

FUNDING APPLICATION

Section 5310 Grant: Enhanced Mobility of Seniors and Individuals with Disabilities

BACKGROUND

This program (49 U.S.C. 5310) provides formula funding to states for the purpose of assisting private nonprofit groups in meeting the transportation needs of older adults and people with disabilities when the transportation service provided is unavailable, insufficient, or inappropriate to meeting these needs.

Section 5310 aims to improve mobility for seniors and individuals with disabilities by removing barriers to transportation service and expanding transportation mobility options. This program supports transportation services planned, designed, and carried out to meet the special transportation needs of seniors and individuals with disabilities in all areas – large urbanized (over 200,000), small urbanized (50,000-200,000), and rural (under 50,000). Eligible projects include both “traditional” capital investment and “nontraditional” investment beyond the Americans with Disabilities Act (ADA) complementary paratransit services.

FUNDING AVAILABILITY

The amount of funding available through this call for applications is \$679,325 in federal funds with \$278,686 apportioned in FFY21 and \$400,639 apportioned in FFY22.

ELIGIBILITY OVERVIEW

ELIGIBLE APPLICANTS

Section 5310 is a formula grant program for member jurisdictions in the Durham Chapel Hill – Carrboro Metropolitan Planning Organization (DCHC MPO). Applicants may include state or local government authorities; private non-profit organizations; and operators of public transportation services including private operators of public transportation services.

Section 5310(b) provides that the following organization are eligible to apply for *traditional* section 5310 projects (see description below):

- a. A private non-profit organization; or
- b. A state or local government authority that:
 - a. Is approved by the state to coordinate services for seniors and individuals with disabilities; or
 - b. Certifies that there are no non-profit organizations readily available in the area to provide that service

Eligible sub recipients for *other* eligible Section 5310 activities include a state or local governmental authority, a private nonprofit organization, or an operator of public transportation that receives a Section 5310 grant indirectly through a recipient.

Please Note: All organizations or business entities receiving 5310 funds must have a Unique Entity ID (UEI). This UEI is replacing the DUNS number previously required. The UEI is a twelve-character alphanumeric value managed, granted, and owned by the U.S Government that provides a unique identification for business entities. If you previously had a DUNS number from SAM.gov, you will see that your UEI has replaced your DUNS number.

If you didn't previously have a DUNS number and do not have a UEI, you can register for one on <https://sam.gov/content/entity-registration>.

DCHC-MPO will allow organizations to apply without the UEI, but will not be able to disburse any grant funds until the UEI is provided.

ELIGIBLE USE OF PROGRAM FUNDS

Section 5310 program funds are intended to fund innovative and flexible programs that identify the transportation needs of individuals with disabilities and older adults. Therefore, it is expected that 5310 funds be directed to meet these needs by funding new programs and services, or to continue existing programs.

ELIGIBLE PROJECTS AND ACTIVITIES

5310 funds may be used for the planning, capital or operating costs of services and facilities that improve mobility for seniors and persons with disabilities.

Eligible projects can fall into one of two categories;

“Traditional” investments, such as:

- Buses and vans
- Wheelchair lifts, ramps, and securement devices
- Transit-related information technology systems, including scheduling/routing/one-call systems
- Mobility management programs
- Acquisition of transportation services under a contract, lease, or other arrangement

At least 55% of program funds must be used on these traditional projects that are public transportation projects planned, designed, and carried out to meet the special needs of seniors and individuals with disabilities when public transportation is insufficient, inappropriate, or unavailable.

The second category includes;

Non-traditional investment beyond the Americans with Disabilities Act (ADA) complementary paratransit services.

Examples of these projects include:

- Travel training
- Volunteer driver programs
- Building an accessible path to a bus stop, including curb-cuts, sidewalks, accessible pedestrian signals or other accessible features
- Improving signage or way-finding technology
- Incremental cost of providing same-day service or door-to-door service
- Purchasing vehicles to support new accessible taxi, ride sharing, and/or vanpooling programs
- Expansion of paratransit service beyond the ¾ mile required by ADA
- Expansion of service hours for ADA paratransit beyond hours of fixed-route services

- Incremental cost of providing same day service; incremental cost of making door-to-door service available to all ADA paratransit riders
- Mobility management programs*

*Mobility Management is an eligible capital cost. Activities may include: promotion and enhancement of access to transit services; short term management activities for planning/implementation of coordination; support of local coordination bodies and councils; operation of transportation brokerages to coordinate providers; provision of coordination services such as travel training and trip planning for customers; development and operation of one-stop travel call centers; eligibility management; operations and planning using intelligent transportation technology (GIS, GPS, coordinated vehicle scheduling/dispatch/monitoring, coordinated billing, and single smart customer payment systems). The purchase of technology is also an eligible capital expense.

Up to 45% of program funds may be used for these non-traditional public transportation projects that exceed the requirements of the ADA, improve access to fixed route service and decrease reliance on paratransit service, or provide alternatives to public transportation that assist seniors and individuals with disabilities with transportation.

Cost Sharing/Match Requirement:

The 5310 grant program requires a local match to ensure projects are 100% funded. The FTA's contribution varies according to project type (please see below). Non-DOT funds and local and private funds can be used as the local match. Examples of types of programs that are potential sources of local match include: employment, training, aging, medical, community services, and rehabilitation services. Funds can be used to support:

- Capital Projects – 80% Fed/20% Local Match
- Operating – 50% Fed/ 50% Local Match
- ADA vehicle-related equipment (on and attached to the vehicle) – 90% Fed/ 10% local

CALL FOR PROJECTS AND APPLICATION SCHEDULE

May 25, 2022	TC receives schedule/Notification of 2022 Call for Projects
June 8, 2022	Board receives schedule/Notification of 2022 Call for Projects
June 13 – August 19, 2022	Advertising & solicitation for applications
August 19, 2022	Application deadline: 5:00 pm to Mariel Klein at Mariel.klein@durhamnc.gov
August 22 – September 23, 2022	LPA reviews and scores proposals; selects projects for recommendation.
September 21, 2022	TC action on FY2022 Program of Projects recommendations
October 12, 2022	Board action on FY2022 Program of Projects recommendations
October, 2022	Notification of funding is conveyed to sub-recipients, federal grant application process is

	completed, and funding packages are distributed.
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PROJECT SELECTION FOR 5310 GRANTS:

Projects will be awarded through a competitive selection process. Applications will be received by DCHC MPO staff and passed along to the Selection Subcommittee who will review and score the applications. After scoring the proposals, projects recommended for funding will be presented to the DCHC MPO Technical Committee (TC). TC will review the projects recommended for funding and make a recommendation to the DCHC Board. The Board will vote on funding of the recommended projects. The list of approved projects will be published and submitted to the FTA for funding.

Note: All proposals should reflect public transportation and human service transportation priorities and projects documented in the CPT-HSTP.

Scoring Criteria

The following information and scoring criteria will be used to score and rate project applications for Section 5310 projects.

- a. **Project Needs/Goals and Objectives (30 points):** The project should directly address priority transportation needs identified through the Durham-Chapel Hill-Carrboro MPO's locally developed Coordinated Public Transportation - Human Services Transportation Plan. Project application should clearly state the overall program goals and objectives, and demonstrate how the project is consistent with the objectives of the 5310 grant program. The project application should indicate the number of persons expected to be served, and the number of trips (or other units of service) expected to be provided.
- b. **Implementation Plan and Evaluation (15 points):** For all projects, applicants must provide a well-defined service operations plan and/or capital procurement plan, and describe implementation steps and timelines for carrying out the plan. The implementation plan should identify key personnel assigned to this project and their qualifications. Project sponsors should demonstrate their institutional capability to carry out the service delivery aspect of the project as described.
- c. **Project Budget (15 points):** Projects must submit a clearly defined project budget, indicating anticipated project expenditures and revenues, including documentation of matching funds. Proposals should address long-term efforts and identify potential funding sources for sustaining the service beyond the grant period.
- d. **Partnerships and Program Outreach (25 points):** Proposed projects will be evaluated based on their ability to coordinate with other public transportation, community transportation and/or social service resources. Projects that include partnerships with non-profits, private business, or other stakeholders will also receive higher points. Project sponsors should clearly identify project stakeholders, and how they will keep stakeholders involved and informed throughout the project. Project sponsors should also describe how they would promote public awareness of the project. Letters of support from key stakeholders and/or customers should be attached to the grant application.

- e. *Program Effectiveness and Performance Indicators (10 points)*: The project will be scored based on the project sponsor's ability to demonstrate that the proposed project is the most appropriate match of service delivery to the need, and is a cost-effective approach. Project sponsors must also identify clear, measurable outcome-based performance measures to track the effectiveness of the service in meeting the identified goals. A plan should be provided for ongoing monitoring and evaluation of the service, and steps to be taken if original goals are not achieved. Sponsor should describe their steps to measure the effectiveness and magnitude of the impact that the project will have on target markets (i.e., persons with disabilities or seniors for the 5310 funds).
- f. *Innovation (5 points)*: The project will be examined to see if it contains innovative ideas (service concepts or facilities, creative financing, or new technologies) that have the potential for improving access and mobility for the target populations and may have future application elsewhere in the region.

Sample Section 5310 Project Evaluation Score Sheet

Agency: _____

Project Name: _____

Funding Type: _____ Capital Only _____ Operating Only

_____ Capital & Operating _____ Mobility Management/Coordinated Planning

The Selection Committee must find that the answer to each of the following questions is affirmative for considered eligible for grant funding.

Each proposal will receive a score from the Project Selection Committee according to following criteria:

Is the proposed project a non-duplicative service or program?	Yes	No
Are eligible local matching funds identified and available?	Yes	No
Does the project provide benefits to the Durham – Chapel Hill – Carrboro urbanized area?	Yes	No
Is the proposed project a “Traditional Section 5310 Project” or “Non-Traditional Section 5310 Project”? Please Select.	Trad	Non-Trad
Is the agency eligible for the project type selected?	Yes	No
Is the proposed project identified within the CPT-HSTP (a project listed within the plan)?	Yes	No
Is the proposed project targeted toward meeting the transportation needs of seniors and individuals w/ disabilities?	Yes	No

Project Evaluation Criteria	Possible Points	Score
Project Need/Goals & Objectives 30%		
How well does this project address high-priority needs identified in the Coordinated Plan?	20	
How effectively will this project increase the numbers of target market customers served?	10	
Implementation Plan 15%		
What is the quality of the implementation plan?	15	
Project Budget 15%		
How efficiently will the projects provide benefits to the customers (e.g., cost per customer served).	10	
How financially sustainable is the program/service beyond the grant period?	5	
Partnerships, Collaboration, & Outreach 25%		
Does the project maximize resources (coordination with other transit services or local match from other non-DOT Federal programs)?	5	
Does the project partner/collaborate with non-profit, human services agencies, or private business?	10	
What is the quality of marketing/outreach plan?	5	
How widely will the benefits of this project be felt? (more points for region-wide benefits).	5	
Program Effectiveness and Performance Indicators 10%		
What is the quality of the evaluation plan? Are performance monitoring metrics and key performance indicators sound and effective in evaluating the project?	10	
Innovation 5%		
Does the project contain innovative ideas, creative financing, or new technologies that could be applied elsewhere in the region?	5	
TOTALS	100	

SECTION 5310: ENHANCED MOBILITY OF SENIORS AND INDIVIDUALS WITH DISABILITIES FY22 APPLICATION

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

DATE: Click or tap to enter a date.

PROJECT TITLE: Click or tap here to enter text.

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

Request Type (Check all that apply)				
☐ Continuation of an Existing Project	☐ New Project	☐ Operating	☐ Capital	☐ Mobility Management*

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

Organization Type (Check all that apply)			
☐	Local Government Authority	☐	Private Non-Profit Organization
☐	Public Operator of Public Transportation Systems	☐	Private Operator of Public Transportation Systems

Supplemental Information	
☐	Copy of current IRS W-9 Taxpayer Identification Form (new applicants only)
☐	Service Area/Route Map (if applicable)
☐	Current Letters of Support for Project

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

Section II: Project Understanding

NEEDS AND BENEFITS

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

1. Project Description (at least 500 words)

Click or tap here to enter text.

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

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

3. Unmet Need

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

Click or tap here to enter text.

4. Implementation Plan

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

Click or tap here to enter text.

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

Click or tap here to enter text.

5. Partners, Collaboration, and Outreach

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

Click or tap here to enter text.

6. What is your plan for assessing project performance?

Click or tap here to enter text.

7. Identify some major milestones this project expects to accomplish and the anticipated timeframes

Milestone	Anticipated Date of Accomplishment
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.

Section III: Budget Request

OPERATING BUDGET REQUEST

The project operating budget estimate should be based on actual annual expenditures for existing services.

Budgets for new services without an operating history should detail the sources of their estimated budgets.

Applicants who are operating their own services should fill out Items A-D in the Budget Details. Applicants who are contracting for services should only fill out Item E.

Budget Detail Year 1

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

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

Budget Detail Year 2

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

Capital Budget Request

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

Mobility Management Request (Capital)

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

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

Click or tap here to enter text.

APPENDIX A – CERTIFICATIONS

Sample Local Match Certification Letter - Please print on company letterhead

Date

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

RE: FY 2022 5310 Application

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

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

Sincerely,

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

Title VI Non-Discrimination Policy Statement Sample

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

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

_____ (signature)

Name

_____ Date

Company Position

Sample Equal Employment Opportunity Certification

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

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

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

Lobbying Certification

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

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

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

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

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

- a. This certification is a material representation of fact that the Federal Government relies on, and
- b. It must submit this certification before the Federal Government may award funding for a transaction covered by 31 U.S.C. 1352, including a:

- (1) Federal grant or cooperative agreement, or
- (2) Federal loan, line of credit, loan guarantee, or loan insurance, and

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

_____	_____	_____
Name/Position (printed)	Name (signed)	Date

Local Government Authority Certification

For Government Entities Only

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

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

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

OR

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

Signature

Printed Name

Title

Date

Private Non-Profit Organization Certification Eligibility

For Private Non-Profit Organizations Only

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

Signature

Printed Name

Title

Date