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| SECTION I. APPLICANT INFORMATION |

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| --- | --- |
| Legal Name of Organization: | |
| Address: | |
| City/Town: | Zip code: |

| Website: |
| --- |
| Phone Number: -- |

| Contact Name: |
| --- |
| Contact Title: |
| Contact Email Address: |

| Federal Employer Identification Number: - |
| --- |
| SAM.gov Number: |

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| --- |
| Agency/Organization Type:  Private Nonprofit Organization[[1]](#footnote-2)  State or Local Governmental Entity  Public Transportation Operator  Other (specify): |

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| --- |
| What is your organization’s mission and purpose? (Limited to 400 Characters): |
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| --- |
| What are the transportation services your organization provides? (Limited to 400 Characters): |
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What are your organization’s current transportation service operating hours?

|  | **Start (AM/PM)** | **End (AM/PM)** | **# of Passenger Trips** |
| --- | --- | --- | --- |
| Sunday |  |  |  |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |

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| SECTION II. PROJECT PROPOSAL |

1. Why is your organization requesting capital funding?

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| Equipment  Accessible taxi  Other (specify): |

1. What is your organization’s proposed project? Describe in detail.

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1. What is your organization’s proposed service area? List all of the municipalities to be served by this project.

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| --- | --- |
| Municipality 1: | Municipality 6: |
| Municipality 2: | Municipality 7: |
| Municipality 3: | Municipality 8: |
| Municipality 4: | Municipality 9: |
| Municipality 5: | Municipality 10: |
| Municipality 11: | Municipality 12: |
| Municipality 13: | Municipality 14: |
| Municipality 15: | Municipality 16: |
| Municipality 17: | Municipality 18: |
| Municipality 19: | Municipality 20: |
| Additional municipalities: | |

1. How does this proposed project go above and beyond the requirements of the Americans with Disabilities Act of 1990?

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1. Describe the transportation services currently provided to seniors and/or persons with disabilities by public and nonprofit organizations in your proposed service area. Include days and hours of operation, service area, acceptable trip purposes and limitations.

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1. What gap identified in the [Locally Coordinated Public Transit Human Service Transportation Plan](https://portal.ct.gov/DOT/Publictrans/Bureau-of-Public-Transportation/Human-Services-Transportation-Programs) (LOCHSTP) does your organization’s proposal address? Select all that apply.

|  |  |
| --- | --- |
| **Information & Awareness Gaps**  Inter-regional coordination  Informational awareness & service marketing  Centralized information resource  Passenger training  **Temporal Gaps**  Weekday off-peak service  Weekend service  Holiday service  Urgent Non-Emergency Medical Transportation (NEMT)  Same-day service | **Geographical Gaps**  Service to/from rural areas  Inter/Intra-regional transportation  **Client Gaps**  Non-ADA eligible service  Door-to-Door service  Door-through-Door service  **Service Quality Gaps**  Accessible vehicle (non-taxi)  **Other (specify):** |

1. CTDOT is continuously updating the LOCHSTP plan, to identify existing gaps in transportation for seniors, people with disabilities and persons earning low-income, and devise strategies to address those gaps and improve coordination of services. Would your organization be interested in participating in the process or receiving information about it?

Yes  No

If yes, *and* your organization has not already received LOCHSTP outreach from CTDOT, a regional Mobility Manager or the local Regional Council of Governments, indicate your organization’s designated contact information below and the Section 5310 team will relay your organization’s interest to the appropriate CTDOT contact.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Title** | **Email Address** | **Phone Number** |
|  |  |  |  |

1. Estimate the number of individuals in the following groups to be served by the proposal:

|  |  |  |  |
| --- | --- | --- | --- |
| Black | Pacific Islander | Alaskan Native | White |
| Hispanic | American Indian | Asian | Other |

1. Explain how the number of individuals in question #8 were estimated. Note that organizations not currently collecting this information from passengers may request it on a voluntary basis.

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1. How would your organization inform seniors and individuals with disabilities about the service?

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1. How would your organization inform seniors and individuals with disabilities with Limited English Proficiency about the service? Select all that apply

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| --- |
| Enlist the help of bilingual staff or employees proficient in another language, including sign language |
| Utilize a professional translation service |
| Offer Language Identification and/or I Speak cards  Subscribe to a language interpretation service on an as-needed basis |
| Communicate with relatives or guardians of the LEP individual  Provide picture cards or visual aids  Coordinate with another municipal department, nonprofit organization or local government to share translation resources  Miscellaneous (specify): |

1. How does this project proposal complement other sources of funding or grants received from local, state and/or federal public resources?

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1. Would your organization operate this service in coordination with another organization?  Yes  No

If yes, explain the coordination in detail below[[2]](#footnote-3):

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If no, explain any ongoing discussions or proposed plans to coordinate in the future.

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1. How would your organization resolve a complaint regarding service?

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1. If awarded, who in your organization would be responsible for communicating with the Connecticut Department of Transportation (CTDOT)? Include the name, title and contact information of the responsible individual(s).

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| --- | --- | --- | --- | --- |
|  | **Name** | **Title** | **Email Address** | **Phone Number** |
| **Reporting:** |  |  |  |  |
| **Communication:** |  |  |  |  |

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| SECTION III. BUDGET |

The annual budget page is available on the state contracting portal (CTsource) with the 2023 Section 5310 grant application materials and is titled *Section 5310 Nontraditional Capital Application – Budget Page.* The budget page must be completed and submitted as part of the application package.

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| SECTION IV. TITLE VI REQUIREMENTS ACKNOWLEDGEMENT |

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance.[[3]](#footnote-4)

If awarded Section 5310 funding, your organization:

1. Would be responsible for reviewing and ensuring compliance with all applicable provisions and requirements of FTA Circular 4702.1B “[Title VI Requirements and Guidelines For Federal Transit Administration Recipients](https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/FTA_Title_VI_FINAL.pdf).”
2. Would be required to develop a Title VI Program and submit it to the Connecticut Department of Transportation (CTDOT) Office of Contract Compliance (OCC) for acceptance **prior** to receiving funding.
3. Would be required to include the documents listed below into a Title VI program:
   1. Title VI Notice to the Public
   2. Title VI Complaint Process and Procedures
   3. Title VI Complaint Form
   4. Title VI Complaint Log
   5. Public Participation Plan
   6. Language Assistance Plan (including a Four-Factor Analysis)
   7. A table depicting the membership of non-elected committees and councils (membership of which is selected by the recipient), broken down by race, and a description of the process the organization uses to encourage minority participation.
4. Would be required to update the Title VI Program periodically (at least every three years), to incorporate changes and additional responsibilities that may arise.

I have read and been informed of the Title VI requirements my organization would need to comply with if awarded Section 5310 funding. I understand that failure to comply with the requirements under Title VI may result in a delay or denial of funding.

Grant Applicant Signature:

Printed Name:

Date:

V. APPLICANT STURE

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| SECTION V. APPLICANT SIGNATURE |

SECTION V. APPLICANT SIGNATURE

**Required Signature:** By typing my name on the signature line below, I confirm that I have completed this application to the best of my knowledge on behalf of my organization, and that I have read and understand the *2023 Section 5310 Application Instructions*. I have made a copy of the completed application packet for my records.

Printed Name of Authorized Official

Grant Applicant Signature[[4]](#footnote-5):  Date:

1. **Additional Requirement**

   If your organization is a Private Nonprofit Organization, include a copy of your *Articles of Incorporation* with this application, even if your organization has previously received Section 5310 grant funding. Applicants that are State or Local Governmental Entities or Public Transportation Operators are exempt from this requirement. [↑](#footnote-ref-2)
2. **Additional Requirement**

   If your organization currently coordinates with another organization to provide transportation service, include a copy of the interagency agreement with the application. [↑](#footnote-ref-3)
3. Specifically, Title VI provides that "no person in the United States shall, on the ground 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." (42 U.S.C. Section 2000d). [↑](#footnote-ref-4)
4. Name of person who completed the grant application. CTDOT will only accept an electronic signature. [↑](#footnote-ref-5)