



### General Overview

Please consult the Oklahoma Department of Transportation Section 5310 State Management Plan (SMP) to review the specific eligibility requirements prior to beginning the Application. The Application is designed to facilitate program eligibility determinations based on the program requirements described in the SMP.

### **Application Information Requirements**

Information necessary to submit a complete Application includes:

- Resolution from the Agency's Governing Board
- Application Completed and Signed/Submitted Electronically
- Notice of Public Hearing
- Notices for DBE Opportunities (For Non-Rolling Stock Projects Only)
- Affidavit of Publications
- Financial Letters of Commitment (Funds previously on deposit with DHS will be evaluated and considered if applicable)
- Title VI Plan
- Executed FY20 Certificates and Assurances
- Other supporting documentation as necessary

### **Eligible applicants include**

- Private not-for-profit corporations (can apply for traditional and enhanced projects);
- Public agencies able to certifying to the Governor that no private not-for-profits are readily available to provide the proposed service (are eligible to apply for traditional projects);
- All public agencies and operators of public transportation services (are eligible to apply for enhanced projects);
- Federally recognized Indian entities (are eligible to apply for traditional and enhanced projects); and
- Private companies providing shared-ride services to the general public on a regular basis (are eligible to apply for enhanced projects).

Successful applicants must participate in local public transit/human services transportation coordination efforts.

### **Completing the Application**

The Application is an Adobe PDF. To start, save a copy of the form to your computer. Open the saved form to start entering the requested information. Web browsers such as Apple Safari, Google Chrome and Mozilla may have their own non-Adobe PDF readers set as the default reader. To use one of these browsers, change the default PDF viewer setting to Adobe Reader. If Internet Explorer is used as the browser, no action is needed. Applicants need Adobe Acrobat Standard or Pro and Adobe Reader. Please be sure to enable the form if necessary.

Please use the "Tab" function as you navigate through the form to ensure questions are answered in the correct order. Applicants shall be required to complete all required fields as they appear in the application. **Required fields are designated by a preceding asterisk (\*).**

### **Submitting Completed Application to ODOT**

The completed Application and any required information described above, must be submitted to ODOT via: [transit@odot.org](mailto:transit@odot.org) **starting on September 4, 2020 and no later than September 24, 2020.** To facilitate the submission of the Application, you may want to zip any large files prior to attaching them as the limit on overall file size is approximately 20MB. Questions regarding this Application may be directed to: [transit@odot.org](mailto:transit@odot.org)

To receive a rating of “Pass” and continue on through the evaluation process, applications received by the deadline must have completed all questions/areas of the Application and be in compliance with the requirements of the program as noted below in order to be considered responsive:

<b>Minimum 5310 Application Responsiveness Requirements</b>	
Application Section	Section Name
A	Applicant Information
C	Project Funding Request
E	Performance Measures
F	Civil Rights, Equal Employment Opportunity and Title VI Requirement
G	Public Participation and Coordination Requirements
H	Locally Developed, Coordinated Public Transit Human Services Transportation Plan
I	Applicant Affirmations
	FY20 Executed Certifications and Assurances
	Resolution from the Agency’s Governing Board

**EVALUATION CRITERIA**

Applications with a passing score on the minimum application responsiveness requirements noted above will be evaluated using the criteria and point values identified in the table below.

Each project type is scored separately, with a maximum score of 100 points. Each individual project score is comprised of up to 50 points for the primary\* application submission plus up to 50 points for the respective project type submission. For example an applicant may apply for two project types of which both will be evaluated separately with a maximum of 100 points each.

Application Components	Part Name	Maximum Point Value
B	Primary Purpose/System Description*	15
E	Performance Measures*	15
G	Public Participation and Coordination Requirements*	15
	Past Performance in the Section 5310 Program*	5

Application Part	Part Name	Maximum Point Value
D1	Project - Capital – Vehicle and Other Capital	50
D2	Project – Mobility Management	50
Maximum Allowable Points Total Per Project Type		100

If available funding meets or exceeds the amount of funding needed to fund all proposed projects, ODOT reserves the right to waive the numerical scoring phase of the evaluation process and award all projects proposed that successfully pass the pre-screening process.

**SECTION A: APPLICANT INFORMATION**

 \*Legal Agency/Business Name: 

 DBA Name:  \* Entity Type: 

 \*Applicant Location Area:  Are you applying for Rural, Small Urban, or Large Urban? 

 \*Did you previously participate in the DHS 5310 program?  If yes, which years? 

 \*Complete the following Table if applicable. Click on the check box to attach any required documents: 

SFS Vendor ID No.	Federal ID No.	DUNS No.	OK Tax Exempt No.	Charities Registration No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Applicant Primary Contact Information:**

 Salutation:  \*First Name:  \*Last Name: 

 \*Title: 

 \*Address 1: 

 Address 2: 

 \*City:  \*State:  \*Zip Code:  \*Web Site: 

 \*Phone No:  Fax No:  \*E-mail: 
 Check here if contracting address and contact address are the same. If not, please provide the contracting address below:

 Address 1: 

 Address 2: 

 City:  State:  Zip Code:  Web Site: 

 Phone No:  Fax No:  E-mail: 
**Applicant Secondary Contact Information:**

 Salutation:  \*First Name:  \*Last Name: 

 \*Title: 

 \*Address 1: 

 Address 2: 

 \*City:  \*State:  \*Zip Code:  \*Web Site:

\*Phone No:  Fax No:  \*E-mail:

## SECTION B: PRIMARY PURPOSE/SYSTEM DESCRIPTION

In the space provided, briefly describe your agency's mission and services. Space is limited to the visible area:

Agency Mission Statement

Current Services Provided:

\*PRIMARY COUNTY BEING SERVED:

\*Service Area(s): List the Village/Town/City Served.

Number of staff dedicated to Transportation Services in your organization:

Is Membership or Registration required to participate in your organization's program?

If yes, please describe the Membership or Registration requirements:

Is your organization, or organization's name affiliated in any way with a religion, religious institution or religious organization?

If yes, please describe the affiliation:

## SECTION C: PROJECT FUNDING REQUEST

\*Briefly describe the overall project. Include the planned use of funding for which you are applying. Space is limited to the visible area.

\*Check the box(es) in the table that correspond to the funding for which you are applying, and complete the table. Your choice(s) of funding determine what Parts of this Application you will need to complete. Once completed, proceed to the next applicable section. Please use the [Statewide Contract](#) to provide the most accurate estimate for vehicles, non-vehicles and mobility management projects.

Check Funds:	Required Part(s):	Estimated Project Costs	Federal Assistance Requested	Applicant Share	Project Start Date	Project End Date
<input type="checkbox"/> Capital: Vehicle and Non-Vehicle	D1					
<input type="checkbox"/> Mobility Management	D2					
Total:						

\*In the event ODOT receives project proposals which exceeds available funds for your region, are you willing to receive a scaled down funding amount to be determined by ODOT?

## SECTION D1: PROJECT INFORMATION- Capital

\*1. Specify the anticipated use(s) for the grant award:

\*2. Specify the main objective for the proposed project:

\*3. Describe how the proposed project addresses the Section 5310 program objective specified above:

\*4. Identify the unmet needs the proposed project seeks to address:

\*5. Why are the current services provided in your service area insufficient to meet the needs identified above?

\*6. Will requested vehicle(s) ever transport consumers under the age of 21 to or from a school?

7. Does your organization operate exclusive school transportation service?

7a. Describe your school services:

8. Is your organization exempt from the school bus restriction as permitted under [49 CFR 605](#)?   Attach copy of exemption

\*9. Is your organization/Agency currently a Section 5311 or 5307 Subrecipient?

\*10. Will your organization/agency's 5310 Program serve members of the general public?

If yes, explain below, including any individual fare charges:

## SECTION D1: SUPPORTING DOCUMENTS: VEHICLE AND OTHER CAPITAL REQUEST(S)

- Fill out Appendix A to provide estimates for up to six (6) Vehicle Requests. Reference the [Statewide Contract](#) to provide the most accurate estimates.
- Fill out Appendix B to provide a list of all current 5310 Vehicle Inventory. Include Grant Sources, Year, Make, Model, Seating Capacity, and Mileage.

For Other Capital Requests not found in the State Contract, complete the table below.

- Attach Independent Cost Estimate for each Capital Item.

Describe	Unit Cost	Qty	Total Cost	Purpose	Age	Federal Share	Local Match
Total	X	X		X	X		

## SECTION D2: PROJECT INFORMATION- MOBILITY

**Leave this Part blank if you did not apply for Mobility Management.**

\*1. Specify the anticipated use(s) for the grant award:

\*2. Specify the main objective for the proposed project:

\*3. PROJECT Description: Describe how the proposed project addresses the Section 5310 program objective specified above and benefits other transit agencies in your regional location:

\*4. Identify the unmet needs the proposed project seeks to address:

\*5. Why are the current mobility management services in your service area insufficient to meet the needs identified above?

\*6. What efforts will the Applicant undertake to leverage funds from other sources to implement/provide/sustain these services?

**SECTION D2 SUPPORTING DOCUMENTS: MOBILITY MANAGEMENT/RELATED PROGRAM**

Complete the Mobility Management Project Cost Tables by entering Expenses in the shaded cells.

Item	Physical Address for Asset	Estimated Unit Cost		Total Cost	Federal Share	Required Local Match
Total						

**SECTION E: PERFORMANCE MEASURES**

The following Performance Measures are established in the FTA Section 5310 Program. Complete each portion as it applies to this Application.

**\*For All Requests:**

Briefly describe the efforts made to coordinate services with Human Services or other agencies in your geographic area. Include a statement regarding the impact on budgets and efficiencies/innovations obtained or planned (space is limited to visible area):

<b>For Vehicle Requests:</b>	<b>Measure</b>	<b>Current 5310</b>	<b>New 5310</b>
Number of vehicles used to provide seniors and persons with disabilities service	Number		
Number of seniors and persons with disabilities needing wheelchair positions	Annually		
Vehicle miles traveled	Annually		
Vehicle miles	Daily Average		
One-way trips provided to seniors and persons with disabilities	Annual Number		
Number of Riders per trip	Average		
Round-Trip length (miles)	Average		
Normal number of days vehicles in operation	Weekly		
Normal hours of vehicle operation	Daily		
Normal hours of vehicle operation	Annually		

**Other Capital Improvements:** Describe the type of capital project/improvement proposed. Include a site map (if applicable) and cost estimate. ODOT will contact you if additional information is needed.

Numbers of Consumers, in targeted population, anticipated to be served annually by this improvement:

**Mobility Management:** Specify the performance measures your agency will use to measure success.

<b>Proposed Project</b>	<b>Performance Objective</b>	<b>Measure</b>	<b>Quarterly Target Attainment</b>



## SECTION F: CIVIL RIGHTS, EQUAL EMPLOYMENT OPPORTUNITY AND TITLE VI

Please refer to the FTA guidance regarding [Civil Rights](#) and the ODOT [Section 5310 State Management Plan](#) for service providers. Regarding your Civil Rights program, answer the following questions, providing an explanation as required. Over the past three years:

\*1. Has any investigation, lawsuit, or complaint alleging discrimination been filed against the applicant or any subcontractor?

If yes, describe below:

\*2. Have any Civil Rights Compliance Review Activities or investigations been conducted in the past 3 three years?

If yes, describe below:

3. Regarding your Equal Employment Opportunity Program, in Part B you indicated 50 or more staff are dedicated to Transportation Services.

Attach your Equal Employment Opportunity (EEO) Plan, or the timeline by which you will meet the requirement for a plan prior to award.

Attach Title VI Plan

## SECTION G: PUBLIC PARTICIPATION AND COORDINATION REQUIREMENTS

\*Please check the box to show you are submitting the required documentation with your Application as described below.

Copy of Public Notice paid advertisement(s)

List of the private bus and taxi companies; public transportation operators; and human service agencies to whom Notice was sent.

\*Is your comment period complete?

\*Date comment period ended or will end:

\*Did you receive any comments, proposals, or other communication in response to your Notice?

Describe:

## SECTION H: LOCALLY DEVELOPED, COORDINATED PUBLIC TRANSIT – HUMAN SERVICES TRANSPORTATION PLAN

\*Did you participate in the ODOT 55310 Public Survey?

\*Did you participate in the ODOT telephone Town Hall Meetings?  If yes, which date and time?

\*Which ODOT developed 5310 Program Coordinated Human Services Transportation Plan does your project originate from?

**Coordination with Other Organizations:** Specify the counties of coordination, and the activities performed from the dropdown boxes.

Attach Formal Agreements

County of Coordination	Coordination Activity	Coordinating Agency/Organization Name	Formal Agreement

## SECTION I: APPLICANT AFFIRMATIONS

### Affirmation of Applicant

Has your organization been a previous recipient of FTA funds?

If yes, please list all FTA programs you have participated in below:

By signing this application, you are certifying that all information and data on this application are true and correct to the best of your knowledge and belief and are supported by your records.

\*Applicant Signature

## SECTION J: SUBMITTING THE APPLICATION

Save the Application using the following naming convention that includes your Applicant name and description, for example, "Human Service Agency X 5310 App 2020". Please print a copy for your records.

To submit: Please email to [transit@odot.org](mailto:transit@odot.org)