

Section 5310: Enhanced Mobility of Seniors and Individuals with Disabilities FY22 Application

Application Due: August 19, 2022 by 5:00 PM – Submit to mariel.klein@durhamnc.gov

Date: Click or tap to enter a date.

Project Title: Click or tap here to enter text.

Section I: Applicant Information
Applicant Legal Name Click or tap here to enter text.
Contact Person/Title Click or tap here to enter text.
Address Click or tap here to enter text.
City Click or tap here to enter text.
State Click or tap here to enter text.
Zip Code Click or tap here to enter text.
Telephone # Click or tap here to enter text.
DUNS # Click or tap here to enter text.

Request Type (Check all that apply)				
<input type="checkbox"/> Continuation of an Existing Project	<input type="checkbox"/> New Project	<input type="checkbox"/> Operating	<input type="checkbox"/> Capital	<input type="checkbox"/> Mobility Management*

**Application for mobility management funding is encouraged as this funding can be used to assist in program administration through funding staff responsible for administering the program and can be the main point of contact for DCHC staff.*

Organization Type (Check all that apply)			
<input type="checkbox"/>	Local Government Authority	<input type="checkbox"/>	Private Non-Profit Organization
<input type="checkbox"/>	Public Operator of Public Transportation Systems	<input type="checkbox"/>	Private Operator of Public Transportation Systems

Supplemental Information	
<input type="checkbox"/>	Copy of current IRS W-9 Taxpayer Identification Form (new applicants only)
<input type="checkbox"/>	Service Area/Route Map (if applicable)
<input type="checkbox"/>	Current Letters of Support for Project

Certifications – See Appendix A	
<input type="checkbox"/>	Drug and Alcohol Testing Policy or Drug-Free Workplace Policy
<input type="checkbox"/>	Local Share Certification
<input type="checkbox"/>	Title VI Plan Certification
<input type="checkbox"/>	EEO Certification
<input type="checkbox"/>	Lobbying Certification
<input type="checkbox"/>	Traditional Project Certification Eligibility – Units of Local Government (if applicable)
<input type="checkbox"/>	Private Non-Profit Organization Certification Eligibility (if applicable)

Section II: Project Understanding

Needs and Benefits

The following questions should be answered for all projects, unless otherwise noted. If you need additional space, please attach as separate document.

1. Project Description (at least 500 words)

Click or tap here to enter text.

2. Estimated number of individuals to be served annually by your project

	Existing – Current Operations	Projected
Seniors 60 years of age and over (Projects Serving Seniors)	Click or tap here to enter text.	Click or tap here to enter text.
Individuals with Disabilities	Click or tap here to enter text.	Click or tap here to enter text.

General Public	Click or tap here to enter text.	Click or tap here to enter text.
Total	Click or tap here to enter text.	Click or tap here to enter text.

3. Unmet Need

Describe the unmet transportation need that the proposed project seeks to address and the relevant planning effort required. Include the specific community served by this project, and provide relevant demographic data and/or maps

Click or tap here to enter text.

4. Implementation Plan

- a. Describe key personnel assigned to this project and your agency’s ability to manage the project.

Click or tap here to enter text.

- b. Provide an operational plan for delivering service. Include routes and service maps, if applicable, as well as key milestones and estimated completion date (for capital projects).

Click or tap here to enter text.

- 5. Partners, Collaboration, and Outreach

Describe how the project will be coordinate with public and/or private transportation and social service agencies. Include information specific to low-income populations and populations with Limited English Proficiency.

Click or tap here to enter text.

Section III: Budget Request

Operating Budget Request

The project operating budget estimate should be based on actual annual expenditures for existing services. Budgets for new services without an operating history should detail the sources of their estimated budgets. Applicants who are operating their own services should fill out Items A-D in the Budget Details. Applicants who are contracting for services should only fill out Item E.

Budget Detail Year 1

Estimated Operating Expenses	\$
a. Wages, Salaries & Benefits	\$
b. Maintenance & Repairs	\$
c. Fuel	\$
d. Insurance	\$
e. Contract Services – Specify: Click or tap here to enter text.	\$

Total Operating Expenses	\$
Less Estimated Revenue (negative number)	\$
Net Operating Cost	\$
Total Section 5310 Funding Request (Expenses must exceed min of \$50,000)	\$
Local Share (50% of net operating cost)	\$

Budget Detail Year 2

Estimated Operating Expenses	\$
a. Wages, Salaries & Benefits	\$
b. Maintenance & Repairs	\$
c. Fuel	\$
d. Insurance	\$
e. Contract Services – Specify: <i>Click or tap here to enter text.</i>	\$
Total Operating Expenses	\$
Less Estimated Revenue (negative number)	\$
Net Operating Cost	\$
Total Section 5310 Funding Request (Expenses must exceed min of \$50,000)	\$
Local Share (50% of net operating cost)	\$

Capital Budget Request

	Federal Request	
	Year 1	Year 2
Vehicle(s)	\$	\$
Facility Improvement	\$	\$
Computer Software Hardware/ Technology	\$	\$
Other – Year 1	\$	\$
Other – Year 2	\$	\$
Total Capital Request	\$	\$
Local Share (20%)	\$	\$

Mobility Management Request (Capital)

Major Activities	Federal Request	
	Year 1	Year 2
<i>Click or tap here to enter text.</i>	\$	\$
<i>Click or tap here to enter text.</i>	\$	\$
<i>Click or tap here to enter text.</i>	\$	\$
<i>Click or tap here to enter text.</i>	\$	\$
<i>Click or tap here to enter text.</i>	\$	\$
Total Mobility Management Request	\$	\$
Local Share (20%)	\$	\$

1. Describe how you intend to maintain your project after grant funding ends

Click or tap here to enter text.

Appendix A – Certifications

Sample Local Match Certification Letter - Please print on company letterhead

Date

Mariel Klein, Grants Administrator
DCHC MPO
101 City Hall Plaza
Transportation Dept.
Durham, NC 27701

RE: FY 2022 5310 Application

(Organization/Business Name) is submitting an application for the Enhanced Mobility for Seniors and Individuals with Disabilities funds for (Project name/service).

The purpose of this letter is to serve as the official assurance of the 0% local match required for the project. Sufficient funds are allocated in the budget to provide local match should the grant be approved. This letter serves to certify that of the total project cost of \$000,000 and requires local matching funds in the amount of \$000,000.

Sincerely,

(Name of Finance Administrator/CFO/CEO/etc.)

Title VI Non-Discrimination Policy Statement Sample

Please attach the corresponding policy for your organization if different from below

It is the policy of (your organization name) to ensure that no person shall, on the ground of race, color, sex, age, national origin, or disability, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program of activity as provided by Title VI of the Civil Rights Act of 1964, the Civil Rights Restoration Act of 1987, and any other related non-discrimination Civil Rights laws and authorities.

_____ (signature)

Name

Date

Company Position

Sample Equal Employment Opportunity Certification

Please attach the EEO policy for your organization if different from below

[Company Name] provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, *[Company Name]* complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, and transfer, leaves of absence, compensation and training.

[Company Name] expressly prohibits any form of workplace harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status. Improper interference with the ability of *[Company Name]*'s employees to perform their job duties may result in discipline up to and including discharge.

Lobbying Certification

You must submit the following certifications if you apply on behalf of your applicant for a Federal grant or cooperative agreement exceeding \$100,000, or a loan (including a line of credit), loan guarantee, or loan insurance exceeding \$150,000, except if you are applying on behalf of an Indian tribe, tribal organization, or other Indian organization or if we determine otherwise in writing.

As required by 31 U.S.C. 1352 and U.S. DOT regulations, "New Restriction on Lobbying," specifically 49 CFR 20.110, you and your Applicant understand that:

- a. The lobbying restrictions of your certification apply your Applicant's request for:
 - (1) \$100,000 or more in Federal funding for a grant or cooperative agreement, and
 - (2) \$150,000 or more in Federal funding for a loan, line of credit, or loan guarantee,
- b. Its certification covers the lobbying activities of:
 - (1) It,
 - (2) Its principals, and
 - (3) Its first tier subrecipients

Therefore, on behalf of your Applicant, you certify to the best of your knowledge and belief, that:

1. No Federal appropriated funds have been or will be paid by or on its behalf to any person:
 - a. To influence or attempt to influence:
 - (1) An officer or employee of any Federal agency,
 - (2) A Member of Congress, an employee of a member of Congress, or an officer or employee of Congress,
 - b. Regarding the award of a:
 - (1) Federal grant or cooperative agreement, or
 - (2) Federal loan, line of credit, loan guarantee, or loan insurance
2. It will submit a complete OMB Standard Form-LLL, "Disclosure of Lobbying Activities (Rev. 7-97)," in accordance with its instructions, if any funds other than Federal appropriated funds have been or will be paid to any person:
 - a. To influence or attempt to influence:
 - (1) An office or employee of any Federal agency,
 - (2) A Member of Congress, an employee of a Member of Congress, or an officer or employee of Congress, or
 - b. Regarding any application for a:
 - (1) Federal grant or cooperative agreement,
 - (2) Federal loan, line of credit, loan guarantee, or loan insurance, and
3. It will include the language of this certification in the award documents for all sub-awards at all tiers including, but not limited to subcontracts, sub-grants, sub-agreements, and third party contracts under a Federal grant or cooperative agreement, or Federal loan, line of credit, loan guarantee, or loan insurance, and

4. It understands that:

- a. This certification is a material representation of fact that the Federal Government relies on, and
- b. It must submit this certification before the Federal Government may award funding for a transaction covered by 31 U.S.C. 1352, including a:
 - (1) Federal grant or cooperative agreement, or
 - (2) Federal loan, line of credit, loan guarantee, or loan insurance, and

5. It also understands that any person who does not file a required certification will be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Name/Position (printed)

Name (signed)

Date

Local Government Authority Certification

For Government Entities Only

For governmental entities to be eligible for the “Traditional – Capital” 5310 funding, the state or local government authority needs to be approved by the State to coordinate services for seniors and individuals with disabilities or certify that there are no non-profit organizations readily available in the area to provide the service. See 49 U.S.C. 5310(b)(1) and (b)(2).

As the authorized representative of [Click or tap here to enter text.](#), I certify that:

Our agency is approved by the State to coordinate services for seniors and individuals with disabilities

OR

There are no nonprofit organizations readily available in the area to provide the service as described in the 5310 application

Signature

Printed Name

Title

Date

Private Non-Profit Organization Certification Eligibility

As a private non-profit organization, Insert name of non-profit organization , I have attached to this application our IRS 501(c)(3) letter establishing our eligibility for Section 5310 funding.

Signature

Printed Name

Title

Date