

**Guidance for
Financial Assistance Application
and Coordination Plan**



**Montana Department of Transportation
Fiscal Year 2013**



GUIDANCE

Application for Financial Assistance and Coordination Plan

Coordination Plan Development

A Coordination Plan should maximize the programs' collective coverage by minimizing duplication of services. Further, a Coordination Plan should be developed through a process that includes representatives of public, private, and non-profit transportation and human-services providers, and other programs sponsored by federal, state, and local agencies to greatly strengthen its impact.

Coordination With Other Federal Programs

The Federal Interagency Coordinating Council on Access and Mobility (CCAM) is composed of 11 federal departments and agencies and was established by an Executive Order on Human Service Transportation Coordination signed by President Bush on February 24, 2004. The members consist of the U.S. Departments of Transportation, Health and Human Services, Labor, Education, Agriculture, Housing and Urban Development, Interior, the Commission on Social Security, Veterans Affairs, the Attorney General and the National Council on Disabilities. CCAM coordinates 62 federal programs providing transportation funding for older Americans, persons with disabilities, and low-income populations that do not have access to or cannot use automobile transportation options.

The Executive Order requires that CCAM members work together to provide the most appropriate, cost-effective services within existing resources, and reduce duplication to make funds available for more services. CCAM seeks to simplify access to transportation services for persons with disabilities, persons with low incomes, and older adults.

A. Organization

1. Legal Name of Applicant Agency

This can be the city, county, transit district, transportation improvement area, or non-profit organization.

Name of Transit Program

Many of the transit programs have a name that is different from the name of the applicant agency.

Transit Coordinator

MDT is requesting that each transit operation have a full-time Transit Coordinator who is responsible for the day-to-day activities of the transit operation.

2. Agency Sponsor

Please check the appropriate agency type.

- If the sponsor is a private, non-profit organization, please attach a copy of your IRS 501(c) or 501(a) status.

3. Board of Directors

This should include the names of members of the applicant agency board members and their term of office. Some boards of directors are required to have agency representation or be appointed by city or county officials. If they have such affiliation, please list.

4. Structure of the Lead Agency

This should include an accounting of the total number of employees who receive all or part of their salary from this grant. Indicate the number of employees in each employment category and identify if this is a full- or part-time employee. For example, some programs have both full- and part-time drivers. You should include the number of employees in each category.

- Include a copy of your organizational chart.

5. Union Affiliation

Some transit agencies have employees who are represented by unions. If you have union employees, please list the name of the unions and the contact information.

B. System Description

1. Type of Service

If your service is **fixed route**, you are required to have a compatible service that meets the requirements of the Americans with Disabilities Act. Please describe who provides this service.

If your service provides regularly scheduled **intercity** bus service for the general public that is outside your service area, please describe the areas served and the frequency of this service.

If you provide a **demand/response** service, explain if reservations are required. If so, how much in advance must the reservation be made?

2. Service Area

3. Population

4. Connectivity

C. Level and Use of Service

1. Ridership

Estimate the average number of rides you will provide on a daily basis and per year. Estimate the projected growth in ridership over last year.

2. Passenger Type

Estimate the number of passengers you will carry who are elderly (60 and over), disabled, and under age 60. This should total 100%.

3. Minority Populations Served

Minority is described in 49 CFR 26 as follows:

- a. Black (a person having origins in any of the black racial groups of Africa);
- b. Hispanic (a person of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race);
- c. Subcontinent Asian American (a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands; or
- d. American Indian and Alaskan Native (a person having origins in any of the original peoples of North America).

4. Trip Purpose

This is an estimated percent of the type of rides you provide.

5. Days/Hours of Service

First, explain the days each week you are in service. Next, explain your operating hours.

Attached to the back of this Guidance is a form called Community Hours of Operation (Attachment 2). You may use this to describe days and hours of service. If you provide exclusive rides during certain parts of the day, such as for Head Start or for individuals with disabilities, you may list those under the agency column.

6. Marketing or Advertising

Describe how a customer goes about getting a ride. Do you have a schedule, map, or brochure to hand out? Are your services posted in locations with easy access? Are your hours and schedules of operation in the newspaper, advertised on TV or radio, or on the Internet? Does it contain information about how to obtain a ride?

7. Annual Miles of Service

List the anticipated total number of miles your service will operate during the year of this grant.

Attachment Checklist

COORDINATION PLAN OUTLINE

1. Date Adopted by Board of Directors

The board of directors of the applicant agency must formally adopt the Coordination Plan.

- a. Include the date the plan was adopted.
- b. Attach to the back of your plan a copy of the minutes showing the action.

2. Agencies Involved

The elderly, persons with disabilities, low income and minority populations, and the general public must be involved in the development of your plan. Many different agencies are involved with delivering a multitude of services to these target populations. They must be invited to participate in the development of your plan.

- a. Identify the cooperating agencies and describe the level of cooperation. Describe if they receive services and/or are financial contributors.

Those agencies that agree to participate must acknowledge in writing their level of participation. This may take the form of letters of cooperation or a formal cooperative service agreement that details negotiated levels of service and/or financial arrangements.

- b. Attach cooperative letters and agreements/contracts.

3. Agencies Not Involved

Some agencies may not agree to participate in the plan at this time. They may be privately owned hospitals or nursing homes or other agencies.

- a. List the agencies not willing to participate in the development of the plan and note the reason for not participating.
- b. Attach letters from these agencies declining their participation.

4. Needs Assessment

Depending upon the size of each community, needs are identified in different ways. Smaller communities may be able to identify the transportation needs of the service area through public meetings. Some communities may distribute forms to human service providers, medical providers, the area businesses, or companies with employees who may need rides to work. Larger communities will probably have more formalized tools for identifying needs.

Describe how you determine the needs of your service area.

5. Public Involvement

The users of your service, including the elderly, disabled, low income people, minorities and the general population within your service area, must be consulted and invited to participate in the development of your plan. The process must be proactive and provide complete information, timely public notice with full public access to key decisions, and opportunities for involvement.

- a. Describe how you solicited participation in the development of your plan.
- b. Attach copies of fliers, letters, newspaper articles, etc. that show a good-faith effort on your part to include the public.

6. Private Sector

Private providers of transportation, including taxicab companies, must be consulted and invited to participate in the development of your plan. They must be afforded the opportunity for early and continuing involvement throughout the planning process.

Describe any private providers, including taxicab companies, in your service area and explain how they were solicited and participated in the development of your plan.

7. Plan for Growth and/or increase ridership

Describe any changes in your current plan that would increase ridership.

8. Transportation Advisory Committee (TAC) Meetings*

MDT recommends your TAC meet on a monthly basis but at a minimum of once each quarter. Meeting information, date, place, and time should be available to the public via newspaper, radio, Internet, or by other means.

- a. Please describe how often your TAC meets.
- b. Please attach meeting minutes where your Coordination Plan was approved.
- c. Attach meeting minutes where capital projects were approved.

*Billings, Great Falls, and Missoula may have a different name for their coordinating council.

9. Transportation Advisory Committee Members

Transportation Advisory Committees should be made up of representatives of local planning agencies; governments; public transportation providers; human-service agencies providing services to the elderly, individuals with disabilities, low income people, and minority groups; as well as existing or potential riders from the general public and targeted population passengers.

Please complete the roster of persons serviced on your TAC, their term of office, and who they represent.

D. Operating Expenses

In-kind is eligible to be used as match for up to 15% of the Total Operating Grant Request.

E. Administrative Expenses

F. Maintenance Expenses

G. Reimbursement Calculations

1. Total Operating Expenses - this should be the figure from Part D, page 7.
2. Fares and donations include whatever revenue you collect for individual rides.
3. Total Amount of Advertising/Rent/Misc. Fees - This includes revenue from rent, mill levies, storage, etc.
4. Your net operating deficit is the difference between G1, G2, and G3.
5. Multiply your net operating deficit by 54%.
6. Total Administrative Expenses – this should be the figure from Part E, page 8.
7. Multiply this figure by 70%.
8. Total Maintenance Expenses – this figure comes from Part F, page 9.
9. Multiply this figure by 80%.
10. Add lines 4, 6, and 8 to get your Federal Operating Grant Request.

H. Match Revenue

I. Itemized Expenses and In-Kind

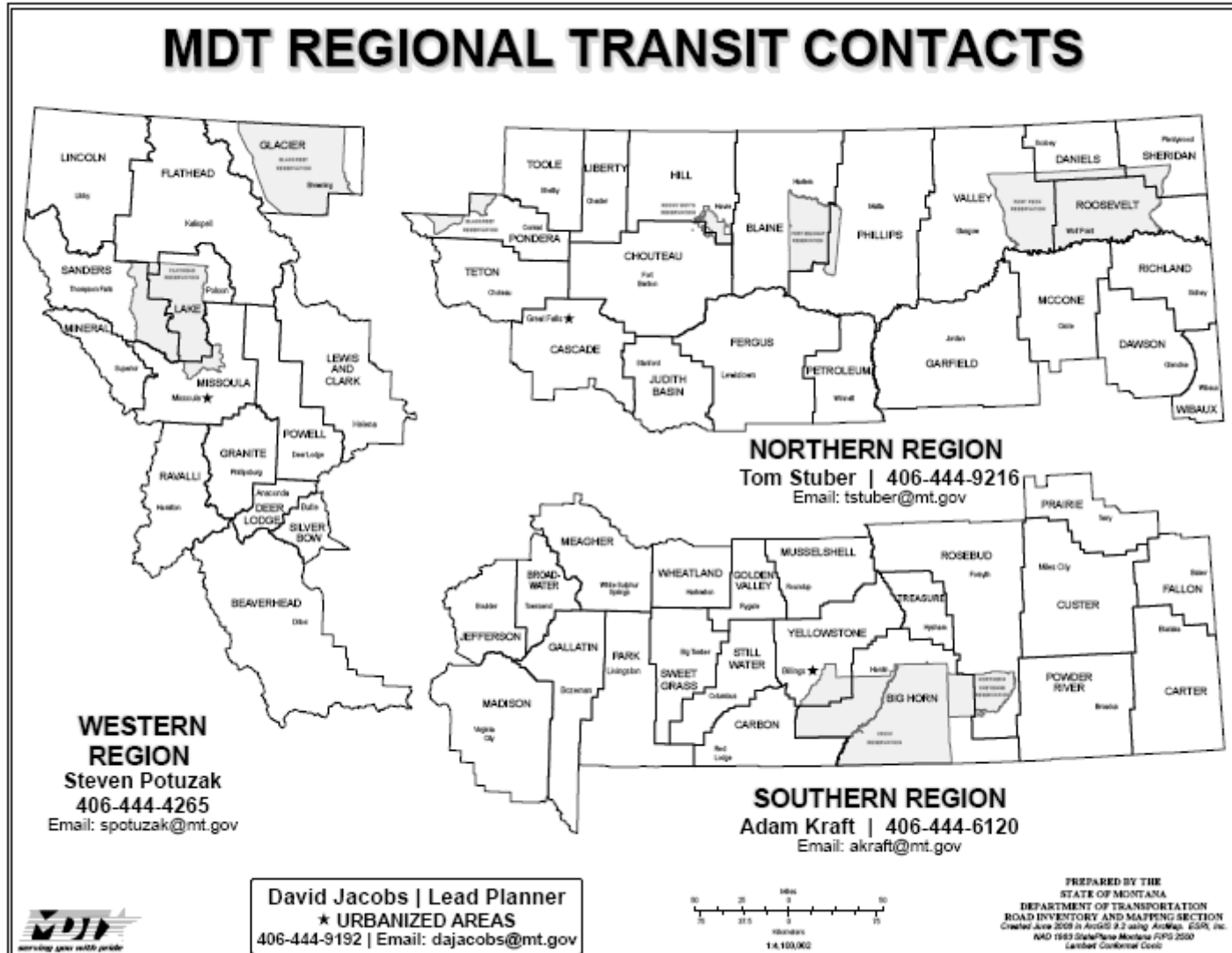
Identify and list those expenses as requested including the amount. Also, identify those items provided as in-kind.

J. Capital Expenses

K. Optional Transit Programs

1. New Freedom
2. Job Access Reverse Commute

Attachment 1



Attachment 2

Agency Name _____

Community Hours of Operation

Day	6:00A	7:00A	8:00A	9:00A	10:00A	11:00A	12:00	1:00P	2:00P	3:00P	4:00P	5:00P	6:00P
Sunday													
Monday													
Tuesday													
Wednesday													
Thursday													
Friday													
Saturday													

1. Show the hours of service.
2. How many vehicles are used for passenger transportation?
3. What is their capacity (e.g., 10 passengers plus 2 wheelchairs)
4. List types of specialty equipment. (e.g., wheelchair lift, mobile two-way radio, etc.)
5. What type of service is provided? (e.g., demand/response, medical appointments, work/school, etc.)
6. Identify the riders. (e.g., elderly, disabled, Head Start, or general public)
7. Are there unmet transportation needs for this organization?

DEFINITION OF TERMS AND PHRASES

- a. Coordination Plan:** Locally Developed, Coordinated Public-Transit Human-Services Transportation Plan. Beginning in FY 2007 in Montana, a subrecipient of Sections 5310, 5311, 5316 and 5317 must certify that projects selected are derived from a locally developed, coordinated public-transit human-services transportation plan developed through a process that included representatives of public, private, and non-profit transportation and human-service providers with participation by the public and representatives to address the needs of persons with disabilities, low income people, and minorities as well as users of the service.
- b. Human Service Transportation:** Transportation services provided by or on behalf of a human-service agency to provide access to agency services and/or to meet the basic, day-to-day needs of transportation disadvantaged populations, especially individuals with disabilities, older adults, and people with low incomes.
- c. Individuals With a Disability:** The term ‘individual with a disability’ means an individual who, because of illness, injury, age, congenital malfunction, or other incapacity or temporary or permanent disability (including an individual who is a wheelchair user or has semi-ambulatory capacity), cannot effectively use a public transportation service or a public transportation facility without special facilities, planning, or design.
- d. Locally Developed, Coordinated, Public-Transit Human-Services Transportation Plan:** See Coordination Plan.
- e. Non-profit Organization:** A non-profit organization is a corporation or association determined by the Secretary of the Treasury to be an organization described by 26 USC 501(c) which is exempt from taxation under 26 USC 501(a) or one which has been determined under state law to be a non-profit and for which the state has received documentation certifying the status of the non-profit organization.
- f. Subrecipient/Applicant Agency:** A city, county, tribal government, transit district, transportation improvement area, or a private non-profit organization that makes application for federal transit funds through the state of Montana.
- g. Transportation Advisory Committee (TAC):** An advisory committee to the lead transit agency in a service area. Members of the TAC should include representatives from public, private, and non-profit transportation and human-service providers, and representatives to address the needs of persons with disabilities, low income people, and minorities as well as the general public and users of the service.

SAMPLE PUBLIC NOTICES FOR CAPITAL AND OPERATING
NOTICE FOR COMMENT BY PRIVATE SECTOR

Feel free to combine these notices to form one notice for the paper!

Public Notice for Capital Assistance

This is to notify all interested parties that (Applicant Name) is applying for (dollar amount) through the capital assistance grant. The capital assistance grant is funded by the Federal Transit Administration (FTA) and administered by the Montana Department of Transportation. FTA funds will be used to purchase (type of vehicle or equipment) for providing transportation services to (Client Group - e.g., Senior Citizens, D.D. Group Home, D.D. Activity Centers).

The application is on file at (Agency Address). If requested, a public hearing will be held and public notice indicating the location, date, and time of the hearing will be provided. For more information or for those who require accommodations for disabilities, contact (Applicant Name, Transit Coordinator, Address, Telephone Number) or Department of Transportation, Helena at 444-4210 (voice), or 444-7696 (TTY).

The (Applicant Name) will be requesting financial assistance from the Montana Department of Transportation and the Federal Transit Administration.

Public Notice for Operating Assistance

This is to notify all interested parties that the _____ is
(name of agency)
applying for _____ under the Montana Department of Transportation's
(amount of funds)

Operating Grant Program. Funding will be used for operating expenses associated with providing transportation services to the general public, elderly, and persons with disabilities within _____.
(the area of service)

The application is on file at _____. If requested, a public
(address)
hearing will be held and public notice indicating the location, date, and time of the hearing will be provided.

The Montana Department of Transportation attempts to provide accommodations for any known disability that may interfere with a person participating in any service, program or activity of the Department. Alternative accessible formats of this information will be provided upon request. For further information, call (406)444-3423 or TTY (800)335-7592, or call the Montana Relay at 711.