



# 2013 APPLICATION

## SECTION 5310

### Elderly Persons and Persons with Disabilities Program

*for the*

### Capital Assistance Program

U.S. Department of Transportation  
Federal Transit Administration

in cooperation with

Arkansas State Highway and Transportation Department  
Public Transportation Programs  
Planning & Research Division

January 2012

**NEW THIS YEAR: THE "APPLICATION PROCEDURES/INSTRUCTIONS MANUAL" IS NO LONGER A SEPARATE DOCUMENT. IT FOLLOWS PAGE 18 OF THIS DOCUMENT.**

**Application Deadline: 4:00 p.m. Wednesday, March 7, 2012**

## Application Requirements and Process

Before completing the application, read and follow the instructions following page 18. Note: Submit the originally completed application with original signatures. Copies of applications and applications completed in pencil will not be accepted. Original signatures should be in BLUE ink.

When the application has been completed, distribute copies to the following:

1. Submit one copy of the application (pages 1-8 and page 18) to the State Clearinghouse. The mailing address is: State Clearinghouse, Office of Budget, P.O. Box 8031, Little Rock, AR 72203. The physical address is: State Clearinghouse, 1515 West Seventh Street – Suite 412, 1515 Building, Little Rock, AR 72201 **no later than Wednesday, February 22, 2012.** Their phone number is: 501-682-1074 and fax number is: 501-682-5206. **\*Your confirmation letter and Form 424 received back from the State Clearinghouse must be included in the original application to the AHTD.**
2. Submit one copy of the application (pages 1 thru 8 and page 18) to the proper Metropolitan Planning Organization (MPO) (if applicant's transportation service area is located in the MPO's participating communities) see MPO list (Appendix A) pages 16-17 of the ***2013 Application Instructions Manual.***
3. Submit one copy of the application (pages 1-8 and page 18) to the proper Planning and Development Districts (PDD), see PDD list on page 18 of the ***2013 Application Instructions Manual.***
4. Submit the original application with all attachments to the: AHTD – Public Transportation Section, P.O. Box 2261, Little Rock, AR, 72203, **no later than 4:00 p.m. on Wednesday, March 7, 2012.** The Public Transportation Programs office is located in Room 111, Planning & Research Building, 10324 Interstate 30, Little Rock, AR 72209. Enter the main lobby (South Parking Lot) and request a visitor pass at the front desk.
5. Retain one complete copy for your file, along with any confirmation letters from the entities that received a copy of the application.

**\*Important Note:** State Clearinghouse confirmation receipt letter and Form 424 must be submitted to the AHTD with the original application. **The assigned number from the Clearinghouse confirmation receipt letter must be placed on the first line of the application on page 1. Example only: (AR – 123456).**

Copies of other confirmation letters (MPO & PDD) and State Clearinghouse Sign-off letter must be maintained in the applicant's files. Confirmation letters do not need to be submitted with your application to the AHTD.

The original application needs to be assembled in the appropriate format (see pages 9-10) and completed with all required signatures and attachments. **Read and answer all questions.** **Late applications may not be considered for funding. Incomplete applications and those lacking necessary supporting documents cannot be properly evaluated and may not be considered for funding.** Before the deadline, you may wish to contact Danny Chidester, Section 5310 Program Manager at (501) 569-2559 or [Danny.Chidester@arkansashighways.com](mailto:Danny.Chidester@arkansashighways.com) to request assistance with any questions or concerns regarding the application.

**NOTICE OF NONDISCRIMINATION:** The Arkansas State Highway and Transportation Department (Department) complies with all civil rights provisions of federal statutes and related authorities that prohibited discrimination in programs and activities receiving federal financial assistance. Therefore, the Department does not discriminate on the basis of race, sex, color, age, national origin, religion or disability, in the admission, access to and treatment in Department’s programs and activities, as well as the Department’s hiring or employment practices. Complaints of alleged discrimination and inquiries regarding the Department’s nondiscrimination policies may be directed to EEO/DBE Section Head (ADA/504/Title VI Coordinator), P. O. Box 2261, Little Rock, AR 72203, (501) 569-2298, (Voice/TTY 711), or the following email address: [EEO/DBE\\_Section\\_Head@ahtd.ar.gov](mailto:EEO/DBE_Section_Head@ahtd.ar.gov) This notice is available from the ADA/504/Title VI Coordinator in large print, on audiotape and in Braille.

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**PLEASE DO NOT COMPLETE THIS APPLICATION UNTIL YOU HAVE COMPLETELY READ AND FOLLOWED THE INSTRUCTIONS FOLLOWING PAGE 18. All pages must be completed. Incomplete applications and those lacking necessary supporting documents cannot be properly evaluated and therefore may not considered for funding. The original completed application must be received in the Public Transportation Programs office no later than 4:00 p.m. Wednesday, March 7, 2012. Copies of the application will NOT be accepted.**

**ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT  
Public Transportation Programs**

**Section 5310 – Elderly & Persons with Disabilities Capital Assistance**

2013 Application Form

**1. Application Organization**

General Information		For All Applications	
*Assigned State Clearinghouse Confirmation Number:			
*Note: Confirmation number located in the receipt letter received back from the State Clearinghouse after you submit one copy of the 5310 application (pages 1-8 and page 18) <b>no later than <u>Wednesday, February 22, 2012</u></b> . <b>Example only</b> of assigned number: AR – 123456.			
Legal Name of Agency:			
Street Address:			
Mailing Address:			
City, State, Zip			
Website Address:			
If Agency is not <b>Doing Business As</b> a separate entity, write NONE in <b>DBA</b> field below and leave next 4 fields blank.			
Doing Business As (DBA):			
Street Address:			
Mailing Address:			
City, State, Zip			
Website Address:			
Executive Director: (or other Job Title)		Telephone Number: (with phone extension)	
E-Mail Address:		Fax Number:	
Applicant Contact Person & Job Title:		Telephone Number: (with phone extension)	
E-Mail Address:		Fax Number:	

**2. Type of Applicant (check one):**

<input type="checkbox"/>	Public Entity (City, County Government)	<input type="checkbox"/>	Private Non-Profit Agency
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*Applicant approved for federal assistance under this program last funding year cycle (2011 vehicle)?*  
 Yes  No  If no, please explain \_\_\_\_\_

**2a. Transportation service operates in any of the following urbanized areas? (Check box)**

- Fayetteville/Springdale       Fort Smith       Hot Springs       Jonesboro  
 Little Rock/North Little Rock       Pine Bluff       Texarkana       West Memphis





**5. 2013 Financial Information**

**For All Applications**

5a. Is funding for your transportation services over the next four years:

- Stable because of reliable federal or state recurring funding programs.
- Reasonably secure, but some sources of funding are subject to variation and are not reliable.
- Uncertain because all funding sources are not reliable.

5b. Report your agency's information from the most current IRS Form 990: **201**\_\_

For the \_\_\_\_\_ calendar year, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

Organization Type (check only one)  501(c) \_\_\_\_\_ (insert no.)  4947 (a) (1) or  527

Check here  if the organization's gross receipts are normally not more than \$25,000.

Gross Receipts \$ \_\_\_\_\_

**5c. Record Part 1 Data:**

Direct Public Support	\$ _____	Total revenue	\$ _____
Indirect Public Support	\$ _____	Total expenses	\$ _____
Government contribution (grants)	\$ _____	Excess/deficit	\$ _____
Total	\$ _____	Net assets/fund balance	\$ _____

**Income Revenues (Transportation Only)**

List sources and amounts (Fares, Grant, Donations, etc.)

Local Funds (list):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

State Funds (list):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Federal Funds (list):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Other (list):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Total Operating Revenue:**

\_\_\_\_\_  
 \_\_\_\_\_

**Expenses (Transportation Only)**

Supplies & Fuel \_\_\_\_\_  
 Insurance \_\_\_\_\_  
 Maintenance/Repair Costs \_\_\_\_\_  
 Miscellaneous or other overhead expenses \_\_\_\_\_

**Total Operating Expenses:**

\_\_\_\_\_

Provide the source and amount of all transportation revenues:

List source of funds used for 20% match.

Federal, State, Local or Other	Type of Funding	Amount

6a. The **Quarterly Performance Measurement (QPM) Reports** and the **Fleet Preventative Maintenance Program are essential to this application**. List the individual(s), phone number, fax number, email address for those persons responsible for submitting the reports and maintaining the vehicle fleet.

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6b. List the year your organization began operating passenger transportation services? \_\_\_\_\_

6c. When selecting drivers, does your organization (*check all that apply*):

- Check driving records?
- Require a physical exam?
- Require a commercial driver's license?
- Require a minimum age \_\_\_\_\_ and maximum age \_\_\_\_\_?
- Conduct pre-employment drug testing?
- Have a drug and alcohol testing program?

6d. Does your organization require any of the following training courses (*check all that apply*):

- |   |  |
|---|--|
| <input type="checkbox"/> First aid                        | <input type="checkbox"/> Defensive Driving             |
| <input type="checkbox"/> CPR                              | <input type="checkbox"/> Wheelchair Lift Operation     |
| <input type="checkbox"/> Drug and alcohol abuse awareness | <input type="checkbox"/> Child Passenger Safety        |
| <input type="checkbox"/> Driver sensitivity training      | <input type="checkbox"/> Passenger assistance training |
| <input type="checkbox"/> Vehicle emergency evacuation     |  |

6e. Vehicles designed to transport 15 or more passengers (not including the driver) require a Commercial Driver License (CDL). How many vehicles in your fleet require a CDL Driver? \_\_\_\_\_

6f. Are your drivers with a CDL currently enrolled in a Drug & Alcohol (D&A) Testing Program? Yes  No

If yes, D&A Program Name: \_\_\_\_\_ Location: \_\_\_\_\_ Phone#: \_\_\_\_\_

6g. Describe in detail your agency's passenger transportation safety program?

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6h. What best describes your fleet preventative maintenance program?

- Scheduled and documented maintenance program is being utilized by a professional source.
  - An employee is assigned responsibility for ensuring each vehicle is properly maintained.
  - Drivers have primary responsibility for overseeing the maintenance of their vehicle.
  - None of the above.
- Other \_\_\_\_\_

6i. Describe in detail your fleet preventative maintenance program:

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**7. 2013 Local Transportation Coordination Plan**

**For All Applications**

The State of Arkansas must ensure that this program provides for the most feasible coordination of transportation services with other Federal/State assisted programs and services in order to encourage the most efficient use of Federal resources.

**All 5310 projects are required to be derived from a local Transportation Coordination Plan (TCP).**

7a. All areas of the State are now covered by TCPs. \*Identify the agency that prepared the TCP in your transportation service area: \_\_\_\_\_

7b. \*List the title of the TCP for your transportation service area:  
\_\_\_\_\_

\*If you are unsure of the agency that prepared the TCP in your area and the title of the TCP in your transportation service area, see pages 20-22 of the Application Instructions Manual. Your service area may be covered by more than one TCP. However, only one TCP should be identified.

7c. \*\*What Strategy Number, Page Number and Date of the TCP does this application address?

Strategy No. \_\_\_\_\_ Page No. \_\_\_\_\_ Date: \_\_\_\_\_

\*\*To find the strategy number, page number, date and to request a copy of a current TCP, contact Danny Chidester at (501) 569-2559 or [Danny.Chidester@arkansashighways.com](mailto:Danny.Chidester@arkansashighways.com). If you have any questions regarding the coordination process and the upcoming 2012 coordination plan updates, please contact Steven Alexander at (501) 569-2561 or [Steven.Alexander@arkansashighways.com](mailto:Steven.Alexander@arkansashighways.com).

7d. What specific coordination activities has your agency pursued this past year?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7e. Does your agency contract any transportation service? Yes [ ] No [ ] If yes, attach any transportation contracts under Attachment 1 of this application.

7f. Are there other Section 5310 Elderly & Disabled agencies providing transportation in your transportation service area? Yes [ ] No [ ]

7g. If yes, list other Section 5310 Elderly & Disabled agencies providing transportation in your service area (city/county) where the new vehicle will operate.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. 2013 Equipment Request and Justification**

**For All Applications**

8a. List the type of vehicle requested. (See available models and options beginning on page 24 of the 2013 Application Instructions Manual).

Vehicle Item No.	Vehicle Description	Estimated Base Starting Cost
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8b. If your agency does not own any ADA equipped vehicles (with lift/ramp), explain how you propose to equitably serve disabled persons in your transportation service area. Attach any interagency agreements/policies to meet the "equivalency of service" requirement.

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8c. If requesting a non-ADA vehicle (without lift/ramp), you are required to include the following language in your Public Notice ad: **(Your Agency's Name) is requesting a vehicle that is not compliant with the Americans with Disabilities Act. However, (Your Agency's Name) does meet the "equivalency of service" requirements to the disabled community.** Applicant must complete and return Attachment 5, page 14.

8d. Are you requesting a vehicle through this application for?

- A. New Service Start - 1<sup>st</sup> time with the AHTD [ ]
- B. Expand Service or Fleet: [ ] establish new service area [ ] extend hours of service  
 [ ] reduce response time [ ] add vehicle to fleet  
 [ ] add ADA (with lift/ramp) accessibility vehicle to fleet
- C. Equipment Replacement: [ ] replace van [ ] replace bus

8e. A vehicle can only be categorized as "Equipment Replacement" one time. If this vehicle is considered a replacement, which vehicle on your Vehicle Inventory Form (Attachment 2, page 11) will it replace?

Type: \_\_\_\_\_ VIN# \_\_\_\_\_

Year	Make	Model
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8f. Has this vehicle been listed as a replacement in a prior application? \_\_\_\_\_. Is this vehicle still in operation? \_\_\_\_\_. A backup vehicle is only used on an incidental basis, usually when a regular transportation fleet vehicle is temporarily out of service. **Unless a vehicle has met its useful life and the title is released, it cannot be considered a backup vehicle.**

8g. Describe in detail why the vehicle in this application is necessary and how it will overcome inadequacies of existing transportation services in your specific transportation service area.

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8h. To be in compliance with Section 504 and ADA (Americans with Disabilities) requirements, does your agency have a policy/procedure to comply with the following transportation service provisions?

	Yes		No
Ensure lift availability?			
Ensure lift and securement use?			
Identify vehicle/system as being accessible to disabled persons?			
Use of service animals on vehicle?			
Service to persons using respirators or portable oxygen?			
Informs client about services and accessibilities features your agency provides?			
Ensure adequate time for lift deployment at designated stops?			
Ensure adequate time for vehicle boarding/disembarkment?			
Provides training for personnel on accessibility features?			
<b>Other policy/procedure not listed:</b>			
<b>U.S. DOT Drug and Alcohol Policy</b> – (buses designed for 15 or more passengers, not including the driver) require a CDL license. In addition, a <b>Drug and Alcohol Policy is mandatory.</b>			

9a. An authorized Officer on the Board and the Director, Executive Director, etc., (two different original signatures) must date and sign this form for the application to be considered.

**Certification of Information**

I am an officer of the applicant organization herein and am authorized to make this certification.

I hereby certify on this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_\_

that the statements and other information contained in this application, including all attachments, are true and correct. **Further, I certify that the applicant organization has sufficient financial resources to assure cash payment of the required local match from non-federal sources within ten (10) calendar days of notice to possess the vehicle.** I further understand that if this grant application is approved, the purchase of the vehicle will be by the Arkansas State Highway & Transportation Department, and that such funds are not available to be used for any maintenance or operational expenses.

**Authorized Officer on the Board:** (Signature) \_\_\_\_\_

(Print Name) \_\_\_\_\_

(Position) \_\_\_\_\_

**WITNESS:**

**Executive Director or CEO:** (Signature) \_\_\_\_\_

(Print Name) \_\_\_\_\_

**TITLE VI COMPLIANCE**

9b. Title VI Compliance – Title VI of the 1964 Civil Rights Act, Section 601, states:

“No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

Has your agency had any lawsuits or complaints alleging discrimination in service delivery or other transit benefits filed against it in the past year? NO \_\_\_\_\_ YES \_\_\_\_\_

If yes, attach a concise description of the lawsuits or complaints alleging discrimination filed against your agency, together with a statement of status or outcome of each such complaint or lawsuit.

Has your agency had any civil rights compliance reviews in the past three years? NO \_\_\_\_\_ YES \_\_\_\_\_

If yes, provide a summary of all compliance review activities conducted in the last three years. The summary should include the purpose or reason for the review, the name of the agency or organization that performed the review, a summary of the findings and recommendations of the review, and a report on the status and/or disposition of such findings and recommendations.

**Executive Director or CEO:** (Signature Required) \_\_\_\_\_

**Applicant must include the following documents in the specified order indicated.****Pre-Certified Private Non-Profit Applicants**

(These are agencies currently participating in a 5310, 5311, 5316 or 5317 Program with active vehicles. Quarterly Performance Monitoring Reports are currently being submitted to the AHTD.)

- a. Original application with signatures. Photocopy of application is not acceptable.
- b. Amendments, if any since last approved Articles of Incorporation.
- c. Vehicle Inventory Form on page 11.
- d. Public Notice - the actual newspaper clipping taped to an 8 ½" x 11" blank paper or a certified copy on page 12. See instruction notes at bottom of page 12.
- e. Public or Private Operator's Statements on page 13.
- f. Certification of Equal Access for Persons with Disabilities on page 14.
- g. Certification of Vehicle Operation on page 17.
- h. State Clearinghouse confirmation receipt letter and Form 424. Form 424 located on page 18.
- i. Latest completed financial audit, with all management letters on file.

**New Private Non-Profit Applicants**

(These are agencies applying for the first time or agencies that previously participated in an AHTD Transit Program but no longer have active vehicles requiring vehicle Quarterly Performance Reports.)

- a. Original application with signatures. Photocopy of application is not acceptable.
- b. Listing of current Board of Directors with their positions, addresses and occupations.
- c. Certificate of Incorporation issued by the Secretary of State with any amendments.
- d. Articles of Incorporation with any amendments.
- e. Letter of Tax Exempt Status from Internal Revenue Service.
- f. Vehicle Inventory Form on page 11.
- g. Public Notice - the actual newspaper clipping taped to an 8 ½" x 11" blank paper or a certified copy on page 12. See instruction notes at bottom of page 12.
- h. Public or Private Operator's Statements on page 13.
- j. Certification of Equal Access for Persons with Disabilities on page 14.
- k. Certification of Vehicle Operation on page 17.
- l. State Clearinghouse confirmation receipt letter and Form 424. Form 424 located on page 18.
- m. Latest completed financial audit, with all management letters on file.
- n. Current or most recent, IRS Form 990 - Return of Organization Exempt from Income Tax. If necessary, include the IRS approval Form 2758 where your agency filed for an extension.
- o. Brochure or Flyer on your agency.

**New and Pre-Certified Public Entities**

(Examples of Public Entities are City and County governments.)

(New and Pre-Certified criteria same as above. Pre-certified Public Entities submit all items except b.)

- a. Original application with signatures. Photocopy of application is not acceptable.
- b. Listing of current Board of Directors with their positions, addresses and occupations.
- c. Vehicle Inventory Form on page 11.
- d. Public Notice - the actual newspaper clipping taped to an 8 ½" x 11" blank paper or a certified copy on page 12. See instruction notes at bottom of page 12.

- e. Certification of Equal Access for Persons with Disabilities on page 14.
- f. A letter from the mayor or county judge stating 1) funding is sufficient, 2) date of the current audit on file and 3) Certification of Eligibility for Local Public Entity on page 15. This certified that there are no nonprofit organizations ready, willing and available in the area to provide service. Efforts to solicit service must be documented and included with certification. Documentation shall include a list of all existing transportation providers to whom letters were mailed.
- g. Certification of Vehicle Operation on page 17 if you are currently operating active FTA vehicles.
- h. State Clearinghouse confirmation receipt letter and Form 424. Form 424 located on page 18.

**Note: All of the above attachments are required. The application is considered incomplete with the omission of any of the listed documents.**

***Additional information that may be included that could be useful in determining applicants' eligibility.***

- 1) *Letters of support for this application.*
- 2) *Letters of endorsement and justification from federal, state, and local program administrators who provide funding for the services.*
- 3) *Contracts with other organizations providing services for your agency.*



## PUBLIC NOTICE

Public notice is hereby given this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_ that  
 the \_\_\_\_\_ of \_\_\_\_\_ has  
*(Applicant's Agency's Name)* *(Applicant's mailing address, city, state, zip)*

made application for funds through Section 49 U.S.C. Section 5310 for the purchase of the following type of passenger transportation vehicle:

\_\_\_\_\_.

This vehicle will be used primarily for the following purposes: \_\_\_\_\_

\_\_\_\_\_

Purchase of the above vehicle is considered essential to the efficient operation of this organization to provide public transportation services to elderly persons and persons with disabilities. There is no intent to infringe upon, or compete with, existing public or private transit operators, including Section 5307, urban public transit operators and Section 5311, rural public transit operators.

\*\**(Applicant's Agency's Name)* is requesting a vehicle that is not compliant with the Americans with Disabilities Act. However, *(Applicant's Agency's Name)* does meet the "equivalency of service" requirements to the disabled community.\*\*

Any objection should be submitted in writing only to persons listed below. All comments will become a part of this organization's application and will be a matter of public record. All written comments must be submitted within 30 days of the date of this notice. Any person wishing to request a public hearing on the proposed project must submit a request in writing within 10 days of the date of this notice to the persons listed below:

Chief Administrative Official's Name

Job Title

Applicant Agency's Name

Mailing Address

City, State, Zip Code

and to:

Mr. Don McMillen  
 Public Transportation Administrator  
 Public Transportation Programs Office  
 Arkansas State Highway and Transportation Department  
 P.O. Box 2261  
 Little Rock, AR 72203-2261

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 \*\*Applicant: If your agency is requesting a non-ADA vehicle (without lift/ramp), you must include this language in your Public Notice.\*\* If your agency is requesting an ADA vehicle (with lift/ramp), omit this statement. The Public Notice is to be published in a newspaper of general circulation in the transportation service area for which you are requesting a vehicle. Vehicle types and interior designs starting on page 24 of the Applications Instructions Manual.

**PUBLIC OR PRIVATE OPERATOR'S STATEMENT  
Regarding Operation of One or More Vehicles  
By a Private or Public Organization as a Part of the  
FTA Section 5310 Program**

The Federal Transit Administration (hereinafter called FTA) has established a capital assistance program to help private and public organizations provide for the special transportation of the elderly and persons with disabilities.

NOTICE IS HEREBY GIVEN that

\_\_\_\_\_  
*(Applicant's Agency's Name)*

is applying to the FTA through the Arkansas State Highway and Transportation Department for aid in purchasing the following capital equipment:

(See vehicle types beginning on **page 24** of the *2013 Application Instructions Manual*)

Purchase of the above equipment is considered essential in the provision of special transportation needs in this area.

The \_\_\_\_\_ of  
*(Existing Transit Operation)*

\_\_\_\_\_ understands that the vehicle  
*(City, State and Zip code)*

being requested by the applicant will be used for the special purpose of transporting the elderly and/or persons with disabilities as a supplement to the regularly scheduled transportation service provided by this company.

I, \_\_\_\_\_ on behalf of  
*(Authorized Official)*

\_\_\_\_\_ do hereby state  
*(Transit Operation)*

that this agency has no objections to the operation of the equipment requested by this applicant. Below is the requested information provided by my transit agency.

Service Area	No. of Vehicles	Service (Demand/Response or Fixed Route)	ADA Accessible? (Yes or No)

## Certification of Equal Access for Persons with Disabilities Under the Section 5310 Program

(Required before purchase of vehicle without ADA access features (without lift/ramp) required in 49 CFR Part 38, [www.fta.dot.gov/civilrights/ada/civil\\_rights\\_3905.html](http://www.fta.dot.gov/civilrights/ada/civil_rights_3905.html))

I hereby certify, that when viewed in its entirety, the demand-responsive and/or fixed route passenger transportation program of \_\_\_\_\_  
(Applicant Agency's Name)

provides disabled persons with access equal to that afforded to any other persons in terms of the following criteria.

- 1) Response time;
- 2) Fares;
- 3) Geographic area of service;
- 4) Hours and days of service;
- 5) Restrictions based on trip purpose;
- 6) Availability of information and reservations capabilities; and
- 7) Constraints on capacity or service availability.

Certified this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
(Executive Director's Signature)

\_\_\_\_\_  
(Typed/Printed Name)

\_\_\_\_\_  
(Title)

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**To determine if your agency can provide equal access, please answer the following questions. In addition, if your agency is applying for a non-ADA accessible vehicle, this must be stated in your Public Notice (see page 9 of the *Application Instructions Manual* for required language).**

**Total number of vehicles used to transport clients (all centers)? \_\_\_\_\_**

**Total number of vehicles ADA accessible (with lift/ramp)? \_\_\_\_\_**

**How long would it take to provide a backup vehicle, if necessary? \_\_\_\_\_**

**This form is for City or County Governments only**, which certify that there are no non-profit organizations ready, willing and available in the area to provide transportation service. Efforts to solicit service must be documented and included with certification. Documentation shall include a list of all existing transportation providers to whom letters were mailed.

**LOCAL PUBLIC ENTITY ELGIBILITY**

I, \_\_\_\_\_, the duly elected executive official of the  
(Elected Official's Signature)

\_\_\_\_\_ (Local Public Entity) hereby certify  
that there are no private non-profit organizations in the proposed service area are readily  
available to provide transportation services to elderly and disabled persons as outlined in this  
application.

Certified this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

**If Applicant is a Public Entity (City or County Government), please complete and attach the Private Non-Profit Response Form located on next page (p. 16) to verify eligibility.**

**Note: Pages 15-16 do not apply to Private Non-Profit Organizations. These pages only refer to public governmental agencies such as City and County Governments.**

## AVAILABILITY OF PRIVATE NON-PROFIT RESPONSE FORM

Letters were sent on \_\_\_\_\_ (date, year) to the following private non-profit organizations in \_\_\_\_\_ (city/county). Indicate responses received and attach copies of responses or correspondence.

<u>PRIVATE NON- PROFIT NAME</u>	<u>ADDRESS</u>	Response Received	
		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

This certifies that your organization is utilizing each active vehicle purchased with the Federal Transit Administration (FTA) funds in accordance with Federal and State program guidelines. If your agency does not currently have \*FTA active vehicles, omit this certification.

**CERTIFICATION OF VEHICLE OPERATION**

I, \_\_\_\_\_, hereby certify that each active vehicle  
(Executive Director Signature)

purchased with the Federal Transit Administration funds are being used in accordance with Federal and State program guidelines. Active vehicles are those for which reports are submitted to the AHTD. Further, the vehicle is being utilized (in terms of ridership, mileage, etc.) as proposed in the agency’s application and in accordance with the goals and objectives of transit local coordination efforts.

Certified this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\*FTA Active Vehicle(s) – Quarterly Performance Reports are currently submitted to the AHTD on these vehicles.

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>	2. DATE SUBMITTED	Applicant Identifier																					
1. TYPE OF SUBMISSION Application <input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/>	3. DATE RECEIVED BY STATE	State Application Identifier																					
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier																					
5. APPLICANT INFORMATION																							
Legal Name:	Organizational Unit:																						
Address (give city, county, state, & zip code)	Name and telephone number of the person to be contacted on matters involving this application (give area code):																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN)  <table style="width:100%; border:none;"> <tr> <td style="border:1px solid black; width:20px; height:20px;"></td> <td style="border:1px solid black; width:20px; height:20px;"></td> <td style="border:1px solid black; width:20px; height:20px;"></td> <td style="border:1px solid black; width:20px; height:20px;"></td> <td style="border:1px solid black; width:20px; height:20px;"></td> <td style="border:1px solid black; width:20px; height:20px;"></td> <td style="border:1px solid black; width:20px; height:20px;"></td> <td style="border:1px solid black; width:20px; height:20px;"></td> </tr> </table>									7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/>  A. State                      H. Independent School District B. County                     I. State Controlled Institution of Higher Learning C. Municipal                 J. Private University D. Township                 K. Indian Tribe E. Interstate                 L. Individual F. Intermunicipal         M. Profit Organization G. Special District         N. Other (Specify) _____														
8. TYPE OF APPLICATION  <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in boxes(s) A. Increase Award   B. Decrease Award   C. Increase Duration D. Decrease Duration   E. Other (Specify) _____	9. NAME OF FEDERAL AGENCY:  <p style="text-align:center;"><b>U.S. Department of Transportation Federal Transit Administration</b></p>																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <table style="width:100%; border:none;"> <tr> <td style="border:1px solid black; width:20px; height:20px; text-align:center;">2</td> <td style="border:1px solid black; width:20px; height:20px; text-align:center;">0</td> <td style="border:1px solid black; width:20px; height:20px; text-align:center;">----</td> <td style="border:1px solid black; width:20px; height:20px; text-align:center;">5</td> <td style="border:1px solid black; width:20px; height:20px; text-align:center;">1</td> <td style="border:1px solid black; width:20px; height:20px; text-align:center;">3</td> </tr> </table> Title:  <p style="text-align:center;"><b>SECTION 5310 – ELDERLY AND DISABLED</b></p>	2	0	----	5	1	3	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:																
2	0	----	5	1	3																		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):																							
13. PROPOSED PROJECT Start Date                      Ending Date	14. CONGRESSIONAL DISTRICTS OF: a. Applicant                      b. Project																						
15. ESTIMATED FUNDING <table style="width:100%; border:none;"> <tr> <td style="width:15%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align:right;">-</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align:right;">-</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align:right;">-</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align:right;">-</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align:right;">-</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align:right;">-</td> </tr> <tr> <td>g. Total</td> <td>\$</td> <td style="text-align:right;">-</td> </tr> </table>	a. Federal	\$	-	b. Applicant	\$	-	c. State	\$	-	d. Local	\$	-	e. Other	\$	-	f. Program Income	\$	-	g. Total	\$	-	16. IS APPLICANT SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes                      This preapplication was made available to the State Executive Order 12372 Process for Review on: Date _____ b. No <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> or Program has not been selected by State for Review	
a. Federal	\$	-																					
b. Applicant	\$	-																					
c. State	\$	-																					
d. Local	\$	-																					
e. Other	\$	-																					
f. Program Income	\$	-																					
g. Total	\$	-																					
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEPT? <input type="checkbox"/> Yes                      If "yes", attach explanation <input type="checkbox"/> No																							
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																							
a. Typed Name of Authorized Representative	b. Title	c. Telephone Number																					
d. Signature of Authorized Representative		e. Date Signed																					

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(The 2013 Section 5310 Application Instructions Manual follows this Page.)



# 2013 APPLICATION INSTRUCTIONS MANUAL

## SECTION 5310

**Elderly Persons and Persons with Disabilities**

*for the*

**Capital Assistance Program**

**U.S. Department of Transportation  
Federal Transit Administration**

**in cooperation with**

**Arkansas State Highway and Transportation Department  
Public Transportation Programs  
Planning & Research Division**

January 2012

**Application Deadline: 4:00 p.m. Wednesday, March 7, 2012**

**NOTICE OF NONDISCRIMINATION:** The Arkansas State Highway and Transportation Department (Department) complies with all civil rights provisions of federal statutes and related authorities that prohibited discrimination in programs and activities receiving federal financial assistance. Therefore, the Department does not discriminate on the basis of race, sex, color, age, national origin, religion or disability, in the admission, access to and treatment in Department’s programs and activities, as well as the Department’s hiring or employment practices. Complaints of alleged discrimination and inquiries regarding the Department’s nondiscrimination policies may be directed to EEO/DBE Section Head (ADA/504/Title VI Coordinator), P. O. Box 2261, Little Rock, AR 72203, (501) 569-2298, (Voice/TTY 711), or the following email address: [EEO/DBE\\_Section\\_Head@ahtd.ar.gov](mailto:EEO/DBE_Section_Head@ahtd.ar.gov) This notice is available from the ADA/504/Title VI Coordinator in large print, on audiotape and in Braille.

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# **Application for Capital Assistance Grant to Improve the Mobility of Elderly Persons and Persons with Disabilities**

## **Application Instructions**

These instructions have been developed to assist agencies in completing the application and in complying with the program requirements. **Applicants should review the requirements carefully. Failure to comply with any requirement may disqualify an applicant.**

The information provided by the applicant is intended to justify the request for funding. It is used by the Program Manager and the Intragency Review Committee to evaluate and rank all proposed projects. This information is also used to complete the State's application to the Federal Transit Administration (FTA).

## **Overview**

The goal of this program is to provide assistance in meeting the special transportation needs of elderly persons and persons with disabilities. The program is designed to supplement other FTA capital assistance programs by funding transportation projects for elderly persons and persons with disabilities in all areas (urbanized, small urban, and rural).

The federal share of eligible capital costs is not to exceed 80 percent of the net project cost and the local share of eligible capital costs shall be no less than 20 percent of the net project cost. All of the local share must be provided from sources other than Federal funds except where specific legislative language of a Federal program permits its funds to be used to match other Federal funds.

Vehicles provided to organizations through this program are granted for the sole purpose of providing necessary transportation services to the specific client group of elderly persons and/or persons with disabilities, which are identified in your application. An organization may not use the vehicle for any other group of passengers, including the general public, unless they have fully satisfied the transportation needs of the identified client group. Other passengers may be transported on a "space available" basis with the identified client group.

## **Eligible Criteria**

There are three general categories of eligible applicants:

- Private non-profit organizations determined by the Secretary of the Treasury to be an organization described by 26 U.S.C. Section 501(c) which is exempt from taxation under 26 U.S.C. Section 501(a) or Section 101.
- Public bodies that certify that no non-profit corporations or associations are ready, willing and available in an area to provide the service.
- Public bodies approved by the Arkansas State Highway and Transportation Department (AHTD) to coordinate services in a particular area for elderly persons and persons with disabilities.

## **Funding Limitation**

Applications will only be accepted from eligible legal entities operating in the State of Arkansas who possess the experience, financial capacity, technical capacity and administrative ability to carry out the project or projects for which the vehicle is to support. **Only one application will be accepted from each eligible legal entity and each application may not request more than one vehicle.**

The AHTD reserves the right to limit the number of applications accepted from sub-corporate entities operating under or through a principle corporate entity.

## **Application Requirements and Process**

Before filling out the application, please read and follow these instructions.

When the application has been completed, distribute copies as follows:

1. Submit one copy of the application (pages 1- 8 and page 18) to the State Clearinghouse. The mailing address is: State Clearinghouse, Office of Budget, P.O. Box 8031, Little Rock, AR 72203. The physical address is: State Clearinghouse, 1515 West Seventh Street – Suite 412, 1515 Building, Little Rock, AR 72201 **no later than Wednesday, February 22, 2012.** Their phone number is: 501-682-1074 and fax number: 501-682-5206. \*Your agency's confirmation letter and Form 424 received back from the State Clearinghouse must be included in the original application to the AHTD.
6. Submit one copy of the application (pages 1-8 and page 18) to the proper Metropolitan Planning Organization (MPO) (if your transportation service area is located in the participating communities) see MPO list (Appendix A) on pages 16-17.
7. Submit one copy of the application (pages 1-8 and page 18) to the proper Planning and Development Districts (PDD), see PDD list (Appendix A) on page 18.
8. Submit the original application with all attachments to the: Public Transportation Programs Section, Arkansas State Highway and Transportation Department, P.O. Box 2261, Little Rock, AR, 72203, **no later than 4:00 p.m. Wednesday, March 7, 2012.** The Public Transportation Programs is located in Room 111, Planning & Research Building, 10324 Interstate 30, Little Rock, AR 72209. Enter the main lobby (South Parking Lot) and request a visitor pass at the front desk.
9. Retain one complete copy for the applicant's file, with any confirmation letters from the entities that received a copy of the application.

**\*Important Note:** State Clearinghouse confirmation receipt letter and Form 424 must be submitted with the original application. The assigned number from the Clearinghouse confirmation receipt letter must be placed on the first line of the application on page 1. Example only: (AR – 123456).

Copies of other confirmation letters (MPO & PDD) and State Clearinghouse Sign-off letter must be maintained in the applicant's files. These do not need to be submitted with your application to the AHTD.

The original application should be assembled in the appropriate format and it is mandatory that it be completed with all required attachments. **Read and answer all questions. Late applications may not be considered. Incomplete applications and those lacking necessary supporting documents cannot be properly evaluated and therefore, may not be considered for funding.** Before the deadline, you may wish to contact Danny Chidester, Section 5310 Program Manager at (501) 569-2559 or [Danny.Chidester@arkansashighways.com](mailto:Danny.Chidester@arkansashighways.com) to request assistance with any questions or concerns.

Please note that this grant application is for a passenger vehicle, not for direct funds to purchase a vehicle. The AHTD will purchase all vehicles awarded to successful applicants through the appropriate State procurement process according to our specifications. Vehicles for which you can apply are limited to those listed on page 24.

Vehicles requested through this program must be accessible to the disabled unless the applicant can conclusively demonstrate to our satisfaction that:

1. Your existing transportation system is already meeting all demands for such service to the disabled as requested and required; and
2. You are providing generally equal service to the disabled; and
3. You will continue to provide these services after the acquisition of a vehicle under this program.

The AHTD will consider issuance of a waiver of the disabled accessibility requirement only if, in our opinion, all three of these conditions have been clearly and completely met.

Applications will be evaluated on a competitive basis and ranked according to a numerical ranking and evaluation process.

**1. Page 1 – Application Organization**

Enter the assigned confirmation number received from the State Clearinghouse Receipt Letter (example only - AR 12345-678). The receipt letter is received after the applicant sends required information to State Clearinghouse by the AHTD’s stated deadline.

**Legal Name of Agency:** Identify the agency’s name **exactly** as it is filed with the Certificate from the Articles of Incorporation. Public Bodies refer to their creation documents. Do not abbreviate name.

**Doing Business As:** Identify the name of the primary agency utilizing vehicle, if applicable.

**Street Address:** Indicate physical address of the legal name of agency.

**Mailing Address:** Indicate mailing address of the legal name of agency.

**City, State, and Zip:** Indicate information for the legal agency.

**Website Address:** List the website address for the legal agency.

**Executive Director:** Identify the name, title if different than Executive Director, phone number and extension, e-mail address and fax number.

**Applicant Contact Person:** Identify the name, job title, phone number and extension, e-mail address and fax number if different than Executive Director.

2. **Type of Applicant** (check one): **Public Entity** or **Private Non-Profit**. Federal funding received for the requested vehicle? Check yes or no. If no, please explain.

2a. Transportation operates in urbanized area? Check appropriate bracket.

**3. Page 2 – Client and Transportation Services**

Record separate information for two or more centers located in the same area. Example: Adult and Children Programs. Count vehicle(s) used daily for passenger transportation; do not include back up vehicle(s). If a vehicle is utilized in more than one program, list the vehicle and the total miles driven per day once under the primary program.

Record the following information:

- Name of applicant’s client service center(s)
- Physical location(s)
- Number of days operated/used per week,
- Number of vehicles used to transport clients at Center(s),
- Number of ADA accessible (with wheelchair lift and/or ramp vehicles)
- Number of active FTA vehicles used, (Quarterly Measurements Reports are currently submitted to the AHTD on these vehicles and inspections are still being conducted by the AHTD)
- Average number of clients participating in the program,
- Average number of clients transported daily in the vehicle(s),
- What percentage is elderly, disabled, or other,
- What percentage is racial minority, and
- Total miles driven per day with the vehicle(s).

SEE EXAMPLE BELOW:

Applicant Client Service Center Name	Physical Location (street address & city)	No. Days Used Per Week	Number Vehicles used to transport clients	Number ADA Accessible Vehicles	Number of Active FTA Vehicles Used*	Avg. No. Clients Participating in Program	Avg. No. Clients Transported Daily	What % is Elderly, Disabled, Other (should total 100)	What % is racial minority	Total Miles Driven Per Day
JD Adult	Conway	7	5	2		70	50	25 E 75 D O	50	700
JD Children	Conway	5	2			30	20	E 100 D O	50	120

Example: Under JD Adult Program only, an average of 50 clients utilizes the five vehicles daily traveling approximately 700 miles per day.

3b. List the geographical areas (cities, towns) clients reside.

3c. Check client's dependency on transportation provided by your agency.

3d. Record number of paid drivers and volunteer drivers.

3e. Check type of transportation service provided by your agency for **Demand Response** (door to door, passenger calls for service), **Fixed Route** (scheduled service regular route) or **Both**.

3f. Record the number of days your center is opened out of the year. Record **Yes** or **No**. Describe or attach copy of the fare policy.

3g. Do you provide service to individuals that do not attend your center? Record **Yes** or **No**.

3h. Describe effort to identify and meet the transportation needs of ethnic minority people in your service area. Example: brochures, advertisement, flyers.

#### **4. Page 3 – Client and Transportation Services**

4a. Describe in detail the type of services including transportation provided to clients.

4b. Describe the client services to be provided with the **new vehicle only** from this grant application.

Location Name. Example only: A.A.A. of Northwest Arkansas, Inc. applies and receives the FTA grant award vehicle but the location name is the Gentry Senior Activity Center.

Location Address.

Geographical area (cities, towns) clients' reside.

Client Group. (check appropriate bracket)

Total miles driven per day.

Number of hours vehicle will be utilized daily.

Total miles driven per day.

What trip purposes will the requested vehicle be used for? (check all that apply)

Will service with the requested vehicle be available to non-agency clients?

Check the days of the week that the vehicle would be operating. Explain if less than 5 days.

#### **5. Page 4 – Financial Information**

5a. Check the status of funding for your transportation services for the next four years.

5b. Record the following information from your most current IRS Form 990.

5c. Record Part 1 Data

Income Revenues: List all sources of transportation revenues and the amounts for each category listed, complete actual data.

Expenses: For each category listed, complete actual data.  
Indicate source of funds, type of funds and amount used for 20% match.

## **6. Page 5 – Transportation Management and Experience**

Agencies are responsible for maintaining the interior and exterior of the grant vehicle in a clean manner that reflects a quality transportation service. Each organization is responsible for the cost of labor, parts and supplies under the Fleet Preventative Maintenance Program.

6a. Record individual(s) and phone numbers responsible for submitting Quarterly Performance Monitoring Reports and responsible for the Fleet Preventative Maintenance Program.

6b. Record the year your organization began operating transportation services.

6c. Check all that apply when selecting drivers.

6d. Check all training courses your agency requires.

6e. Record the number of passenger vehicles in your fleet that requires a CDL Driver (vehicle designed for 15 or more passengers not including the driver).

6f. Are your CDL drivers enrolled in a Drug & Alcohol Testing Program? Record **Yes** or **No**.

If **Yes**, list the drug and alcohol organization name, location (city and state) and phone number.

6g. List experience/training your agency has in passenger transportation. Example: Training offered through Arkansas Transit Association (ATA) or other certified organization.

6h. Check what best describes your agency's fleet preventative maintenance program.

6i. List procedures taken to prevent poor vehicle maintenance. Example: oil changed every 3,000 – 4,500 miles depending on road surfaces, daily pre-trip inspection, etc.

## **7. Page 6 – Local Transportation Coordination Plan**

Local Transportation Coordination Plans (TCPs) are required by the Federal Transit Administration and the Arkansas State Highway and Transportation Department for all Section 5310 Elderly and Disabled Grant applicants.

7a. Identify the agency that prepared the TCP in your transportation service area.

7b. Identify the title of the TCP for your transportation service area.

Refer to pages 20-22 for the agencies that developed the TCPs and the titles of each TCP.

7c. \*Identify the strategy number, page number and date of the TCP that your 5310 application addresses.

\*\*To find the strategy number, page number, date and to request a copy of a current TCP, contact Danny Chidester at (501) 569-2559 or [Danny.Chidester@arkansashighways.com](mailto:Danny.Chidester@arkansashighways.com). If you have any questions regarding the coordination process and the upcoming 2012 coordination plan updates, please contact Steven Alexander at (501) 569-2561 or [Steven.Alexander@arkansashighways.com](mailto:Steven.Alexander@arkansashighways.com).

7d. Describe any coordination activities your agency has been involved in over the last 12 months.

7e. Check if your agency contracts transportation service. Attach any contracts under Attachment 1.

7f. Check if there are Section 5310 Elderly & Disabled agencies providing transportation in your service area. Record **Yes** or **No**.

7g. If yes, list the Section 5310 Elderly & Disabled agencies providing transportation in your area.

## **8. Page 7 – Equipment Request and Justification**

8a. List the item number, vehicle, and estimated cost of the vehicle that your agency is requesting (see vehicle types and interior designs starting on page 24).

8b. Explain how you propose to serve the disabled community if your agency does not have a lift/ramp equipped vehicle.

8c. If requesting a non-ADA vehicle (without wheelchair lift/ramp) include the following language in your public notice.

If requesting a non-ADA vehicle (without lift/ramp), you must include the following language in your Public Notice ad: **(Your Agency's Name) is requesting a vehicle that is not compliant with the Americans with Disabilities Act. However, (Your Agency's Name) does meet the "equivalency of service" requirements to the disabled community.** Applicant must complete and return Attachment 5, page 14.

8d. Check the category in which the vehicle requested will be used.

8e. If this is a replacement vehicle, list which vehicle it will replace. Note: A vehicle can only be replaced one time. An active vehicle cannot be a replacement vehicle or a backup vehicle.

8f. Answer if vehicle has been replaced before and if vehicle being replaced is still in operation.

8g. Describe why this vehicle is necessary.

8h. To show compliance with Section 504 and ADA program, check **yes** or **no** if your organization has written policies or procedures regarding the service provisions.

**Note: If your agency has a bus (CDL required) designed to transport 15 or more passengers (not including the driver) a Drug and Alcohol Policy is mandatory.**

## **9. Page 8 – Certification of Information and Title VI Compliance**

9a. Authorized representatives must **date and sign** the Certification of Information.

9b. Executive Director or CEO must **answer questions and sign** Title VI Compliance.

## **Page 9 – Attachment 1 - Applicant's Supporting Documentation**

Provide required information. Application is considered incomplete with the omission of any document.

Provide additional information that could be useful to the evaluators.

**Page 11 – Attachment 2 - Vehicle Inventory Form**

Complete all information required on the form. List FTA active vehicles used in passenger carrier service. Do not include staff, service vehicles, or inactive vehicles. Make additional copies of the form if necessary.

FTA Vehicle No: Assigned FTA Number (located on the front bumper license plate) for active vehicle(s) (Quarterly Performance Reports are currently submitted to the AHTD on these vehicles).

Model Year: Year manufactured (*i.e. 2010, etc.*)

Vehicle Type: Manufacturer's name (*i.e. Dodge, Ford, El Dorado, Chevy, etc.*) and use one of the following codes.

- BUS - Body on Van Chassis (17, 21 or 25 passenger bus)
- MBUS - Non-CDL (14 or 15 passenger bus)
- SVC - Van Conversion (Raised Roof - Standard Van)
- SV - Standard Van 8, 12 or 15-passenger (No conversion)
- RV - Minivan, Lowered Floor (with Ramp)
- MPV - Minivan (7 passenger or less)
- SWG - Station Wagon
- BLZ - Blazer
- SUB - Suburban
- DUR - Durango

Last 5 digits of Vehicle Identification Number (VIN): The manufacturer's unique VIN for each vehicle.

Physical Location: The Client Service Center Name and City in which the vehicle is primarily located for transportation purposes.

Counties Served with Vehicle: The counties in which the vehicle is used to transport clients for Section 5310 Program purposes.

Seating Capacity: Maximum number of passenger seats available on the vehicle.

ADA Accessible: (Wheelchair Lift or Ramp): Enter the type of ADA approved device - Lift or Ramp.

Current Condition: Write the appropriate rating.

- |      |   |
|------|---|
| Good | Few or no maintenance costs                 |
| Fair | Reasonable yearly maintenance costs         |
| Poor | Unreliable with excessive maintenance costs |
| Bad  | Non-running or dangerous                    |

Current Mileage: Total miles this vehicle has been operated. Enter date the current mileage was recorded.

**Page 12 – Attachment 3 – Public Notice Requirement**

A current Public Notice must be provided that recognizes your intent to submit this application for a federal assistance grant. It must be published once as an official notice in a newspaper(s) of general circulation in the transportation service area for which you are requesting a vehicle.

**A certified copy of the Public Notice published in the newspaper and/or the actual newspaper article clipping taped to an 8 1/2" x 11" blank paper must be submitted with your application.**

\*\*If requesting a non-ADA vehicle (without lift/ramp), you must include the following language in your Public Notice ad: **(Your Agency's Name) is requesting a vehicle that is not compliant with the Americans with Disabilities Act. However, (Your Agency's Name) does meet the "equivalency of service" requirements to the disabled community.\*\*** If requesting an ADA vehicle (with lift/ramp), omit this statement. Application is considered incomplete with the omission of this Public Notice.

**Example Only: is shown below of a Public Notice with language requesting a non-ADA vehicle.**

**PUBLIC NOTICE**

Public notice is hereby given this 3<sup>rd</sup> day of April, 2012 that the XYZ Transit Agency, Inc.  
*(Applicant's Agency's Name)*

of P.O. Box 123, Little Rock, AR 72203 has made application for funds through  
*(Applicant's Location)*

Section 49 U.S.C. Section 5310 for the purchase of the following type of passenger vehicle:

**25 passenger Bus without Lift.**

This vehicle will be used primarily for the following purposes:

**to work and medical appointments.**

Purchase of the above vehicle is considered essential to the efficient operation of this organization to provide public transportation services to elderly persons and persons with disabilities. There is no intent to infringe upon, or compete with, existing public or private transit operators, including Section 5307, urban public transit operators and Section 5311, rural public transit operators.

(XYZ Transit Agency, Inc.) is requesting a vehicle that is not compliant with the Americans with Disabilities Act. However, (XYZ Transit Agency, Inc.) does meet the "equivalency of service" requirements to the disabled community.

Any objection should be submitted in writing only to persons listed below. All comments will become a part of this organization's application and will be a matter of public record. All written comments must be submitted within 30 days of the date of this notice. Any person wishing to request a public hearing on the proposed project must submit a request in writing within 10 days of the date of this notice to the persons listed below:

Mr. John Doe  
Executive Director  
XYZ Transit Agency, Inc.  
P.O. Box 123  
Little Rock, AR 72203

and to:

Mr. Don McMillen  
Public Transportation Administrator  
Public Transportation Programs  
Arkansas State Highway and Transportation Department  
P.O. Box 2261  
Little Rock, AR 72203-2261

**Page 13 – Attachment 4 – Public or Private Operator’s Statement**

Identify existing public and private transportation providers in your service area.

Make sufficient copies of the **Public or Private Operator’s Statement** and request each of the operators to certify that they have no objections to this application. If an operator refuses to sign or does not return the form, indicate so on a duplicate form.

Public transit systems are located on page 19 of this document. Private providers include taxi companies.

If needed, review the 2011 Public Transportation Directory ([www.arkansashighways.com](http://www.arkansashighways.com) and click on Publications) or contact Danny Chidester at (501) 569-2559 or [Danny.Chidester@arkansashighways.com](mailto:Danny.Chidester@arkansashighways.com) for assistance in identifying transportation providers in your service area.

**EXAMPLE ONLY:**

NOTICE IS HEREBY GIVEN that

**\_\_\_\_\_  
Your Agency’s Name  
(Applicant Organization)**

is applying to the Arkansas State Highway and Transportation Department for aid in purchasing the following capital equipment:

**\_\_\_\_\_  
Type of Vehicle Your Agency is Requesting  
(Types of available vehicles begin on page 24)**

Purchase of the above equipment is considered essential in the provision of special transportation needs in this area.

The \_\_\_\_\_ **Transit Agency You Are Sending It To** \_\_\_\_\_ of  
(Transit Operation)

\_\_\_\_\_ **Transit Agency City, State and Zip** \_\_\_\_\_ understands that the vehicle  
(City, State, Zip)  
being requested will be used for the special purpose of transporting elderly and/or persons with disabilities as a supplement to the regularly scheduled transportation service provided by this company.

I, \_\_\_\_\_ **Signature of Transit Agency Official You Sent It To** \_\_\_\_\_ on behalf of  
(Authorized Official)

\_\_\_\_\_ **Organization Name** \_\_\_\_\_ do hereby state  
(Transit Operation)

that this agency has no objections to the operation of the equipment requested by this applicant. Below is the requested information provided by my agency.

**EXAMPLE ONLY:**

Service Area	No. of Vehicles	Service (Demand Response or Fixed Route)	ADA Accessible Yes or No
<i>Little Rock</i>	<i>2</i>	<i>Demand Response</i>	<i>Yes</i>
<i>Lonoke</i>	<i>1</i>	<i>Fixed Route</i>	<i>Yes</i>

**Page 14 – Attachment 5 – Certification of Equal Access for Persons with Disabilities**

Applicants must answer these questions and sign to demonstrate compliance with providing disabled persons with equal access to your transportation program.

**Certification of Equal Access for Persons with Disabilities  
Under the Section 5310 Program**

**(Required before purchase of vehicle without ADA access features (without lift/ramp) required in 49 CFR Part 38, [www.fta.dot.gov/civilrights/ada/civil\\_rights\\_3905.html](http://www.fta.dot.gov/civilrights/ada/civil_rights_3905.html))**

I hereby certify, that when viewed in its entirety, the demand-responsive and/or fixed route passenger transportation program of \_\_\_\_\_ provides disabled persons with access equal to that afforded to any other persons in terms of the following criteria.

- 8) Response time;
- 9) Fares;
- 10) Geographic area of service;
- 11) Hours and days of service;
- 12) Restrictions based on trip purpose;
- 13) Availability of information and reservations capabilities; and
- 14) Constraints on capacity or service availability.

Certified this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
(Executive Director’s Signature)

\_\_\_\_\_  
(Typed/Printed Name)

\_\_\_\_\_  
(Title)

-----  
**To determine if your agency can provide equal access, please answer the following questions. In addition, if your agency is applying for a non-ADA accessible vehicle, this must be stated in your Public Notice (see page 8 of this document for required language).**

**Total number of vehicles used to transport clients (all centers)? \_\_\_\_\_**

**Total number of vehicles ADA accessible (with lift/ramp)? \_\_\_\_\_**

**How long would it take to provide a backup vehicle, if necessary? \_\_\_\_\_**

**Page 15 – Attachment 6 – Certification of Eligibility for Local Public Entities**

**This form is for City or County Governments only**, which certify that there are no non-profit organizations ready, willing and available in the area to provide transportation service. Efforts to solicit service must be documented and included with certification. Documentation shall include a list of all existing transportation providers to whom letters were mailed.

**LOCAL PUBLIC ENTITY ELGIBILITY**

I, \_\_\_\_\_, the duly elected executive official of the  
(Elected Official’s Signature)

\_\_\_\_\_ (Local Public Entity) hereby certify that there are no private non-profit organizations in the proposed service area are readily available to provide transportation services to elderly and disabled persons as outlined in this application.

Certified this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

**If Applicant is a Public Entity (City or County Government), please complete and attach the Private Non-Profit Response Form located on next page (p. 12) to verify eligibility.**

**Note: Pages 11-12 do not apply to Private Non-Profit Organizations. These pages only refer to public governmental agencies such as City and County Governments.**

## AVAILABILITY OF PRIVATE NON-PROFIT RESPONSE FORM

Letters were sent on \_\_\_\_\_ (date) to the following private non-profit organizations in \_\_\_\_\_ (city/county). Indicate responses

received and attach copies of responses or correspondence. <b><u>NAME</u></b>	<b><u>ADDRESS</u></b>	Response Received	
		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Page 17 – Attachment 7 – Certification of Vehicle Operation**

This certifies that your organization is utilizing each active vehicle purchased with the Federal Transit Administration (FTA) funds in accordance with the Federal and State program guidelines. If your agency does not currently have \*FTA active vehicles, omit this certification.

**CERTIFICATION OF VEHICLE OPERATION**

I, \_\_\_\_\_, hereby certify that each active vehicle  
(Executive Director’s Signature)

purchased with the Federal Transit Administration funds are being used in accordance with Federal and State program guidelines. Active vehicles are those for which reports are submitted to the AHTD. Further, the vehicle is being utilized (in terms of ridership, mileage, etc.) as proposed in the agency’s application and in accordance with the goals and objectives of transit local coordination efforts.

Certified this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\*FTA Active Vehicle(s) – Quarterly Performance Reports are currently submitted to the AHTD on these vehicles.

## **Page 18 – Attachment 8 – Application for Federal Assistance Form 424**

This is a standard form used by applicants as a required face sheet for pre-applications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission. A confirmation receipt letter and assigned number will be sent to the applicant. The assigned number must be placed on the first line of the application on page 1. Ex. Only: (AR – 123456).

This must be completed and sent with a copy of the application to the State Clearinghouse. The mailing address is: State Clearinghouse, Office of Budget, P.O. Box 8031, Little Rock, AR 72203. The physical address is: State Clearinghouse, 1515 West Seventh Street – Suite 412, 1515 Building, Little Rock, AR 72201 **no later than Wednesday, February 22, 2012.**

### **Item:**

### **Entry:**

- 1 Type of Submission (completed info – **Application is Non-Construction; automatically listed**).
- 2 Date application submitted to the AHTD and applicant's control number (if applicable).
- 3 State use only (if applicable).
- 4 Federal use only (if applicable).
- 5 Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application.
- 6 Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.
- 7 Enter the appropriate letter in the space provided.
- 8 Check appropriate box and enter appropriate letter(s) in the space(s) provided.
  - “New” means a new assistance award (completed info – **New; automatically listed**).
  - “Continuation” means an extension for an additional funding/budget period for a project with a projected completion date.
  - “Revision” means any change in the Federal Government's financial obligation or contingent liability from an existing obligation.
- 9 Name of Federal agency from which assistance is being requested with this application (completed info – **U.S. Dept. of Transportation, Federal Transit Administration; automatically listed**).
- 10 Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested (completed info – 5310 Program number is: **20-513; automatically listed**).
- 11 Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For pre-applications, use a separate sheet to provide a summary description of this project.
- 12 List only the largest political entities affected (e.g., State, counties, cities).
- 13 Leave Blank.
- 14 List the applicant's Congressional District and any District(s) affected by the program or project.  
**1 = Rick Crawford (R); 2 = Tim Griffin (R); 3 = Steve Womack (R); 4 = Mike Ross (D).** See page 23 of this document for a Congressional District map of Arkansas.
- 15 Estimated cost of vehicle. a. Federal share (80%) b. Applicant share (20%) and g. Total (100%).
- 16 Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process. (choose a - date submitted to State Clearing House).
- 17 This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.
- 18 To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)

## WHAT HAPPENS NEXT FOR THE GRANTEES?

**Applications are open** – Applications for the 5310 Grant Program are available by written request or download: [www.arkansashighways.com](http://www.arkansashighways.com) click on Publications→Public Transportation Programs→Federal Programs/Applications→E&D Section 5310 and scroll down to the heading: “Grant Application Period”.

**Applications are submitted** – Applications for the 5310 Grant Program are due at the AHTD no later than **4:00 p.m. Wednesday, March 7, 2012**. Applications received after that time will be considered late and may not be considered for funding.

**Applications are evaluated** – All eligible applications will be evaluated on a competitive basis and ranked according to an objective evaluation process.

**Funds allocated** – The Federal Transit Administration (FTA) funds the 5310 Grant Program; after allocating a certain amount for the program, the FTA notifies the AHTD of this amount. After the AHTD has an allocation amount to work with, a program of projects is developed based on the prioritized list.

**Contract (Grants) forwarded to the FTA** – The AHTD assembles all recommended grants and their costs into a single application and submits it to Upper Management and the FTA for approval. The FTA must approve each grant before any expenses may be incurred or obligated.

**Applicants are notified** – Applicants are notified by letter as to the results of their application.

**Contract agreements are executed** – The AHTD and each applicant must execute a contract agreement describing the terms and conditions of the grant.

**Vehicle specifications developed/Bids sought** – Vehicle specifications are written by the AHTD. All acquisitions must be made through a structured bid process.

**The AHTD requests vehicle options from applicants** – Applicants will be contacted to finalize available options for the vehicle order.

**Vehicles are delivered** – Each applicant will be notified by letter to schedule a vehicle pick up date.

	Jan 2012	Feb 2012	Mar 2012	Apr 2012	May 2012	Jun 2012	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013
Application Open	✓	✓	✓										
Application Due			✓										
Applications evaluated				✓	✓	✓							
Contracts to FTA							✓						
Applicants Notified/Contract Agreements							✓	✓					
Vehicle Spec. / Bid Process							✓	✓					
AHTD Requests Vehicle Options from Applicants								✓	✓				
Vehicles Ordered								✓	✓	✓			
2013 Vans Delivered											✓	✓	✓
2013 Buses Delivered											✓	✓	✓

This chart illustrates the **approximate** intervals between application for the 5310 grant and delivery of vehicles. This time-frame is subject to change based on grant approval, vehicle bid and the vehicle delivery process.

## APPENDIX A

### Statewide Metropolitan Planning Organizations (MPOs)

#### **City of Hot Springs Area Metropolitan Planning Organization**

P.O. Box 700  
100 Broadway Terrace, Slot #7  
Hot Springs, AR 71902

Dianne Morrison, MPO Study Director  
Phone: (501) 321-4804  
Fax: (501) 321-6809  
Email: [dmorrison@cityhs.net](mailto:dmorrison@cityhs.net)  
Website: [http://www.cityhs.net/business\\_transportation\\_planning.html](http://www.cityhs.net/business_transportation_planning.html)

#### Participating Communities/Entities:

City of Hot Springs  
City of Mountain Pine  
Hot Springs Village  
Garland County  
Hot Spring County  
Greater Hot Springs  
Chamber of Commerce

#### **City of Jonesboro Metropolitan Planning Organization**

P.O. Box 1845  
515 West Washington Avenue  
Jonesboro, AR 72403

Muhammad "Amin" Ulkarim, Study Director  
Phone: (870) 933-4623  
Fax: (870) 933-4619  
Email: [mulkarim@jonesboro.org](mailto:mulkarim@jonesboro.org)  
Website: [www.jonesboro.org/MPO/mpo.htm](http://www.jonesboro.org/MPO/mpo.htm)

#### Participating Communities/Entities:

City of Jonesboro  
City of Bay  
City of Bono  
City of Brookland  
Craighead County

#### **Frontier Metropolitan Planning Organization**

P.O. Box 2067  
1109 S. 16th St  
Fort Smith, AR 72902

Tim Conklin, MPO Study Director  
Phone: (479) 785-2651  
Fax: (479) 785-1964  
Email: [tconklin@wapdd.org](mailto:tconklin@wapdd.org)  
Website: [www.frontiermpo.org](http://www.frontiermpo.org)

#### Participating Communities/Entities:

Alma, AR	Arkoma, OK
Barling, AR	Bonanza, AR
Fort Smith, AR	Greenwood, AR
Kibler, AR	Lavaca, AR
Moffet, OK	Muldrow, OK
Pocola, OK	Roland, OK
Rudy, AR	Spiro, OK
Van Buren, AR	Crawford County
LeFlore County, OK	Sebastian County
Sequoyah County, OK	

#### **Metroplan**

501 W. Markham - Suite B  
Little Rock, AR 72201

Casey Covington, Study Director  
Phone: (501) 372-3300  
Fax: (501) 372-8060  
Email: [covington@metroplan.org](mailto:covington@metroplan.org)  
Website: [www.metroplan.org](http://www.metroplan.org)

#### Participating Communities/Entities:

Alexander	Austin
Benton	Bryant
Cabot	Cammack Village
Conway	Haskell
Jacksonville	Little Rock
Maumelle	Mayflower
North Little Rock	Shannon Hills
Sherwood	Vilonia
Ward	Wooster
Wrightsville	Faulkner County
Lonoke County	Pulaski County
Saline County	Central Arkansas Transit

#### **Northwest Arkansas Regional Planning Commission**

1311 A Clayton Street  
Springdale, AR 72762

John McLarty, Study Director  
Phone: (479) 751-7125  
Fax: (479) 751-7170  
Email: [john@nwarpc.com](mailto:john@nwarpc.com)  
Website: [www.nwarpc.com](http://www.nwarpc.com)

#### Participating Communities/Entities:

Bella Vista	Benton County
Bentonville	Bethel Heights
Cave Springs	Centerton
Elm Springs	Fayetteville
Farmington	Johnson
Lowell	Ozark Regional Transit

Razorback Transit                      Rogers  
Springdale                                Tonitown  
Washington County

**Southeast Arkansas Regional Planning Commission**

1300 Ohio  
P.O. Box 8398  
Pine Bluff, AR 71611

Jerre George, Executive Director  
Phone: (870) 534-4247  
Fax: (870) 534-1555  
Email: [jerregeorge@cablelynx.com](mailto:jerregeorge@cablelynx.com)  
Website: <http://www.searpc.com/>

Participating Communities/Entities:

Pine Bluff  
White Hall  
Jefferson County

**City of Texarkana Metropolitan Planning Organization**

220 Texas Boulevard  
P.O. Box 1967  
Texarkana, TX 75504

Brad McCaleb, P.E. Study Director  
Phone: (903) 798-3927  
Fax: (903) 798-3773  
Email: [mccaleb@txkusa.org](mailto:mccaleb@txkusa.org)  
Website: [www.texarkanampo.org](http://www.texarkanampo.org)

Participating Communities/Entities:

Texarkana, AR                      Texarkana, TX  
Wake Village, TX                      Nash, TX  
Bowie County, TX                      Miller County, AR

**City of West Memphis Metropolitan Planning Organization**

205 South Reddington Street  
West Memphis, AR 72303

Eddie Brawley, P.E. Study Director  
Phone: (870) 735-8148  
Fax: (870) 735-8158  
Email: [bce@sbcglobal.net](mailto:bce@sbcglobal.net)  
Website: [mpo.midsouthcc.edu](http://mpo.midsouthcc.edu)

Participating Communities/Entities:

West Memphis                      Marion  
Sunset                                Crittenden County  
Memphis Area Assoc.  
of Governments

## PLANNING AND DEVELOPMENT DISTRICTS

### **Central Arkansas Planning & Development District (CAPDD)**

P.O. Box 300 115 Jefferson St.  
Lonoke, AR 72086  
Phone: 501-676-2721 Fax: 501-676-5020  
Rodney Larsen, Executive Director  
Counties: Faulkner, Lonoke, Monroe, Prairie, Pulaski and Saline

### **East Arkansas Planning & Development District (EAPDD)**

P.O. Box 1403 2905 King St.  
Jonesboro, AR 72403 72401  
Phone: 870-932-3957 Fax: 870-932-0135  
Richard Spelic, Executive Director  
Counties: Clay, Craighead, Crittenden, Cross, Greene, Lawrence, Lee, Mississippi, Phillips, Poinsett, Randolph and St. Francis

### **Northwest Arkansas Economic Development District (NWAEDD)**

P.O. Box 190 818 Hwy. 62/65 N.  
Harrison, AR 72602-0190  
Phone: 870-741-5404 Fax: 870-741-1905  
J. Michael Norton, Executive Director  
Counties: Baxter, Benton, Boone, Carroll, Madison, Marion, Newton, Searcy and Washington

### **Southeast Arkansas Economic Development District (SEAEDD)**

P.O. Box 6806 8th & Walnut Sts.  
Pine Bluff, AR 71611  
Phone: 870-536-1971 Fax: 870-536-7718  
Glenn Bell, Executive Director  
Counties: Arkansas, Ashley, Bradley, Chicot, Cleveland, Desha, Drew, Grant, Jefferson and Lincoln

### **Southwest Arkansas Planning and Development District (SWAPDD)**

P.O. Box 767 600 Bessie St.  
Magnolia, AR 71753  
Phone: 870-234-4030 Fax: 870-234-0135  
Terry Sherwood, Executive Director  
Counties: Calhoun, Columbia, Dallas, Hempstead, Howard, Lafayette, Little River, Miller, Nevada, Ouachita, Sevier and Union

### **West Central Arkansas Planning & Development District (WCAPDD)**

P.O. Box 21100 835 Central Avenue Suite 201  
Hot Springs, AR 71903 71901  
Phone: 1-800-264-1001, 501-525-7577 Fax: 501-525-7677  
Dwayne Pratt, Executive Director  
Counties: Clark, Conway, Garland, Hot Spring, Johnson, Montgomery, Perry, Pike, Pope and Yell

### **Western Arkansas Planning & Development District (WAPDD)**

P.O. Box 2067 1109 South 16th St.  
Ft. Smith, AR 72901 72902  
Phone: 501-785-2651 Fax: 501-785-1964  
John Guthrie, Executive Director  
Counties: Crawford, Franklin, Logan, Polk, Scott, and Sebastian

### **White River Planning & Development District (WRPDD)**

P.O. Box 2396 Regional Services Center  
Batesville, AR 72503-2396 Hwy. 25 N., 72501  
Phone: 870-793-5233 Fax: 870-793-4035  
Van Thomas, Executive Director  
Counties: Cleburne, Fulton, Independence, Izard, Jackson, Sharp, Stone, Van Buren, White, and Woodruff

## **Protection of Public Transit Systems**

Federal aid is available to transportation providers from three major sources within the U.S. Department of Transportation: Section 5307 for urbanized areas (Little Rock-North Little Rock, Fort Smith, Hot Springs, Jonesboro, Springdale, Pine Bluff, Fayetteville, and Texarkana); Section 5311 for non-urbanized areas; and Sections 5310, 5316 and 5317 for either or both. Where there is a known Section 5307 or Section 5311 public transit system in the area, that system will be given priority to furnish transportation within their service area insofar as they can or wish to do so.

### **SECTION 5307 SMALL URBAN PUBLIC TRANSIT SYSTEMS**

Central Arkansas Transit Authority  
901 Maple Street  
North Little Rock, AR 72114  
Executive Director – Betty Wineland  
Phone: (501) 375-6717

City of Fort Smith  
P.O. Box 1908  
Fort Smith, AR 72902  
Transit Director – Ken Savage  
Phone: (479) 494-7690

Hot Springs Intra-City Transit  
100 Broadway Terrace  
Hot Springs, AR 71901  
Resident Advisor – Bob Reddish  
Phone: (501) 321-2020

Jonesboro Economical Transportation System  
P.O. Box 1845  
Jonesboro, AR 72403  
Transportation Coordinator – Steve Ewart  
Phone: (870) 935-5387

Ozark Regional Transit  
P.O. Box 785  
Springdale, AR 72764  
Executive Director – Phil Pumphrey  
Phone: (479) 756-9109

Pine Bluff City Transit  
2300 E. Harding  
Pine Bluff, AR 71601  
Transit Manager – Larry Reynolds  
Phone: (870) 534-5130

Razorback Transit  
155 Razorback Road  
Fayetteville, AR 72701  
Director – Mike Seither  
Phone: (479) 575-6292

Texarkana Urban Transit District  
818 Elm Street  
Texarkana, TX 75501  
General Manager – Lynda Woods-Pugh  
Phone: (903) 794-0435

### **SECTION 5311 RURAL PUBLIC TRANSIT SYSTEMS**

Area Agency on Aging of Southeast Arkansas  
P.O. Box 8569  
Pine Bluff, AR 71611  
President/CEO – Betty Bradshaw  
Phone: (870) 543-6300

Black River Area Development Corporation  
1403 Hospital Drive  
Pocahontas, AR 72455  
Executive Director – Jim Jansen  
Phone: (870) 892-4547

Eureka Springs Transit  
137-A West Van Buren  
Eureka Springs, AR 72632  
Transit Director – Kenneth "Smitty" Smith  
Phone: (479) 253-9572

Mid-Delta Community Services  
P.O. Box 745  
Helena, AR 72342  
Executive Director – Margaret Staub  
Phone: (870) 338-9004

North Arkansas Transportation Services  
P.O. Box 190  
Harrison, AR 72602-0190  
Transit Manager – Jo Anna Cartwright  
Phone: (870) 741-8008

Ozark Regional Transit  
P.O. Box 785  
Springdale, AR 72764  
Transit Director – Phil Pumphrey  
Phone: (479) 756-9109

South Central Arkansas Transit  
P.O. Box 580  
Benton, AR 72018  
Transit Manager – Cindy Dedman  
Phone: (501) 332-6215

Western Transportation System  
P.O. Box 1724  
Fort Smith, AR 72902  
Transportation Project Director – Dina Newman  
Phone: (479) 783-4500

**Local Transportation Coordination Plans (TCPs) and Agencies**

All 5310 Elderly & Disabled Grant projects must be derived from a locally developed Transportation Coordination Plan (TCP). The following lead agencies have developed TCPs for the following counties.

<u>Lead Agency</u>	<u>Counties Covered</u>	<u>TCP Title</u>
<b>Arkansas Transit Association</b> 620 West Broadway North Little Rock, AR 72114  Ann H. Gilbert, Executive Director Phone: (501) 372-8900 Fax: (501) 372-8901	Faulkner	Central Arkansas District TCP
	Lonoke	
	Monroe	
	Prairie	
	Pulaski	
	Saline	East Arkansas District TCP
	Clay	
	Craighead	
	Crittenden	
	Cross	
	Greene	
	Lawrence	
	Lee	
	Mississippi	
	Phillips	
Randolph	Southeast Arkansas District TCP	
St. Francis		
Poinsett		
Arkansas		
Ashley		
Bradley		
Chicot		
Cleveland		
Desha		
Drew		
Grant	West Central Arkansas District TCP	
Jefferson		
Lincoln		
Clark		
Conway		
Garland		
Hot Spring		
Johnson		
Montgomery		
Perry		
Pike	Western Arkansas District TCP	
Pope		
Yell		
Crawford		
Franklin		
Logan		
Polk		
Scott		
Sebastian		

<u>Lead Agency</u>	<u>Counties Covered</u>	<u>TCP Title</u>
<p><b>Central Arkansas Transit Authority</b>  901 Maple Street  North Little Rock, AR 72114</p> <p>Matthew Long, Transit Planner  Phone: (501) 375-6717  Fax: (501) 375-6812</p>	Pulaski	Central Arkansas Transit Authority TCP
<p><b>East Arkansas Planning &amp; Development District</b>  P.O. Box 1403  Jonesboro, AR 72403</p> <p>Richard Spelic, Executive Director  Phone: (870) 932-3957  Fax: (870) 932-0135</p>	Greene	Greene County TCP
<p><b>Fort Smith Transit</b>  P.O. Box 1908  6821 Jenny Lind Road  Fort Smith, AR 72902</p> <p>Ken Savage, Transit Director  Phone: (479) 784-2320  Fax: (479) 494-7347</p>	Franklin Logan Sebastian	River Valley Transportation Providers TCP
<p><b>Hot Springs Area Metropolitan Planning Organization</b>  P.O. Box 700  100 Broadway Terrance, Slot #7  Hot Springs, AR 71902</p> <p>Dianne Morrison, MPO Study Director  Phone: (501) 321-4804  Fax: (501) 321-6809</p>	Garland	Garland County TCP
<p><b>Independent Living Services, Inc.</b>  P.O. Box 1990  1615 Independence  Conway, AR 72034</p> <p>Jackie Fliss, Executive Director  Phone: (501) 327-5234  Fax: (501) 327-7251</p>	Faulkner	Faulkner County TCP
<p><b>Jonesboro Metropolitan Planning Organization</b>  P.O. Box 1845  515 W. Washington Avenue  Jonesboro, AR 72403-1845</p> <p>Muhammad "Amin" Ulkarim, Study Director  Phone: (870) 933-4635  Fax: (870) 933-4619</p>	Craighead	Jonesboro MPO TCP

**Lead Agency**

**Counties Covered**

**TCP Title**

**Northwest Arkansas Economic Development District**

P.O. Box 190  
818 Hwy. 62-65-412 North  
Harrison, AR 72603

J. Michael Norton, Executive Director  
Phone: (870) 741-6718  
Fax: (870) 741-1905

Baxter  
Boone  
Carroll  
Madison  
Marion  
Newton  
Searcy

Regional Enhancement  
of Arkansas Coordinated  
Transportation Services  
(REACTS) TCP

**Northwest Arkansas Regional Planning Commission**

1311 A Clayton Street  
Springdale, AR 72762

John McLarty, Study Director  
Phone: (479) 751-7125  
Fax: (479) 751-7150

Benton  
Washington

Northwest Arkansas  
Regional Planning  
Commission TCP

**Southeast Arkansas Regional Planning Commission**

P.O. Box 8398  
1300 Ohio  
Pine Bluff, AR 71611

Jerre George, Executive Director  
Phone: (870) 534-4247  
Fax: (870) 534-1555

Jefferson

Jefferson County TCP

**Southwest Arkansas Economic Development District**

P.O. Box 767  
600 Bessie Street  
Magnolia, AR 71754-0767

Terry Sherwood, Executive Director  
Phone: (870) 234-4030  
Fax: (870) 234-0135

Calhoun  
Columbia  
Dallas  
Hempstead  
Howard  
Lafayette  
Little River  
Miller  
Nevada  
Ouachita  
Sevier  
Union

Southwest Arkansas District  
TCP

**White River Planning & Development District**

P.O. Box 2396  
Batesville, AR 72503-2396

Van Thomas, Executive Director  
Phone: (870) 793-5233  
Fax: (870) 793-4035

Cleburne  
Fulton  
Independence  
Izard  
Jackson  
Sharp  
Stone  
Van Buren  
White  
Woodruff

White River District TCP



**APPENDIX B – 2013 VEHICLE TYPES**  
(Driver Included in Passenger Numbers)

<u>Vehicle Item No.</u>	<u>Vehicle Description</u>	<u>State Bid No.</u>	<u>*Estimated Base Starting Cost</u>
<b>Standard (Non ADA) Vehicles without Lifts/Ramps (CDL Not Required)</b>			
1	Standard Minivan, 7 Passenger	PT 10-0001 #38	\$25,063
2	Standard Van, 8 Passenger	PT 10-0001 #34	\$22,358
3	Standard Van, 12 Passenger	PT 10-0001 #35	\$25,537
4	Aisle Conversion Van (Executive Top) w/o Lift, 13 Passenger	PT 11-03 Item 1	\$37,659
5	Conversion Van (High Top) w/o Lift, 13 Passenger	PT 11-04 Item 1	\$46,428
6	Small Cutaway Bus w/o Lift, 14 Passenger	PT 11-05	\$45,223
<b>ADA Accessible Vehicles with Lifts/Ramps (CDL Not Required)</b>			
7	Minivan, Lowered Floor, w/Ramp 1/2 WC	PT 11-01	\$40,322
8	Aisle Conversion Van (Executive Top) w/Rear Lift, 8/2 WC	PT 11-03 Item 2	\$40,720
9	Conversion Van (High Top) w/Lift, 9/1 WC	PT 11-04 Item 2	\$48,631
10	Conversion Van (High Top) w/Lift, 9/2 WC	PT 11-04 Item 3	\$49,273
11	Small Cutaway Bus w/Lift, 11/1 WC	PT 11-05	\$47,773
12	Small Cutaway Bus w/Lift, 9/2 WC	PT 11-05	\$48,343
<b>Standard (Non ADA) and ADA Accessible Buses (CDL Required)</b>			
13	Medium Cutaway Bus, 17 Pass. w/o Lift (gas engine)	PT 11-06 Item 1	\$47,792
14	Medium Cutaway Bus w/Lift, 9/2 WC (gas engine)	PT 11-06 Item 1	\$50,108
15	Medium Cutaway Bus, 21 Pass. w/o Lift (gas engine)	PT 11-06 Item 2	\$51,600
16	Medium Cutaway Bus w/Lift, 13/2 WC (gas engine)	PT 11-06 Item 2	\$53,781
17	Medium Cutaway Bus, 25 Pass. w/o Lift (gas engine)	PT 10-06 Item 3	\$54,348
18	Medium Cutaway Bus w/Lift, 17/2 WC (gas engine)	PT 10-06 Item 3	\$56,529

**Note #1: Large Cutaway Buses and Diesel Engines not available. Medium Cutaway ADA Accessible Buses must have 2 WC positions due to Federal requirements; 1 WC position not allowed.**

**Note #2: ADA accessible vehicles can seat additional individuals when wheelchair clients are not being transported. Example: 9/2 WC = 9 ambulatory passengers and 2 wheelchair clients  
or  
11/0 WC = 11 ambulatory passengers and 0 wheelchair clients**

**Note #3: Agencies are responsible for 20% (local match) of \*estimated base starting cost. Final vehicle costs will be known at a later date (approximately September/October 2012) after the State vehicle specification and bid process is complete. Estimate does not include cost of vehicle options (ex. child safety alert system, seatbelt extensions, safety bumpers, etc.) If your application is approved, vehicle option information will be requested from the agency at a later date.**

# VEHICLE ORDER FORM



Note: This is a sample picture for Item 1.

## **Vehicle Item 1. 7-Passenger Standard Minivan**

**Item 1: 7-Passenger Standard Minivan Base Price: \$25,063  
(Agency's 20% local match - \$5,013)**

# VEHICLE ORDER FORM



Note: This is a sample picture for Item 2.

## **Vehicle Item 2. 8-Passenger Standard Van**

**Item 2: 8-Passenger Standard Van Base Price: \$22,358  
(Agency's 20% local match - \$4,472)**

# VEHICLE ORDER FORM



Note: This is a sample picture for Item 3.

## **Vehicle Item 3. 12-Passenger Standard Van**

**Item 3: 12-Passenger Standard Van Base Price: \$25,537  
(Agency's 20% local match - \$5,107)**

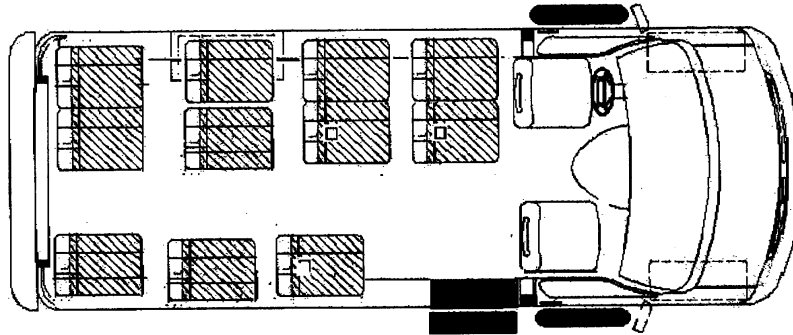
# VEHICLE ORDER FORM



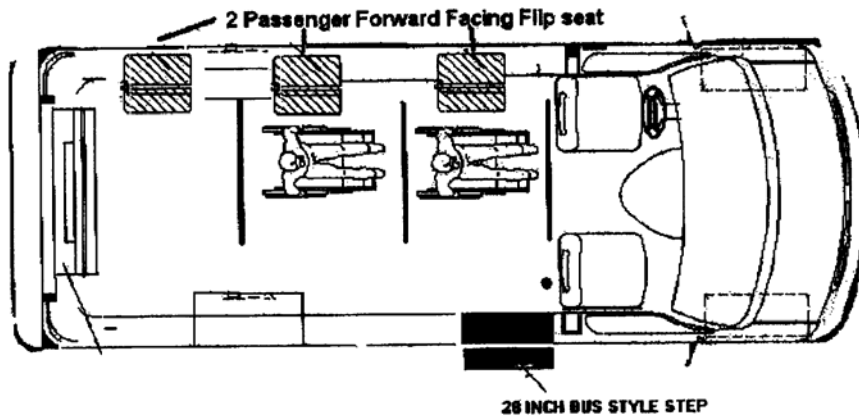
Note: These are sample pictures for Items 4 and 8.

## Vehicle Items 4 and 8. Aisle Conversion Van with Executive Top

Item 4: (Executive Top), 13-Passenger Van; Base Price: \$37,659 (Agency's 20% local match - \$7,532)



Item 8: (Executive Top), 8/2 WC; Base Price: \$40,720 (Agency's 20% local match - \$8,114)



# VEHICLE ORDER FORM

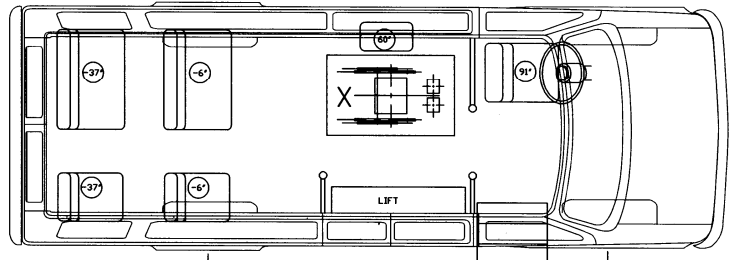
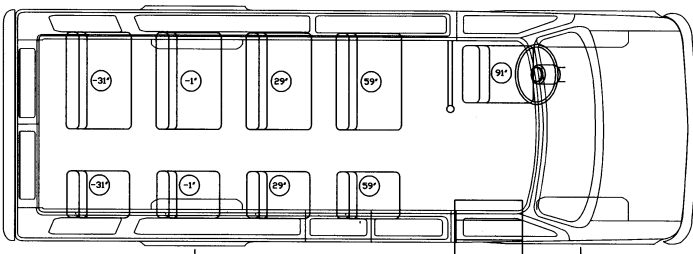


Note: This is a sample picture for Items 5, 9 and 10.

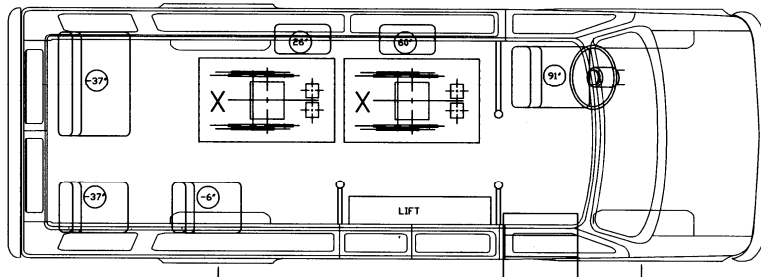
## Vehicle Items 5, 9 and 10. Conversion Van with Transit High Top

**Item 5: 13-Passenger Van, Base Price: \$46,428  
(Agency's 20% local match - \$9,286)**

**Item 9: 9/1 WC, Base Price: \$48,631  
(Agency's 20% local match - \$9,726)**



**Item 10: 9/2 WC, Base Price \$49,273  
(Agency's 20% local match - \$9,855)**



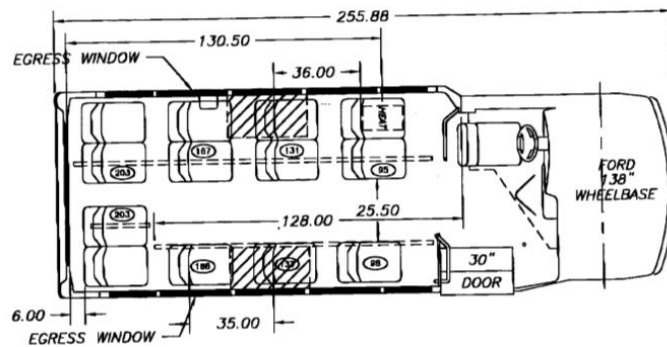
# VEHICLE ORDER FORM



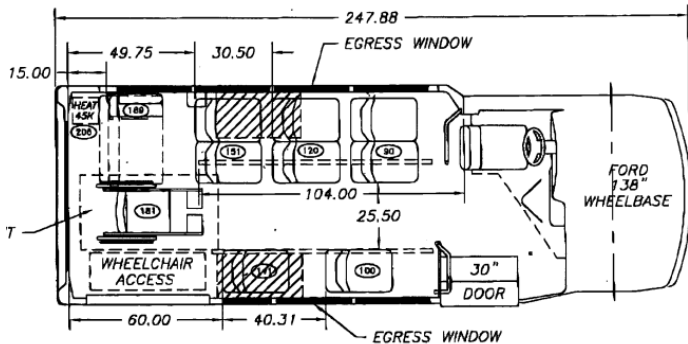
Note: These are sample pictures for Items 6, 11 and 12.  
Your vehicle will be solid white with no stripes or extra colors.

## Vehicle Items 6, 11 and 12. Small Cutaway Bus

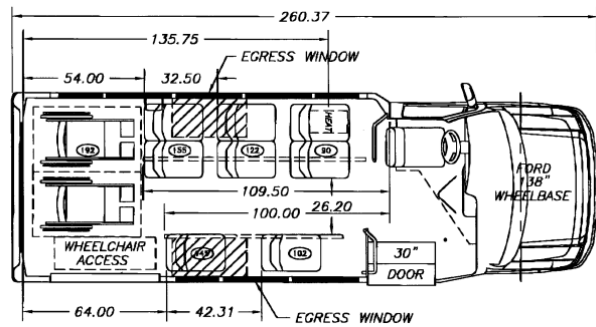
**Item 6: Small Cutaway 14-Passenger Bus w/o Lift Base Price: \$45,223  
(Agency's 20% local match - \$9,045)**



**Item 11: 11/1 WC Base Price: \$47,773  
(Agency's 20% local match - \$9,555)**



**Item 12: 9/2 WC Base Price: \$48,343  
(Agency's 20% local match - \$9,669)**



# Vehicle Order Form

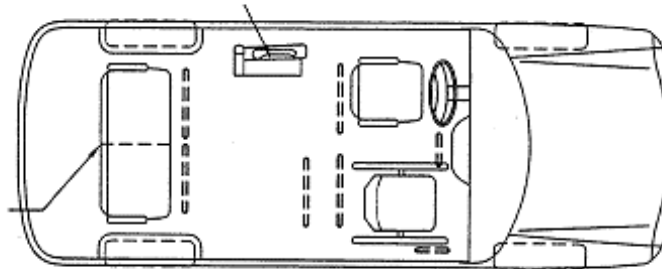


Note: This is a sample picture for Item 7.

## Vehicle Item 7. Ramp Van

Item 7: 6/0 WC, 2/1 WC, 1/2 WC Base Price: \$40,322  
(Agency's 20% local match - \$8,064)

Double Flip Seat



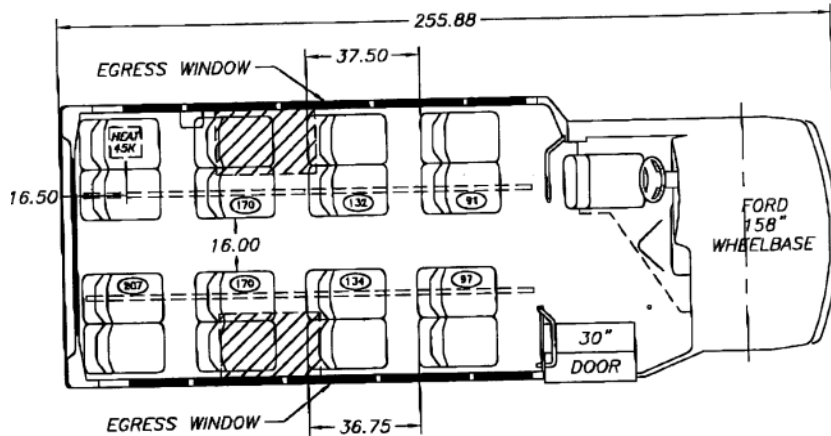
# VEHICLE ORDER FORM



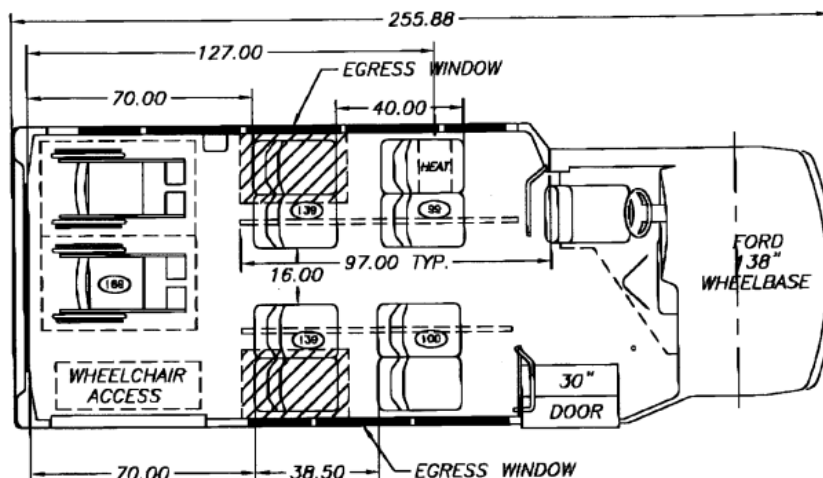
Note: These are sample pictures of items 13 and 14.  
Your vehicle will be solid white with no stripes or extra colors.

## Vehicle Items 13 and 14. (CDL Required) Medium Cutaway Bus

**Item 13: 17-Passenger Bus Base Price: \$47,792**  
**(Agency's 20% local match - \$9,558)**



**Item 14: 9/2 WC Base Price: \$50,108**  
**(Agency's 20% local match - \$10,022)**



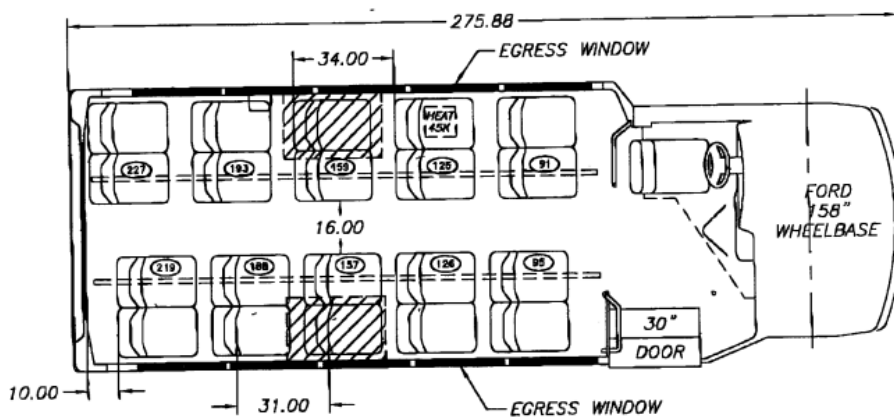
# VEHICLE ORDER FORM



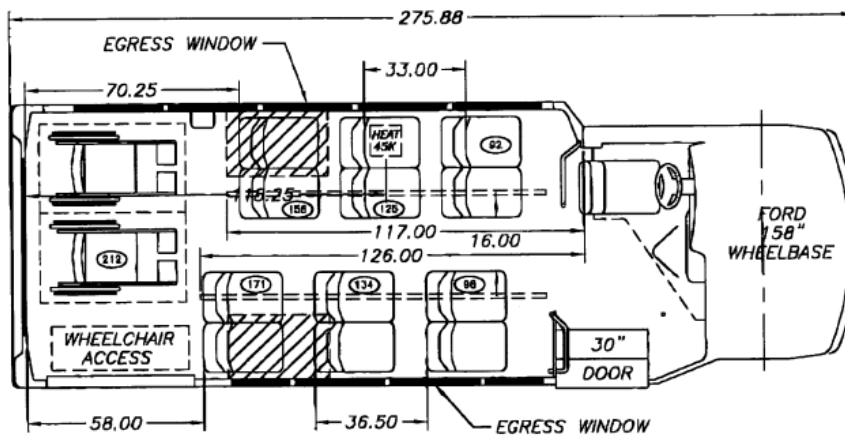
Note: These are sample pictures of items 15 and 16.  
Your vehicle will be solid white with no stripes or extra colors.

## Vehicle Items 15 and 16. (CDL Required) Medium Cutaway Bus

Item 15: 21-Passenger, Base Price: \$51,600  
(Agency's 20% local match - \$10,320)



Item 16: 13/2 WC, Base Price: \$53,781  
(Agency's 20% local match - \$10,756)



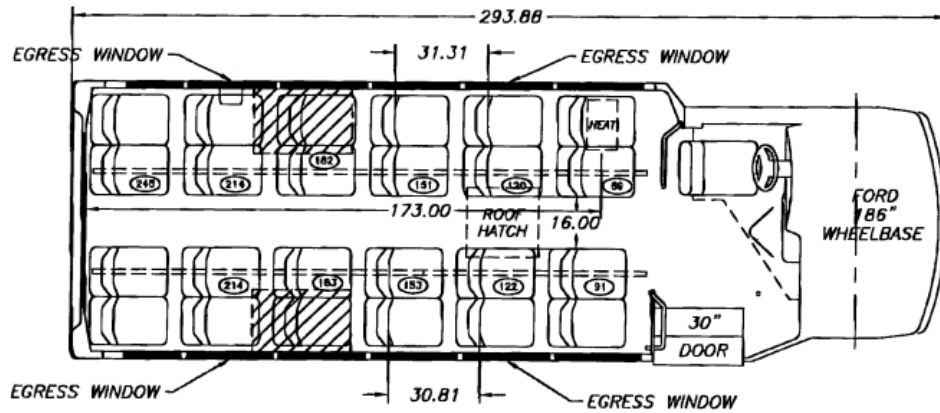
# VEHICLE ORDER FORM



Note: These are sample pictures of items 17 and 18.  
Your vehicle will be solid white with no stripes or extra colors.

## Vehicle Items 17 and 18. (CDL Required) Medium Cutaway Bus

**Item 17: 25-Passenger, Base Price: \$54,348  
(Agency's 20% local match - \$10,870)**



**Item 18: 17 1/2 WC, Base Price: \$56,529  
(Agency's 20% local match - \$11,306)**

