**ATP-23**

**PROGRAM DESCRIPTION**

**PART I-A**

**Annual Transportation Plan for Fiscal Year 2023**

**SECTION 1**

**PROGRAM DESCRIPTION**

This part of your application is critical in justifying requested funding as well as documenting that planning requirements have been completed. Refer to application instructions for more information on what is required under each section.

This document is formatted to be ‘tabbed’ through. All responses should be placed in the yellow boxes. Copy and Paste where necessary inside the yellow boxes. The boxes will expand with your entries. Please enter ALL information in this file. Be sure to include this file on the disc submitted with your application

**Jurisdiction/Program:**      

**A. CONTACT INFORMATION**

**Applicant Organization**

Legal Name:       DUNS #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:       CAGE CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address:       **(Part of the SAMS System)**

City:       State:      Zip code:     -

Federal Taxpayer ID:       Website (URL): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application Submitted By - Must be person named on Authorizing Resolution**

Name:

Title:

Telephone:        Fax:

Email:       TTY:

**Application Contact -Person to whom questions should be directed**

Name:

Title:

Telephone:        Fax:

Email:       TTY:

**Operator Contact--Public Transportation Programs**

Name:

Title:

Organization/Company:

Mailing Address:

Street Address:

City:       State:      Zip code:      -

Telephone:        Fax:

Email:       TTY:

**Operator Contact--SSTAP/ADA Programs**

Name:

Title:

Organization/Company:

Mailing Address:

Street Address:

City:       State:      Zip code:      -

Telephone:        Fax:

Email:       TTY:

**B. OPERATOR/SERVICE DESCRIPTION**

**1. Service Description**

a. **Provide a general description of all of the transportation services your organization provides or administers**. ***Submit one set of public timetables, schedules, brochures, and maps according to the naming protocol illustrated on the Application Checklist.***

1. **As illustrated in Form 2a, did your services meet minimum performance standards?**

**YES**  **NO**

If no, please ***discuss*** what circumstances may contribute to or cause services to operate below standards, the prospects for improvement, and any steps being considered or taken to improve performance.

**2. Marketing/Advertising Program**

**Describe** your public outreach and marketing program. ***Submit one copy or sample of all brochures or advertisements according to the naming protocol illustrated on the Application Checklist.***

**Do you use Social Media?**  **YES**  **NO**

**\_\_\_\_\_ Twitter \_\_\_\_\_ Facebook \_\_\_\_ Other**

# C. PROJECT COORDINATION

State and Federal funding streams encourage and require coordination of resources and effort in order to minimize duplication, recognize efficiencies, increase transportation options and opportunities, and to improve overall mobility. Please refer to the section on Project Coordination in the Application Instructions for more guidance when completing this section.

1. **Coordination *Within* Your Organization. *Describe*** how PTP and SSTAP are integrated with each other and with your total transportation program.

1. **Coordination with Other Organizations**
   1. **How do you currently coordinate services with other organizations?** ***Describe*** efforts to share vehicles, trips, seats, passengers, fuel, maintenance, and/or to purchase some or all your PTP and/or SSTAP service with other transportation operators in your service area.

* 1. Provide a list of all transportation providers and/or organizations that have a program with a transportation element in your service area, and ***describe*** the relationship(s) between programs.

1. **Transportation Advisory Committee.** Do you have a local Transportation Advisory Committee?

**YES**  **NO**

***Describe*** the organizational structure, membership, meeting schedule, and ***Submit a copy of minutes from the most recent two meetings according to the naming protocol illustrated on the Application Checklist.***