

**FY2021 REVIEW CYCLE APPLICATION
SECTION 5310 ENHANCED MOBILITY OF SENIORS & INDIVIDUALS
WITH DISABILITIES GRANT PROGRAM
FOR THE HOUSTON URBANIZED AREA**

PROGRAM OVERVIEW

Congress establishes the funding for FTA programs through authorizing legislation that amends Chapter 53 of Title 49 of the U.S. Code.

Eligible applicant may include private, non-profit organizations, which are corporations or associations determined by the Secretary of the Treasury to be an organization described by 26 U.S.C. 501(c); public bodies that certify to the governor that no non-profit corporations or associations are readily available in an area to provide the service; and public bodies approved by the state to coordinate services for seniors and persons with disabilities.

Eligible Activities - At least 55 percent of funds must be used for those public transportation capital projects that are planned, designed, and carried out to meet the special needs of seniors and individuals with disabilities when public transportation is insufficient, inappropriate, or unavailable.

In addition to the above required capital projects, no more than 45% of funds may be used for public transportation projects that exceed the requirements of the Americans with Disabilities (ADA), improve access to fixed-route service and decrease reliance by individuals with disabilities on ADA complementary paratransit service or provide alternatives to public transportation that assist seniors and individuals with disabilities with transportation.

For detailed list of eligible projects refer to FTA Circular 9070.1G.

Match Requirements For capital project, the federal share of eligible costs may not exceed 80 percent of the net cost of the activity, leaving the local share at no less than 20 percent. For operating costs, the local share may not exceed 50 percent.

Items classified as administrative activities are funded at 100%, requiring no local match. All of the local match must be provided from sources other than Federal DOT funds. Examples of sources of local match that may be used include the following:

- State or local appropriations
- Other non-DOT Federal funds
- Dedicated tax revenues
- Private donations
- Revenue from human service contracts
- Net income generated from advertising and concessions

GRANT APPLICATION GUIDELINES

Instructions: Please click on each shaded area to enter your application information. As you type in each field, the field will expand. Enter information in the shaded fields only.

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PART I- APPLICANT INFORMATION
a) Project Sponsor and Contact Information
Legal Name:
Otherwise Known As:
Federal Identification Number, DUNS Number:
Primary Contact Person:
Title:
Department:
Organization:
Telephone Number:
Fax No.:
Email Address:
Secondary Contact Person (optional):
Title:
Department:
Organization:
Telephone Number:
Fax No.:
Email Address:
Main Office
Address:
City/ State/ Zip:
b) Agency Type
<input type="checkbox"/> State or local governmental entity/authority <input type="checkbox"/> Operator of public transportation services (privately owned) <input type="checkbox"/> Operator of public transportation services (publicly owned) <input type="checkbox"/> Private, non-profit organization (Please attach appropriate documentation certifying non-profit status to this application.

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c) Agency Profile
Years in business:
Annual budget:
Number of employees:
Years of transit experience:
Fleet size:
d) Grantee Status
Is your agency an existing Federal or State grantee?
<input type="checkbox"/> No
<input type="checkbox"/> Yes
If yes, please mark all that apply:
<input type="checkbox"/> Section 5307 (Federal Designated Recipient)
<input type="checkbox"/> Section 5307 (Federal Grantee)
<input type="checkbox"/> Section 5310 (State Grantee)
<input type="checkbox"/> Section 5311 (State Grantee)
<input type="checkbox"/> Other:
e) Contract Authority
List names and titles of persons authorized to execute contracts and agreements with METRO.
Name:
Title:
Name:
Title:
f) Project Partners
Organization #1:
Contact Name:
Address:
City/ State/ Zip:
Phone Number:
Fax No.:
Email Address:
Organization #2:
Contact Name:
Address:
City/ State/ Zip:
Phone Number:
Fax No.:
Email Address:

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PART II – PROJECT INFORMATION	
a) Project Title/Name (Limit: 2 lines)	
b) Brief Description (Limit: one-half Page)	
c) Project Type (mark all that apply)	
<input type="checkbox"/> Capital (including Mobility Management & Purchase of Service) <input type="checkbox"/> Operating <input type="checkbox"/> Both	
d) Matching Funds	
Indicate the source and the amount of local funds secured toward the local match requirement:	
Source:	Amount (\$):
Source:	Amount (\$):
Source:	Amount (\$):
e) Project Timeline	
Start Date:	End Date:
f) Service Area	
Congressional District(s) (by number):	
<i>Congressional District information can be found at: https://www.govtrack.us/congress/members/map</i>	
Briefly describe the service area:	
City or Cities Served:	
Geographic Area Served by the project (neighborhoods, census tracts, etc.):	

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g) Estimated number of individuals to be served by your project annually. (All projects)

Per FTA Circular, provide the total number of passengers **currently** served by your agency's transportation program

Number of seniors:	
Number of persons w/disabilities:	
Number of elderly w/disabilities:	
General Public Transportation:	
TOTAL:	

Per FTA Circular, provide the percent of national origins **currently** served by your program (enter as decimal). **(Total 100%)**

American Indian & Alaska Native %:	
Asian %:	
Caucasian %:	
Black or African American %:	
Hispanic or Latino %:	
Native Hawaiian & Other %:	
All Other %:	
Total must be 100 %:	

Census information may be obtained at <https://data.census.gov/>

Describe and attach supporting documents for the above estimate of target market(s):

Describe and attach surveys, needs assessment(s), letters, etc. that document project need:

h) Proposed Service is:

- New
- Expansion
- Continuation

i) Service Characteristics for Operating Projects

Current One-way Trips Annually (existing projects):

Projected One-way Trips Annually, proposed:

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PART III – PROJECT BUDGET NOTES

Budget Worksheet

An Excel File template has been developed to use for the project budget. You should enter your project budget into that file, **save the file with your project name**, and submit it along with the completed application form.

Applicants should attach audited financial statements for the two (2) most recent fiscal years including the audit firm’s certification and management letter with response (as applicable). ***Please note that this is an application requirement.***

Letters of Commitment from Stakeholders

Please attach all letters of commitment for match and project support.

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PART IV – CONSISTENCY WITH SELECTION CRITERIA

In addition to the project description required in the previous section, answers to the following questions will be used to evaluate proposals. All questions must be answered or noted as “Not Applicable.” You may attach pages if necessary, not to exceed three (3) additional pages.

Section 1 – Project Benefits

1. In detail, describe how the proposed project is important to seniors and individuals with disabilities and describe how the project provides new services beyond those mandated by the American with Disabilities Act (ADA). Explain how the project will:

Improve Service Integration:

Improve Accessibility:

Improve Productivity:

Provide Flexible Transit Services:

Enhance Mobility for Seniors and People with Disabilities:

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Section 2 - Goals and Objectives		
Reference the 2022 Regionally Coordinated Transportation Plan for the following questions. https://www.h-gac.com/regionally-coordinated-transportation-plan		
1. Is the project included in the plan?		
<input type="checkbox"/> Yes	If yes, identify the page #:	
	If yes, identify the project name:	
<input type="checkbox"/> No	If no, does the project meet a need in the Plan?	
<input type="checkbox"/> Yes	If yes, identify the page # in Plan where need is identified:	
<input type="checkbox"/> No	If no, provide justification for how the project supports the Plan:	
2. Does the project support the goals of the Enhanced Mobility of Seniors and Individuals with Disabilities program? https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/C9070_1G_FINAL_circular_4-20-15%281%29.pdf		
<input type="checkbox"/> Yes	If yes, explain how this project meets the program goals:	
<input type="checkbox"/> No	If no, provide justification for applying:	
Section 3 – Project Plan/Coordination Plan/Implementation Plan		
1. Describe how the project is being coordinated with public and/or private transportation and/ or social service agencies:		
2. Describe how the specific coordination activities are expected to result in better utilization of access to resources:		
3. If proposing new service, provide an operating plan for implementing the project:		
4. Describe how the project will be marketed to the target population and provide your organization Limited English Proficiency Plan:		

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Section 4 – Project Financial Status /Monitoring /Sustainability

1. Indicate whether the project has a full funding plan, if not, describe any potential long-term efforts or funding sources that could sustain the project beyond the Section 5310 grant period.
2. Describe how you plan to monitor your project.
3. Describe how you will measure the success of the project. Include any performance measures for the project.

APPLICATION AUTHORITY

(Please sign this page. Include a copy of this signed page with your Application Package.)

By signing the application, I certify to the best of my knowledge that: 1) the information in this application is true and accurate and that this organization has the necessary fiscal, data collection, and managerial capability to implement and manage the projects associated with this application, and that I have authority to submit this Application Package; and 2) is prepared to abide by all applicable federal requirements specified in 49 U.S.C. Section 5310, FTA Circular C 9070.1G.

Further, I understand that selection of this project for Enhanced Mobility of Seniors and Individuals with Disabilities grant funding will require compliance with all applicable federal laws and regulations and that an Interagency Agreement with the Metropolitan Transit Authority of Harris County (METRO) will be required.

Applicant:

Project Title:

Name and Title of Signatory:

Authorized Signature:

Date:

Please Note: Your application must be signed by someone authorized to sign contracts on behalf of your agency/organization, such as the Board Chair or Chief Executive Officer. Unsigned applications will not be accepted.

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ATTACHMENT I: RISK ASSESSMENT

Agency:

Date:

Answer the questions below. If yes, please give details including awarding agency.

1. Have you had a grant closed due to material noncompliance in the last 5 years?

2. Have you failed to make substantial progress on past grants?

3. Do you have no experience with a similar Grant Program?

4. Do you have qualified auditor's opinion on a financial statement in the past five years? If so provide details.

5. Do you have questioned costs on single audits in the last five years? If so, provide details.

6. Have you had an audit finding relating to cash management in the last five years? If so provide details.