "x" in one or both) Vehicle(s) for Expansion of Services and/or Replacement of Services

If "Replacement of Services" for existing Section 5310 Program Vehicle(s) that are, or will be, eligible for retirement by the time grant vehicles are awarded and delivered, please list existing vehicle(s) below:

VIN Number (Last 5 digits)	Vehicle Year	Current Odometer Miles

Estimated Total Cost of Project Vehicle(s)*: \$ _____
(Copied from Part II.B.)

Federal Share (80%): \$ _____
(Copied from Part II.B.)

Applicant Share (20%): \$ _____
(Copied from Part II.B.)

*TOTAL COST OF PROJECT VEHICLE(S) BEING REQUESTED MAY NOT EXCEED \$325,000

Office of the Attorney General Charities Website

For More information concerning the Charity
Registration requirements visit:

<http://www.oag.state.ny.us/bureaus/charities/charities.html>

Explain the primary purpose of your organization (as stated in its articles of incorporation):

Provide the number and Type of Vehicle(s) and Related Equipment proposed to be purchased through this Grant Project Application: (The number of grant vehicles being requested may not exceed a total of four)

Certification by Chief Executive Officer of Applicant

I hereby certify that the accompanying data in this application are true and correct to the best of my knowledge and belief and are supported by our records.

Signature of Chief Executive Officer

Date of Signature: _____

Name and Title of Chief Executive Officer *(please type/print)*: _____

A. DESCRIPTION OF PROJECT SERVICES AND NEED

1. How many consumers does your organization *currently* provide services to daily? (all services, not just transportation)

	<u>Elderly Individuals and Individuals with Disabilities</u>	<u>Other</u>	<u>Total</u>
on an average day	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. How many consumers does your organization *currently* provide transportation to daily? (either by organization vehicle(s) or other means)

	<u>Elderly Individuals and Individuals with Disabilities</u>	<u>Other</u>	<u>Total</u>
on an average day	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. If you receive approval of this grant, how many *additional* consumers will be provided transportation daily?

	<u>Elderly Individuals and Individuals with Disabilities</u>	<u>Other</u>	<u>Total</u>
on an average day	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Explain the requirements necessary for people to participate in your organization's programs (attach additional page if necessary, clearly labeled Part I.A.4.):

Is membership or registration required? Yes No

5. Explain your organization's method for deciding who may receive transportation, how often, and when they are to receive it (attach additional page if necessary, clearly labeled Part I.A.5.):

6. Describe the geographic areas that will be served by the vehicle(s) you propose to acquire through this grant application (attach additional page if necessary, clearly labeled Part I.A.6.):

7. For your **proposed** transportation service only, provide the *number* of minority and non-minority individuals to be served. The following definitions are to be used:
- a. African American - A person having origins in the racial groups of Africa.
 - b. Hispanic American - A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
 - c. Asian or Pacific Islander American - A person having origins in any of the countries of the Far East, Southeastern Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example: China, Japan, Korea, the Philippine Islands, and Samoa.
 - d. American Indian or Alaskan Native American - A person having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
 - e. Non-Minorities - All persons not included in any of the above definitions.
- 7a. African American _____
- 7b. Hispanics _____
- 7c. Asian or Pacific Islanders _____
- 7d. American Indians or Alaskan Natives _____
- 7e. Non-minorities _____
- TOTAL** (should equal PART I.A.
question 2 + question 3) _____
8. Attach a separate narrative page(s), clearly labeled Part I.A.8, on which you explain why the public transportation services in the above service area (public transit, private bus or taxi, etc.) cannot provide the transportation service you are proposing for the vehicle(s) requested in this application.
9. Attach a separate narrative page(s), clearly labeled Part I.A.9, on which you explain the services you propose to provide with the vehicle(s) you are requesting in this application and why they are necessary to provide transportation to the elderly and individuals with disabilities. (Include days of the week in service, hours of operation, and number of runs per day)
10. Is your organization, or is your organization's name, in anyway affiliated with a religion, religious institution, or religious organization?
 Yes No
 (If the answer to this question is yes, please attach a separate page on which you explain this affiliation and that also includes a statement that your transportation services are open to every person, regardless of their religious preference)
11. Does your organization operate exclusive school transportation service?
 Yes No
 (If the answer to this question is yes, please attach a separate page on which you fully explain this service)
12. Does your organization have an exemption to the school bus restrictions as permitted under 49 CFR 605?
 Yes No
 (If the answer to this question is yes, a copy of the exemption must be attached to this application)

B. PROPOSED SCHEDULE OF BUS OPERATIONS

Include all or sample of current vehicles you operate that transport multiple individuals by VIN # (omit staff vehicles, services trucks, etc.) and all proposed 5310 grant vehicles by Type

VIN # (last 5 digits only)	Area or Route Served	Day(s) of the Week	TIME OF DAY & DESCRIPTION OF SERVICES PROVIDED (please enter beginning time and ending time for each type of service described; enter "IDLE" for idle time periods)	Total Hours of Actual Vehicle Use Per Day for Elderly & Disabled Individuals

Application
Manual
Example
(see page 11)

PROPOSED SCHEDULE OF BUS OPERATIONS

Include all or sample of current vehicles you operate that transport multiple individuals by VIN # (omit staff vehicles, services trucks, etc.) and all proposed 5310 grant vehicles by Type

VIN # (last 5 digits only)	Area or Route Served	Day(s) of the Week	TIME OF DAY & DESCRIPTION OF SERVICES PROVIDED (please enter beginning time and ending time for each type of service described; enter "IDLE" for idle time periods)	Total Hours of Actual Vehicle Use Per Day for Elderly & Disabled Persons
51234	Northern Section of Albany County	M-F	Reg. Route (7am-9am), IDLE, Medical (11am-1pm), IDLE, Reg. Route (4pm-7pm)	7
84216	All of Albany County	7 days	Demand Response (7am-10am), IDLE, Demand Response (12pm-6pm)	9
66342	Center of Albany County	M-F	Reg. Route (5am-9am), IDLE, Contract Nutrition (11am-3pm), IDLE, Reg. Route (4pm-8pm)	12
15401	Southern Section of Albany County	M-F	Reg. Route (6am-9am), IDLE, Reg. Route (11am-3pm)	7
Type I Proposed	Downtown Albany and Troy Areas	M-F	Reg. Route (8am-11am), IDLE, Demand Response (12pm-2pm), IDLE, Reg. Route (3pm-6pm)	8
Type I Proposed	Guilderland and Schenectady Areas	M-Sat.	Reg. Route (7am-12pm), IDLE, Reg. Route (3pm-7pm)	9
Type III Proposed	Bethlehem Area	M-F	Reg. Route (5am-8am), IDLE, Demand Response (11am-1pm), IDLE, Reg. Route (2pm-6pm)	9
Type IV Proposed	All of Albany County	7 days	Reg. Route (5am-9am), IDLE, Demand Response (10am-2pm), IDLE, Reg. Route (3pm-7pm)	12

C¹. VEHICLE INVENTORY for EXISTING VEHICLES

Vehicle Inventory							Current Service			Proposed Service* (If vehicle being retired, insert "To Be Retired")		
VIN # (Last 5 digits)	Model Year	Current Odometer Reading	Is this Vehicle ... (Y in appropriate box)				Avg. No. of Hours & Miles Vehicle Carries Elderly & Disabled Passengers Per Day	Avg. No. of One-Way Passenger Trips Per Day		Avg. No. of Hours & Miles Vehicle to Carry Elderly & Disabled Passengers Per Day	Avg. No. of One-Way Passenger Trips Per Day	
			Section 5310 Funded?	Agency Owned?	Leased?	Gasoline (G) or Diesel (D)		Ambulatory/ Wheelchair Accessible	Elderly & Disabled		Other	Elderly & Disabled

Application Manual Example (see page 14)

VEHICLE INVENTORY for EXISTING VEHICLES

Vehicle Inventory								Current Service			Proposed Service		
VIN # (last 5 digits)	Model Year	Current Odometer Reading	Is this Vehicle . . . (Y in appropriate box)			Gasoline (G) or Diesel (D)	Ambulatory/ Wheelchair Capacity	Avg. No. of Hours & Miles Vehicle Carries Elderly & Disabled Passengers Per Day	Avg. No. of One-Way Passenger Trips Per Day		Avg. No. of Hours & Miles Vehicle to Carry Elderly & Disabled Passengers Per Day	Avg. No. of One-Way Passenger Trips Per Day	
			Section 5310 Funded?	Agency Owned?	Leased?				Elderly & Disabled	Other		Elderly & Disabled	Other
42163	2006	29,000		Y		G	10/2	9.5 hours/75miles	40	5	10/80	45	5
43062	2005	65,000			Y	G	24/4	8 hours/60 miles	65		8/60	65	
12345	2004	58,000	Y			G	14/4	5 hours/50miles	50		6/60	60	
63429	2004	79,000	Y			G	16/4	7.5 hours/35 miles	50		7.5/35	50	
54012	2003	84,000	Y			D	32/2	5.5 hours/20 miles	75	8	6/30	85	10
72121	2002	108,000		Y		G	10/2	6 hours/30 miles	60		3/20	30	2
36144	2000	124,000	Y			G	6/1	2 hours/10 miles	15		To be Retired	--	--
28106	1998	134,000		Y		D	30/2	4 hours/52 miles	20		To be Retired	--	--

C². VEHICLE INVENTORY for PROPOSED SECTION 5310 VEHICLES

Please list all vehicles being requested under this grant application – not to exceed 4 total

Vehicle Inventory				Proposed Service		
Vehicle Type (Type I, II, III or IV)	Expenses (E) or Replacement (R)	Gasoline (G) or Diesel (D)	Ambulatory/ Wheelchair Capacity	Avg. No. of One-Way Passenger Trips Per Day		
				Avg. No. of Hours & Miles Vehicle to Transport Elderly & Disabled Passengers Per Day		Elderly & Disabled

Application Manual Example (see page 15)

VEHICLE INVENTORY for PROPOSED 5310 VEHICLES

Please list vehicles being requested under this grant application – not to exceed 4 total

Vehicle Inventory				Proposed Service		
Vehicle Type (Type I, II, III or IV)	Expansion (E) or Replacement (R)	Gasoline (G) or Diesel (D)	Ambulatory/ Wheelchair Capacity	Avg. No. of Hours & Miles Vehicle to Transport Elderly & Disabled Passengers Per Day	Avg. No. of One-Way Passenger Trips Per Day	
					Elderly & Disabled	Other
Type I	R	G	6/1	8 hours/50 miles	25	
Type I	E	G	8/1	9 hours/45miles	35	
Type III	E	G	14/2	9 hours/75 miles	42	
Type IV	R	D	30/2	12 hours/80 miles	55	10

D. PARTICIPATION IN A LOCALLY DEVELOPED HUMAN SERVICE PUBLIC TRANSIT COORDINATED TRANSPORTATION PLAN

Has your organization been involved in the process and included the vehicle(s) you are applying for through this grant submission proposal in the development (as part of the strategy) of the local coordinated plan in your area?

Yes No

(If No, your application will be deemed ineligible for funding)

Attach a separate narrative page(s), clearly labeled **PART I.D. Narrative**, and certification letter provided by the Metropolitan Planning Organization (MPO), County Planning Office, (or other lead coordinator for the plan in your area) as is required and described under Part I.D. of the application manual.

E. INVOLVEMENT OF PRIVATE FOR PROFIT OPERATORS

Did your organization receive any responses to the public notice requirement stipulated under Part I.E. of the application manual?

Yes No

(If Yes, you must explain how you addressed the inquiries as is outlined in the application manual)

Attach a copy of the various items required, as described under Part I.E. of the application manual, relating to the notice to private for-profit operators of your grant application for federally funded vehicle(s).

F. INVOLVEMENT OF SERVICES WITH OTHER PRIVATE NON-PROFIT OPERATORS (optional)

Attach copies of agreements that exist for your organization, if any, and a description of these arrangements on a separate page clearly labeled Part I.F., that have been established to coordinate existing transportation services for elderly individuals and individuals with disabilities.

Please **do not** submit copies of letters from other private non-profit operators indicating support or approval of your application for Section 5310 grant funding. Part I.F. is requesting specific agreements your organization may have established with other agencies/organizations to coordinate existing transportation services. This is separate from the locally developed coordinated plan requirement, and is optional.

Purpose of the Locally Developed Human Service Public Transit Coordinated Transportation Plan – or “The Coordinated Plan”

- Plan that identifies the transportation needs of individuals with disabilities, older adults, and people with low incomes, and provides strategies for meeting those local needs.
- The intended purpose of “The Coordinated Plan” is to make the most efficient use of Federal resources through Federally-assisted programs (to minimize duplication of services) and to improve current services.

Who develops The Coordinated Plan locally?

- Metropolitan Planning Organization's (MPOs) in urbanized areas, and typically County level governments in nonurbanized areas (see application manual pages 26-30)
- Applicants must participate in the ongoing development of the plan in their area
- Proposed Vehicles for 5310 grant funding (FFY 2009) must be considered as part of the strategy of The "Coordinated Plan" in the area from where the application is being submitted

"COORDINATED PLAN"

Application submission requirements

1. Certification Letter provided to applicant by the lead coordinator of the plan in their area for applicants application submission

(see page 17 of application manual for example)

2. Narrative detailing applicants efforts to include proposed grant vehicles in the coordinated strategies of the local plan

- Required under Part I.D. of the Application Form (must be submitted with application package)

“Coordinated Plan” (cont.)

- Currently drafted Coordinated Plans may be used (on file at DOT and on 5310 website), with amendment for new participation; potential new strategies in the consideration of new federally funded grant vehicles
- Application Forms requesting more specific information concerning plan strategies that are specific to 5310 grant vehicles being requested (i.e. page number of plan/Part I Application Form Cover Page)

SECTION 5310 Application
FORMS

PART II



FFY 2009 SECTION 5310 PROGRAM
Application Form
PART II

PLEASE SEE THE
 5310 APPLICATION
 MANUAL IF YOU
 NEED ASSISTANCE
 WITH THESE FORM
 QUESTIONS

Legal Name of Applicant: _____

A. EQUIPMENT CATALOG (Requests may not exceed a total amount of \$325,000 or a total of four (4) vehicles, regardless of Type)

DESCRIPTION

Type I bus – Conventional Front Engine (minimum 6-adult ambulatory, 1-wheelchair position) passenger bus, 11,500 lbs. GVWR, approximately 21 feet in length, with 76" high-headroom, rear emergency door, 5.4 L V-8 engine, 4 speed automatic transmission, 155 amp alternator and rear heater.

Replacement Vehicle(s) and/or Expansion Vehicle(s) (select one or both)

	Estimated Unit Price	x	Number Requested	=	Cost
➔ Type I Base Price*	\$ 39,000		_____		\$ _____
<u>Options & Prices</u>					
➔ Adjustable Wheelchair					
Tie Down System (see wheelchair impact chart in application manual)					
(1 per w/c space) - minimum of 1	\$ -(260)		_____		\$ _____
➔ Air Conditioning	\$ 2,000		_____		\$ _____
<input type="checkbox"/> Roof Mounted ¹	\$ 2,200		_____		\$ _____
➔ Engine: Gasoline	\$ n/c		_____		\$ _____
Diesel	\$ 6,500		_____		\$ _____
➔ Flip Seat/seats 2 (1 per w/c space)	\$ 550		_____		\$ _____
					Total Cost \$ _____

DESCRIPTION

Type II bus – Conventional Front Engine (minimum 10-adult ambulatory, 2-wheelchair position) passenger bus, 14,500 lbs. GVWR, approximately 23 feet in length, with 79" high-headroom, rear emergency door, 6.8 L V-10 engine, 5 speed automatic transmission, 155 amp alternator and rear heater.

Replacement Vehicle(s) and/or Expansion Vehicle(s) (select one or both)

	Estimated Unit Price	x	Number Requested	=	Cost
➔ Type II Base Price*	\$ 42,000		_____		\$ _____
<u>Options & Prices</u>					
➔ Adjustable Wheelchair					
Tie Down System (see wheelchair impact chart in application manual)					
(1 per w/c space) - minimum of 2	\$ -(50)		_____		\$ _____
➔ Air Conditioning	\$ 5,400		_____		\$ _____
<input type="checkbox"/> Roof Mounted ¹	\$ 6,100		_____		\$ _____
➔ Engine: Gasoline	\$ n/c		_____		\$ _____
Diesel	\$ 7,100		_____		\$ _____
➔ Flip Seat/seats 2 (1 per w/c space)	\$ 550		_____		\$ _____
					Total Cost \$ _____

¹ If A/C Roof Mounted selected, do not carry over both A/C price and roof mounted price

*Base Price includes mandatory wheelchair lift.

A. EQUIPMENT CATALOG (CONT.) (Requests may not exceed a total amount of \$325,000 or a total of four (4) vehicles, regardless of Type)

DESCRIPTION

Type III bus – Conventional Front Engine (minimum 14-adult ambulatory, 2 wheelchair position) passenger bus, 14,500 lbs. GVWR, approximately 25 feet in length, with 81" high-headroom, rear emergency door, 6.8 L V-10 engine, 5 speed automatic transmission, 195 amp alternator and rear heater.

Replacement Vehicle(s) and/or Expansion Vehicle(s) (select one or both)

	Estimated Unit Price	Number Requested	=	Cost
➔ Type III Base Price*	\$ 45,000	x _____	=	\$ _____
<u>Options & Prices</u>				
➔ Adjustable Wheelchair Tie Down System (see wheelchair impact chart in application manual) (1 per w/c space) - minimum of 2	\$ <u>(50)</u>	_____	=	\$ _____
➔ Air Conditioning	\$ <u>6,600</u>	_____	=	\$ _____
<input type="checkbox"/> Roof Mounted ¹	\$ <u>7,300</u>	_____	=	\$ _____
➔ Engine: Gasoline	\$ <u>n/c</u>	_____	=	\$ _____
Diesel	\$ <u>7,100</u>	_____	=	\$ _____
➔ Flip Seat/seats 2 (1 per w/c space)	\$ <u>550</u>	_____	=	\$ _____
➔ Raised Floor (mandatory)	\$ <u>350</u>	_____	=	\$ _____
➔ ADA Transit Package ²	\$ <u>2,300</u>	_____	=	\$ _____
		Total Cost	\$	_____

DESCRIPTION

Type IV bus – Conventional Front Engine (minimum 30-adult ambulatory, 2-wheelchair position) passenger bus, 26,500 lbs. GVWR, approximately 35 feet in length, with 78" high-headroom, rear emergency door, 6.7 L V-6 diesel engine, automatic transmission, 200 amp alternator and rear heater.

Replacement Vehicle(s) and/or Expansion Vehicle(s) (select one or both)

	Estimated Unit Price	Number Requested	=	Cost
➔ Type IV Base Price*	\$ 100,000	x _____	=	\$ _____
<u>Options & Prices</u>				
➔ Adjustable Wheelchair Tie Down System (see wheelchair impact chart in application manual) (1 per w/c space) - minimum of 2	\$ <u>(120)</u>	_____	=	\$ _____
➔ Air Conditioning	\$ <u>5,200</u>	_____	=	\$ _____
<input type="checkbox"/> Roof Mounted ¹	\$ <u>7,300</u>	_____	=	\$ _____
➔ Flip Seat/seats 2 (1 per w/c space)	\$ <u>600</u>	_____	=	\$ _____
➔ ADA Transit Package ²	\$ <u>3,400</u>	_____	=	\$ _____
➔ 32-Passenger Bus ³ (32' length)	\$ <u>(3,200)</u>	_____	=	\$ _____
➔ Retractable low-front step	\$ <u>75</u>	_____	=	\$ _____
➔ Fiberglass Transit Seats	\$ <u>4,500</u>	_____	=	\$ _____
		Total Cost	\$	_____

¹ If A/C Roof Mounted selected, do not carry over both A/C price and roof mounted price

² Includes front and side lettered destination signs, interior/exterior PA system, chime signal system, overhead grab rails, two-way radio pre-wire, etc.

³ Option would offer minimum 20-adult ambulatory, 2 wheelchair position capacity

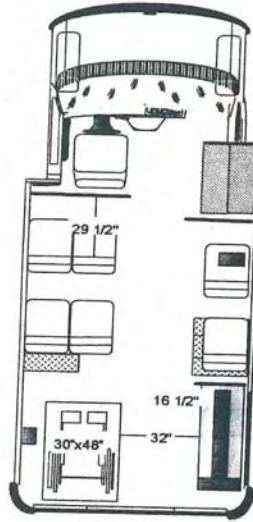
*Base Price includes mandatory wheelchair lift.



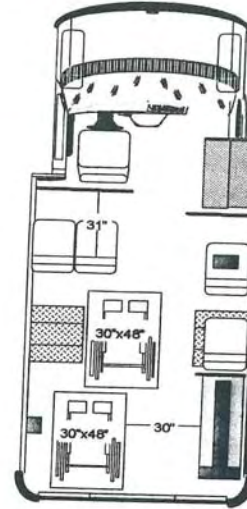


Type I Floor Plan Comparison

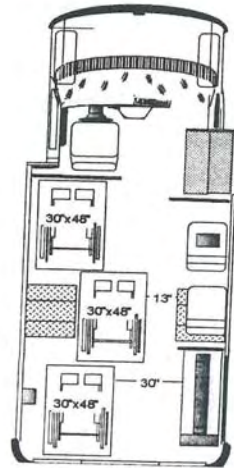
TYPE I APPROVED FLOOR PLANS



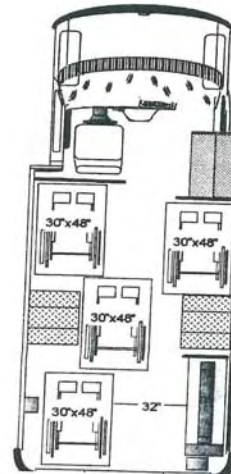
6 AMBULATORY
1 WHEELCHAIR
OPTIONAL FLIP SEATS AVAILABLE



4 AMBULATORY
2 WHEELCHAIRS
OPTIONAL FLIP SEATS AVAILABLE



2 AMBULATORY
3 WHEELCHAIRS
OPTIONAL FLIP SEATS
AVAILABLE



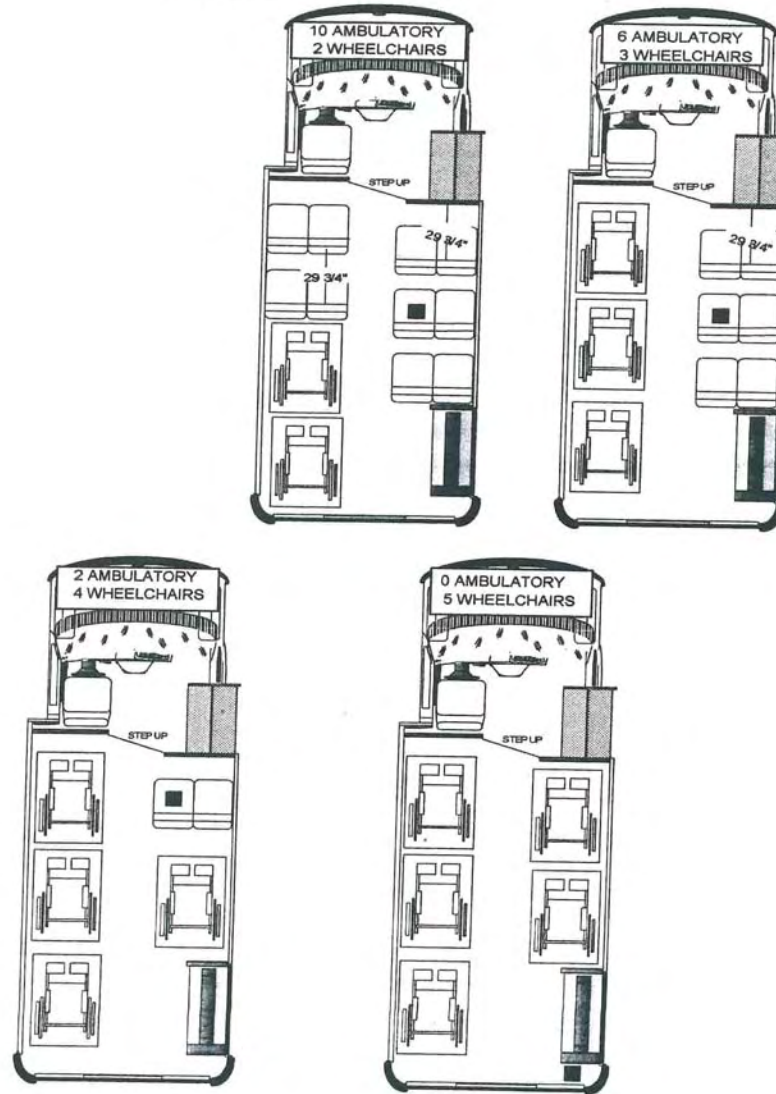
0 AMBULATORY
4 WHEELCHAIRS
OPTIONAL FLIP SEATS
AVAILABLE





Type II
Floor Plan
Comparison

TYPE II
APPROVED FLOOR PLANS





LIFT
TO OPEN

ACE CNY
A Program of All-Inclusive
Care for the Elderly

16

ACE CNY

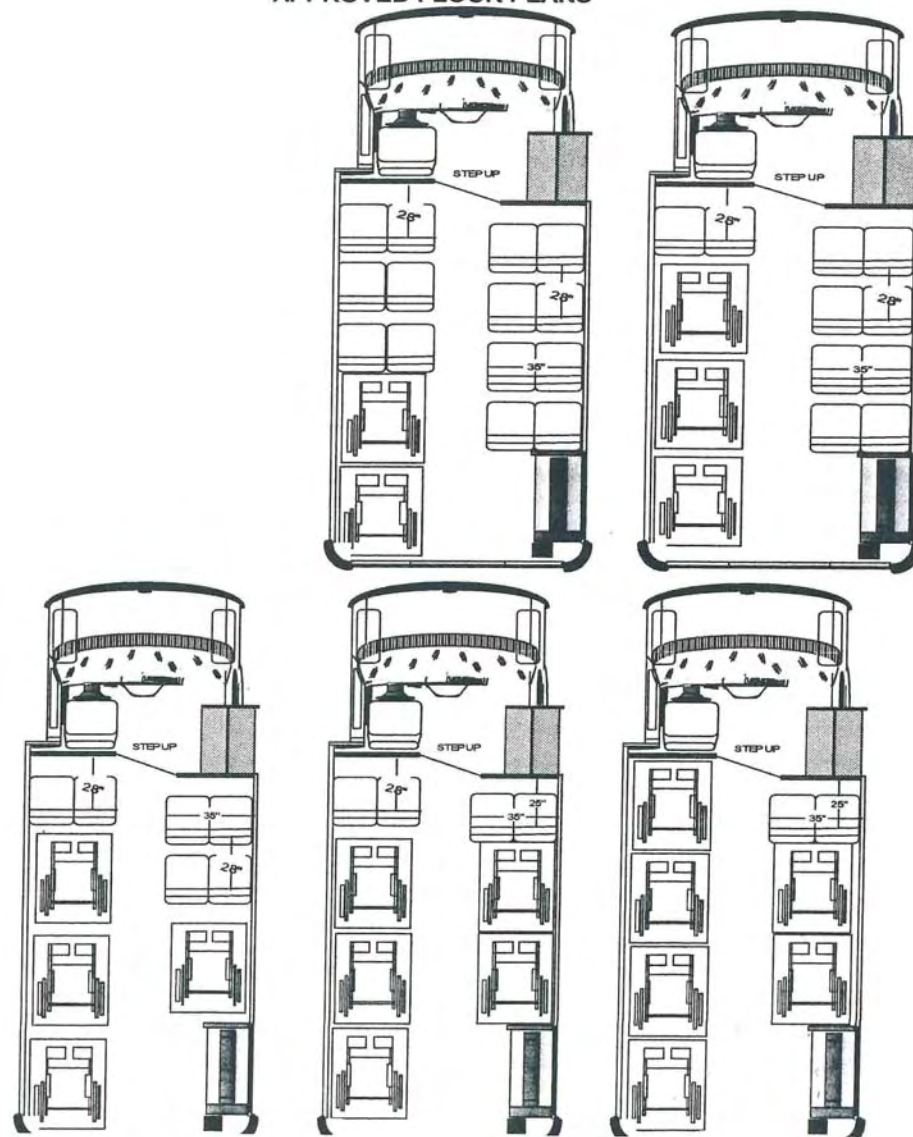
retto

Caring for Older Adults.



Type III
Floor Plan
Comparison

TYPE III
APPROVED FLOOR PLANS





STEUBEN AREA RIDES

WAYLAND/DAT

BLUE BIRD
CHAMPION BUS

AMERICAN
CAPACITY 23

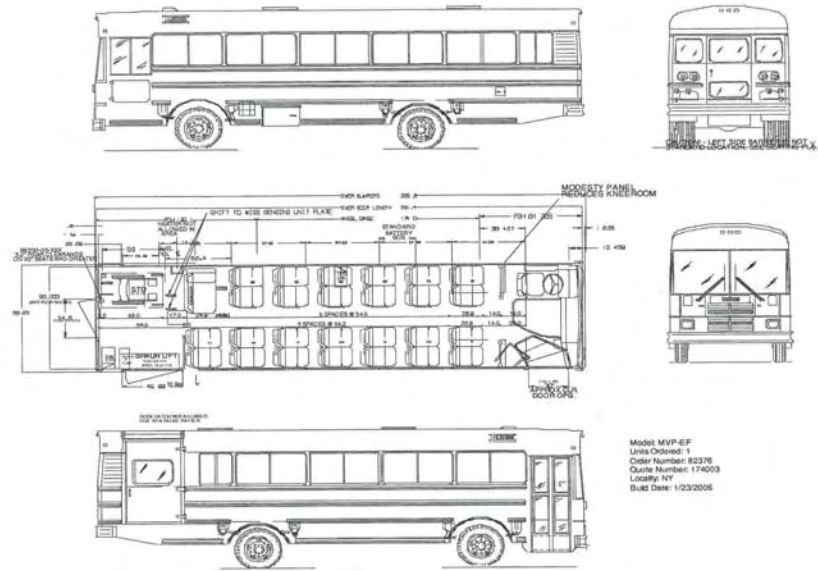
137

BLUE BIRD

THE ABC OF STEUBEN OPERATOR

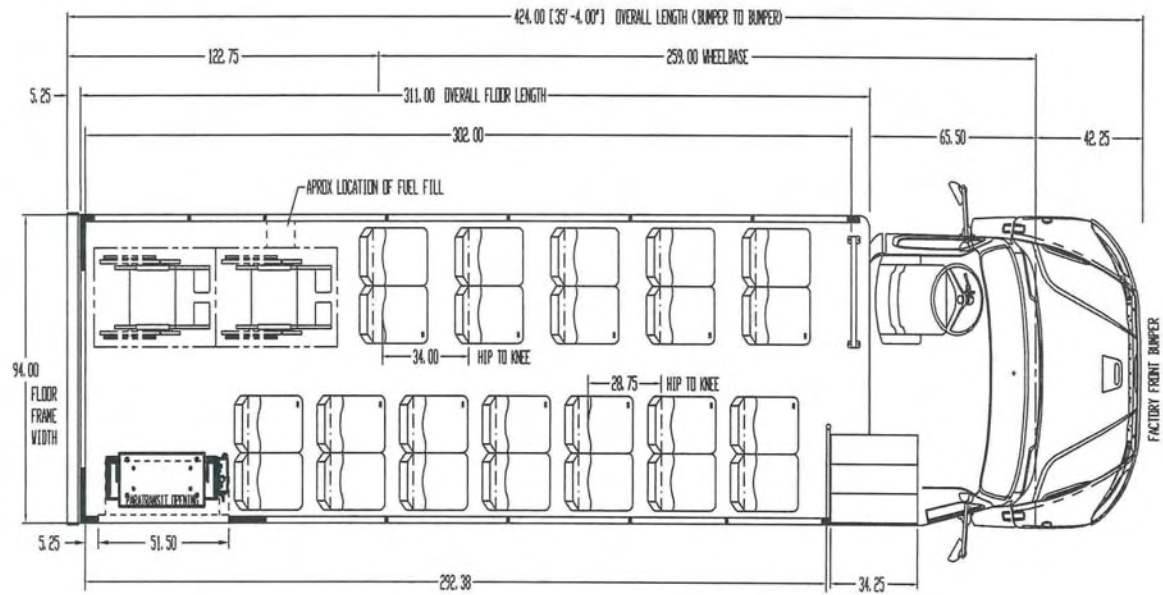
12376-BA

OLD Type IV Floor Plan Example





NEW Type IV Floor Plan Example



PART II.B. and PART II.C.

B. SUMMARY OF PROJECT COSTS (total costs for all requested grant vehicle(s) – not to exceed four (4) grant vehicles)

- a. Total Project Cost Estimate (all vehicles requested from Part II.A.) \$ _____
(Total Project Cost may not exceed \$325,000)
- b. Federal Share (80% of a.) \$ _____
- c. Local Share (20% of a.) \$ _____

C. ESTIMATED TRANSPORTATION OPERATING BUDGET - Section 5310 Program service, plus all other elderly and/or disabled transportation service. (This should cover the initial fiscal year immediately following vehicle delivery)

- | | <u>Annual Cost</u> |
|---|--|
| a. Salary | \$ _____ |
| b. Overhead | \$ _____ |
| c. Insurance | \$ _____ |
| d. Maintenance and Repairs | \$ _____ |
| e. Fuel, Oil Tires, etc. | \$ _____ |
| Fuel estimate: Miles ÷ M.P.G. x Cost per Gallon | |
| (Fill in Blanks) _____ ÷ _____ x \$2.25 | |
| = \$ _____ | |
| f. Administration and Reporting Costs | \$ _____ |
| g. Cost for Leasing Vehicle(s) and/or Contract Carrier Service | \$ _____ |
| h. Other Costs (specify) | \$ _____ |
| i. TOTAL ESTIMATED ANNUAL COST: (sum of a through h) | \$ _____ |
| j. PER PASSENGER TRIP COST | \$ _____ |
| k. Lowest PER PASSENGER TRIP COST of service obtained from Private For-Profit Operator (if applicable - see Part I.E.) | \$ _____ |
| l. SELECTED PER PASSENGER TRIP COST
(If private for-profit operator will provide service, place "X" Mark: <input type="checkbox"/>) | \$ _____ |

D. FINANCIAL RESOURCES

1. Specify the **sources and amounts** for the non-federal 20% local share for this project:

<u>Source</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

2. Specify the **sources and amounts** you will use to pay for your entire transportation operation:

Budget for the Fiscal Year ending on _____ (fiscal year of vehicle delivery)
(date)

<u>Source</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

3. For your most recent fiscal year list the major **sources and amounts** of income for all purposes:

Budget for the Fiscal Year ending on _____ (most recent fiscal year)
(date)

<u>Source</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

E. JUSTIFICATION FOR PROPOSED SECTION 5310 VEHICLE(S) AND DESCRIPTION OF CAPABILITIES

Attach a separate page(s), clearly labeled PART I.E., that provides answers to each of the 5 items listed below. **Please use complete sentences and respond to each item individually.**

1. Explain why you are asking for this size vehicle(s).
2. If you are requesting a replacement vehicle(s), provide a justification for the replacement, and explain any maintenance problems and major repairs, and provide the odometer readings.
3. Describe the arrangements you will make for preventive maintenance and garaging for the proposed grant vehicle(s), including the washing of vehicles.
4. Describe the administrative and managerial capabilities of your organization to manage and operate this service.
5. Describe your financial capabilities to pay for the operation and maintenance of the vehicle(s) proposed in this application.

F. TITLE VI CIVIL RIGHTS GENERAL REPORTING REQUIREMENTS

Attach a separate page(s), clearly labeled PART I.F., that provides answers to the 3 items below. **Please use complete sentences and respond to each item individually.**

1. A concise description of any lawsuits or complaints alleging discrimination in service delivery (only for transportation service).
2. The status or outcome of these lawsuits or complaints.
3. A summary of all civil rights compliance review activities conducted in the last three years relating to transportation service delivery. (If applicable, this should include the purpose or reason for the review, the name of the organization or agency that performed the review, and a summary of the findings and recommendations of the review).

PART II.G. & PART II.H.

G. GRANT VEHICLE INTEREST & PERFORMANCE INFORMATION (optional)

Attach a separate page(s), clearly labeled PART II.G., when responding to this section.

At the applicant's option and discretion, provide a narrative detailing your level of interest in smaller size (smaller than Type I vehicle currently offered) and/or hybrid/alternative fuel grant vehicles under the Section 5310 Grant Program.

For previous Section 5310 grantees, explain any particular problems you have experienced with Section 5310 Program vehicles. Please make a separate entry for each make/model/year of vehicle as appropriate.

H. FEDERAL FISCAL YEAR 2009 CERTIFICATIONS AND ASSURANCES FOR FEDERAL TRANSIT ADMINISTRATION ASSISTANCE PROGRAMS

Federal Fiscal Year 2009 Certifications and Assurances for Federal Transit Administration (FTA) Assistance Programs may be found on the NYSDOT Section 5310 Grant Program website through the following link:

<https://www.nysdot.gov/divisions/policy-and-strategy/transit-bureau/public-trans-respository/2009%20FTA%20Certifications%20and%20Assurances.pdf>

- If you do not have internet access, please call this office at (518) 457-8335 to request a hard copy of this document.
- You are responsible for reviewing the content of the FTA Certifications and Assurances.
- The following certification and signature pages **must be completed** once you have reviewed these FTA Certification and Assurance documents.

PART II.H. Certification and Signature Page(s) follow on pages 7 & 8.

**FEDERAL FISCAL YEAR 2009 CERTIFICATIONS AND ASSURANCES FOR
FEDERAL TRANSIT ADMINISTRATION ASSISTANCE PROGRAMS**
(Signature page alternative to providing Certifications and Assurances in TEAM-Web)

Name of Applicant: _____

The Applicant agrees to comply with applicable provisions of Categories 01 – 24.

Yes No Initials: _____

<u>Category</u>	<u>Description</u>
01.	Assurances Required For Each Applicant.
02.	Lobbying.
03.	Procurement Compliance.
04.	Protections for Private Providers of Public Transportation.
05.	Public Hearing.
06.	Acquisition of Rolling Stock for Use in Revenue Service.
07.	Acquisition of Capital Assets by Lease.
08.	Bus Testing.
09.	Charter Service Agreement.
10.	School Transportation Agreement.
11.	Demand Responsive Service.
12.	Alcohol Misuse and Prohibited Drug Use.
13.	Interest and Other Financing Costs.
14.	Intelligent Transportation Systems.
15.	Urbanized Area Formula Program.
16.	Clean Fuels Grant Program.
17.	Elderly Individuals and Individuals with Disabilities Formula Program and Pilot Program.
18.	Nonurbanized Area Formula Program for States.
19.	Job Access and Reverse Commute Program.
20.	New Freedom Program.
21.	Paul S. Sarbanes Transit in Parks Program.
22.	Tribal Transit Program.
23.	Infrastructure Finance Projects.
24.	Deposits of Federal Financial Assistance to State Infrastructure Banks.

FEDERAL FISCAL YEAR 2009 FTA CERTIFICATIONS AND ASSURANCES SIGNATURE PAGE
(Required of all Applicants for FTA assistance and all FTA Grantees with an active capital or formula project)

AFFIRMATION OF APPLICANT

Name of Applicant: _____

Name and Relationship of Authorized Representative: _____

BY SIGNING BELOW, on behalf of the Applicant, I declare that the Applicant has duly authorized me to make these certifications and assurances and bind the Applicant's compliance. Thus, the Applicant agrees to comply with all Federal statutes and regulations, and follow applicable Federal directives, and comply with the certifications and assurances as indicated on the foregoing page applicable to each application it makes to the Federal Transit Administration (FTA) in Federal Fiscal Year 2009.

FTA intends that the certifications and assurances the Applicant selects on the other side of this document, as representative of the certifications and assurances in this document, should apply, as provided, to each project for which the Applicant seeks now, or may later, seek FTA assistance during Federal Fiscal Year 2009.

The Applicant affirms the truthfulness and accuracy of the certifications and assurances it has made in the statements submitted herein with this document and any other submission made to FTA, and acknowledges that the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. 3801 *et seq.*, and implementing U.S. DOT regulations, "Program Fraud Civil Remedies," 49 CFR part 31 apply to any certification, assurance or submission made to FTA. The criminal fraud provisions of 18 U.S.C. 1001 apply to any certification, assurance, or submission made in connection with a Federal public transportation program authorized in 49 U.S.C. chapter 53 or any other statute.

In signing this document, I declare under penalties of perjury that the foregoing certifications and assurances, and any other statements made by me on behalf of the Applicant are true and correct.

Signature _____ Date: _____

Name _____

Authorized Representative of Applicant

AFFIRMATION OF APPLICANT'S ATTORNEY

For (Name of Applicant): _____

As the undersigned Attorney for the above named Applicant, I hereby affirm to the Applicant that it has authority under State, local, or tribal government law, as applicable, to make and comply with the certifications and assurances as indicated on the foregoing pages. I further affirm that, in my opinion, the certifications and assurances have been legally made and constitute legal and binding obligations on the Applicant.

I further affirm to the Applicant that, to the best of my knowledge, there is no legislation or litigation pending or imminent that might adversely affect the validity of these certifications and assurances, or of the performance of the project.

Signature _____ Date: _____

Name _____

Attorney for Applicant

Each Applicant for FTA financial assistance and each FTA Grantee with an active capital or formula project must provide an Affirmation of Applicant's Attorney pertaining to the Applicant's legal capacity. The Applicant may enter its signature in lieu of the Attorney's signature, provided the Applicant has on file this Affirmation, signed by the attorney and dated this Federal fiscal year.

I. QUESTIONNAIRE FOR COMMON CARRIER, CONTRACT CARRIER OR SCHOOL BUS DETERMINATION

Questionnaire on Use of Section 5310 Vehicles

Applicant Name: _____

County: _____

Phone No. : _____

Person Completing Form: _____

Signature: _____ **Date:** _____

-
- ("X" Mark One):**
1. Is your agency currently regulated by NYSDOT as a "Contract or Common Carrier"? If Yes, enter your NYSDOT number: _____ **Yes** **No**
(If you answer Yes, you do not need to answer the remainder of this questionnaire)
-

Article 7 of the New York State Transportation Law governing the regulation of Passenger Transportation Service for the transportation of consumers permits exemptions for certain not-for-profit enterprises that are not open to the general public.

Section 151(1) of the New York State Transportation Law permits these exemptions for transportation services that are: *"Incidental to or in furtherance of any non-transportation commercial or not-for-profit enterprise of the provider of the transportation when such transportation is not open to the general public."*

- ("X" Mark One):**
2. Will your agency be serving members of the General Public? **Yes** **No**
(If Yes, please explain on separate page labeled Part III.2.)
-

New York State Law governing the transportation of consumers under the age of 21 to or from a school, as defined below, requires that the transportation be provided with a school bus meeting New York State inspection requirements.

Section 2(26) of the New York State Transportation Law defines school as: *"every place of academic, vocational or religious service or instruction for persons under the age of 21, except places of higher education. It shall include every child care center; every institution for the care or training of the mentally or physically disabled; and every day camp."*

- ("X" Mark One):**
3. Will the requested vehicle(s) ever transport consumers under the age of 21 to or from a school? **Yes** **No**
(If Yes, please explain on separate page labeled Part III.3.)

J. CERTIFICATION APPLYING TO SUBMITTAL OF APPLICATION FORMS

I hereby certify that no changes have been made to the Section 5310 Grant Application Forms that my agency is submitting to the New York State Department of Transportation for consideration. It is also understood that any applications submitted on Application Forms not produced by the Department for the FFY 2009 Section 5310 Grant Program will not be accepted for evaluation.

Signature: _____

Date of Signature: _____

Name and Title *(please type/print)*: _____

SECTION 5310 Program

NYSDOT Main Office

- Address: 50 Wolf Road, POD 54
Albany, NY 12232
- Phone: (518) 457-8335
- 5310 website:
www.nysdot.gov/public-transportation - follow the link
"Federal Transit Funding Programs" to the *"Section
5310 Elderly & Disabled Program"* site
- Email: mhaas@dot.state.ny.us
jsimpson@dot.state.ny.us