**PART II**

**APPLICATION FORMS AND**

**SUBMISSION INSTRUCTIONS**

|  |
| --- |
| **FY2024 and FY2025 Section 5310 Application Checklist** |
| ***PART II*** |
|  General Information and Application Summary *(first page of your application)* General Agency Information Extent and Urgency of Agency Needs Agency Services Chart Project Coordination Service Contracts Vehicle Utilization Vehicle Replacement (if applicable) Vehicle Utilization Plan Equipment Inventory Fiscal and Managerial Capability Transportation Program Capital Budget Previous Grant Cycle Information  Source of Local Contributions Vehicle Worksheets/Order Forms Transportation Program Operating Budget Worksheet Maintenance Plan Driver Training |
| ***PART III*** |
|  General Certifications & Assurances Authorizing Resolution Opinion of Counsel Civil Rights Certification Proof of your Organization’s Non-Profit Status Project Assurances Coordination Assurance Lobbying Certification  Regional Coordinating Body Certificate of Endorsement Private Sector Involvement – Description, Public Notice Certification Copies of any comments received and your organization’s responses |

**MARYLAND DEPARTMENT OF TRANSPORTATION**

**MARYLAND TRANSIT ADMINISTRATION**

**SECTION 5310 PROGRAM APPLICATION**

**FY2024 and FY2025**

 **GENERAL INSTRUCTION FOR YOUR FINAL SUBMISSION**

**Part II (all sections\_)** of the application contains information that will be circulated to the Application Review Subcommittee of the SCCHST for their review, scoring and selection.

**Part III** of the application contains the various assurances and requirements that must be met in order for your organization's application to be considered by the SCCHST.

**PRIOR TO SUBMISSION, YOU MUST REGISTER AT** [https://mtaolts.ecopwise.com](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmtaolts.ecopwise.com%2F&data=02%7C01%7Cnhuggins%40mdot.maryland.gov%7C3d52cb53dc7f4dbecbaf08d8541899ee%7Cb38cd27c57ca4597be2822df43dd47f1%7C0%7C0%7C637351811933318677&sdata=%2F9y82MCJv8o0%2FLmHqY%2F1gEGKH9%2BWvkfYV6nJdFAlEVk%3D&reserved=0)

**SUBMIT PART II AND PART III PLUS ADDITIONAL SUPPLEMENTAL DOCUMENTATION**

**ELECTONICALLY TO** [https://mtaolts.ecopwise.com](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmtaolts.ecopwise.com%2F&data=02%7C01%7Cnhuggins%40mdot.maryland.gov%7C3d52cb53dc7f4dbecbaf08d8541899ee%7Cb38cd27c57ca4597be2822df43dd47f1%7C0%7C0%7C637351811933318677&sdata=%2F9y82MCJv8o0%2FLmHqY%2F1gEGKH9%2BWvkfYV6nJdFAlEVk%3D&reserved=0) **NO HARD COPY SUBMISSIONS WILL BE ACCEPTED.**

**The General Information and Application Summary (see page 63)**

**must be the first page of your application**

THE DEADLINE FOR SUBMITTING APPLICATIONS THIS YEAR:

 FRIDAY, JANUARY 20, 2023 4:00 P.M.

NO EXCEPTIONS

 Submit your application **electronically** with a transmittal letter to:

**Ms. Nancy Huggins, 5310 Program Manager**

**Office of Local Transit Support (OLTS), 8th Floor
Maryland Transportation Administration**

**Maryland Transit Administration**

**6 St. Paul Street**

**Baltimore, MD 21202-1614**

**Electronic Submission At** [https://mtaolts.ecopwise.com](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmtaolts.ecopwise.com%2F&data=02%7C01%7Cnhuggins%40mdot.maryland.gov%7C3d52cb53dc7f4dbecbaf08d8541899ee%7Cb38cd27c57ca4597be2822df43dd47f1%7C0%7C0%7C637351811933318677&sdata=%2F9y82MCJv8o0%2FLmHqY%2F1gEGKH9%2BWvkfYV6nJdFAlEVk%3D&reserved=0)

**PART II, Section 1**

**APPLICATION SUMMARY**

**THIS MUST BE THE FIRST PAGE OF THE APPLICATION**

**GENERAL INFORMATION AND APPLICATION SUMMARY**

FY2024 and FY2025

|  |
| --- |
| Legal Name of Applicant Organization: DBA (Doing Business As) Name: Federal Tax ID #: DUNS #: CAGE: |
| Address |
| **Contact Person** | **Name** | **Telephone Number** | **Fax Number** | **Email** |
| Executive Director |  |  |  |  |
| Project Director |  |  |  |  |
| Primary Contact Person |  |  |  |  |
| Counties Served |  |
| **\*MDOT MTA Region(s) Which Proposed Projects Will Serve (check all that apply)** |
| \_\_\_Baltimore Region (Annapolis, Anne Arundel, Baltimore, Carroll, Harford, and Howard counties and  Baltimore City) \_\_\_Lower Eastern Shore (Somerset, Wicomico, and Worcester counties) \_\_\_Southern Maryland (Calvert, Charles, and St. Mary’s counties) \_\_\_Upper Eastern Shore (Caroline, Cecil, Dorchester, Kent, Queen Anne’s, and Talbot counties) \_\_\_Western Maryland (Allegany, Frederick, Garrett, and Washington counties)\_\_\_Washington Region (Montgomery and Prince George’s) |
|  |
| **\*Please refer to Note to Applicants on Page 16 to determine areas of service.**  |
|  |
| **Summary of Current Program and Services****(one trip equals one, one-way passenger trip)** |
| # trips provided per day |  | # lift vehicles in service |  |
| # total vehicles in service |  | # seats available |  |
| # vehicles currently on order |  | # wheelchair places available |  |
|  |
| **Estimated number of clients within the following groups who receive any of your agency’s services** | **Number** | **Number of clients you transport with your agency’s transportation services\* (these do not overlap)** |
| Black |  |  | Ambulatory | Non-Ambulatory |
| Hispanic |  | Elderly |  |  |
| American Indian |  | Disabled |  |  |
| Asian or Pacific Islanders |  | Total |  |  |
| Caucasian |  | # of Eligible Low-Income Individuals \_\_\_\_\_\_\_ |
| Alaskan Native |  | % of Eligible Low-Income Individuals \_\_\_\_\_\_ |
| Total Agency Clientele |  |  |
| **Traditional: Vehicle, Equipment and Mobility Management Request in Priority Order** |
| Description (If vehicle -Gas or Diesel)Other Equipment/PM/Mobility Management | Replacement (Vehicle #) | Expansion | Rehab | Cost\*\* |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |
| **Application Budget (Estimated)** |
| Total Budget | $ |
| Federal Funds (80%) | $ |
| Local Funds (20%) | $ |

* Age of your elderly clients depends on your agency’s guidelines
* Eligible Low-Income Individual is an individual whose family income is at or below 150 percent of the poverty line
* \*\* see page 92 for approx. costs

|  |
| --- |
| **Non-Traditional: Operating Request in Priority Order** |
| Program Name  | Federal | Local | Total Cost\*\* |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |
| **Application Budget (Estimated)** |
| Total Budget | $ |
| Federal Funds (50%) | $ |
| Local Funds (50%) | $ |

|  |
| --- |
| **Non-Traditional: Capital Request in Priority Order** |
| Program Name  | Federal | Local | Total Cost\*\* |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |
| **Application Budget (Estimated)** |
| Total Budget | $ |
| Federal Funds (80%) | $ |
| Local Funds (20%) | $ |

**Note: *In order to determine priority, place the number of priority throughout all three boxes. Example: priority 1 is in the non-traditional (50/50), priority 2 is in non-traditional 80/20, Priority 3 is traditional (80/20). If no priority is assigned it will be assumed that the order of the list is the priority.***

**PART II, Section 2**

**GENERAL AGENCY INFORMATION**

**NOTE: AGENCY AND TRANSPORTATION PROGRAM INFORMATION**

Part II, Sections 1 through 5 of application is to be submitted according to the format. You must submit each section, complete or labeled “N/A”, before your application will be considered complete. Sample charts/tables should be duplicated as appropriate for use by the applicant.

Applications for financial assistance must contain or address the following in Part II of this application:

1. General Agency Information
2. Extent and Urgency of Local Needs
3. Coordination and Cooperation
4. Vehicle Utilization
5. Fiscal and Managerial Capability

**GENERAL AGENCY INFORMATION**

I. Please provide a brief agency description (if necessary, use separate page but keep in the context of your application). At a minimum, include in this description the following information:

a. Purpose of the agency

b. Specific goals of the agency

c. Length of time the agency has provided client services

d. Length of time the agency has provided transportation services

e. Brief overview of your transportation program

f. Specific ways in which your transportation program serves your agency’s clients

1. Geographic area served by your agency (region, county, or city)

II. Please complete the following pages regarding your agency’s Civil Rights/Cell Phone Policies.

**A. CIVIL RIGHTS**

Do you employ 50 or more persons whose primary function deals with the transportation of clients?

**[ ]  YES [ ]  NO**

How much State/Federal transportation funding did you receive in your last year of funding? \_\_\_\_\_\_\_\_\_\_\_\_

Is the amount of State/Federal transportation funds more than $1 million in capital or operating assistance or in excess of $250,000 in planning assistance?

**[ ]  YES [ ]  NO**

If you answered yes to either question above and are awarded a grant, you will be asked to develop a formal EEO program.

The State and any sub-recipients that receive funds from FTA for planning, capital, or operating assistance in excess of $250,000 to award in prime contracts, exclusive of funds for transit vehicle purchases, in a given Federal fiscal year must prepare a DBE program.

Is the amount of State/Federal transportation funds received in your last year of funding for planning, capital, or operating assistance more than $250,000?

 **[ ]  YES [ ]  NO**

If "Yes,” please provide a copy of your approved DBE program.

**If your organization does not have an MDOT MTA/FTA approved DBE plan, please contact your regional planner. A list of regional planners is included in the Appendix at the back of this document.**

Do you have an approved MDOT MTA/FTA Title VI Policy Statement/Plan?

**[ ]  YES [ ]  NO**

Date of Approval\*

If you answered no to the question above, and are awarded a grant, you will be asked to develop a formal Title VI Policy Statement/Plan.

\*PLEASE NOTE: USE THE DATE OF YOUR LAST APPROVED PLAN

*Unfortunately, due to the continued challenges related to the pandemic and staffing issues, the review of the FY2021-FY2023 MDOT MTA Title VI Plans remains on hold. If you were a new 5310 grantee in FY2023/FY2023 and submitted a plan, go ahead and check the NO box.*

**B. CIVIL RIGHTS CONTACTS - Applicant**

**EEO CONTACT - Applicant**

Name

Title

Department/Organization

Phone  E-Mail

Address

City, State ZIP

**ADA CONTACT - Applicant**

Name

Title

Department/Organization

Phone  E-Mail

Address

City, State ZIP

**Title VI CONTACT - Applicant**

Name

Title

Department/Organization

Phone  E-Mail

Address

City, State ZIP

**C. CELL PHONE USE**

Do you have a policy regarding the use of cell phones and other portable electronic devices for employees of your program?

[ ]  **YES** [ ]  **NO**

Please include a copy of your policy.

**PART II, Section 3**

**EXTENT AND URGENCY**

**OF LOCAL NEEDS**

# EXTENT AND URGENCY OF AGENCY NEEDS

This section relates to project justification; i.e., the transportation needs to be met by your agency's proposed project, the urgency of these transportation needs, and the benefits that will accrue to the individuals with disabilities and elderly individuals because of the transportation proposed in the application.

In responding to the following questions please remember that it is very important that you provide a clear picture of the needs described above.

1. Please describe the proposed project. What equipment, facilities, or services would be funded if your request is approved? What is the time period of the proposed project? What counties, cities and towns would be served? Who would be eligible to use the services?

2. Describe the needs, urgency of these needs and benefits of this request. As a separate supplemental document, please provide supporting information such as surveys, waiting lists, requests denied, planning documents, etc. You may need to use a separate piece of paper. (**Do not submit clients’ names with this application**.)

3. Is your agency requesting a **vehicle** in this application?

 [ ]  **YES** [ ]  **NO**

 If yes, is this vehicle an:

 \_\_\_\_\_\_\_\_ Replacement of 5310 vehicle

 \_\_\_\_\_\_\_\_ Replacement of non-5310 vehicle

 \_\_\_\_\_\_\_\_ Expansion

 If Expansion, indicate reason for expansion:

 \_\_\_\_\_\_\_\_ Adding program component

 \_\_\_\_\_\_\_\_ Increasing number of clients

 \_\_\_\_\_\_\_\_ Insufficient number of vehicles for current agency needs

4. Is your agency requesting **equipment** other than a vehicle in this application?

 [ ]  **YES** [ ]  **NO**

If yes:

 Equipment Purpose (How it will be used in your transportation program)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. Is your agency requesting **preventative maintenance** for Section 5310-funded vehicles in this application?

 [ ]  **YES** [ ]  **NO**

If yes, please describe your maintenance program.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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6. Is your agency requesting funding for **mobility management and coordination activities** in this application?

 [ ]  **YES** [ ]  **NO**

If yes, please describe the activities to be supported by this funding.

7. Is your agency requesting funding for **public transportation alternatives that assist seniors and people with disabilities with transportation** in this application?

 [ ]  **YES** [ ]  **NO**

If yes, please describe the services to be supported by this funding.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the need for these alternative services that current public transportation services are unable to meet?

8. Is your agency requesting **Operating** funding in this application?

 [ ]  **YES** [ ]  **NO**

If yes, please describe the services to be supported by this funding.

9. **Is this a scalable project?**

 [ ]  **YES** [ ]  **NO**

If yes, please describe how the project will be scaled back and still fit the need and urgency of the proposed project.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AGENCY SERVICES CHART**

The chart on the following page should provide information on your agency, current transportation program description and justification for your application request. If it is necessary to provide additional or supporting information such as surveys, waiting lists, requests denied or planning documents, please include documents at the end of the application but reference it within the body of the application.

The Agency Description Chart requires two (2) categories of information: services provided, and clients served. The following is a definition and explanation of the information requested.

* **Age range of current clients** - What is the age range of the individuals with disabilities and elderly individuals currently served by your agency?
* **Age range eligible for serving** - Is your agency able to serve clients of a wider age range? If so, please indicate.
* **Services provided by agency** - Place an "X" next to all the services provided by your agency. Also indicate how much service is being provided by indicating on the chart the number of clients served by category. If a specific function of your agency is not listed, indicate as other and explain.
* **Current total clients** - How many clients are currently enrolled in your agency services?
* **Current riders** - How many clients are currently using your agency's transportation services per week, per service?
* **Total** - provide the total number of clients listed per column for each category of client. The total number of current individuals with disabilities and elderly individuals should be placed in column (1), etc.

|  |  |  |  |
| --- | --- | --- | --- |
| Age Range of Current Clients |  |  |   |
| Age Range Eligible for Serving |  |  |   |
|   | Elderly/Ambulatory | Elderly/Non-Ambulatory | Disabled/Ambulatory | Disabled/Non-Ambulatory | Employment | Total |
|   | Current | Current | Current | Current | Current | Current Riders | Current  | Current Riders | Current Total Clients | Current Riders | Current Total Clients | Current Riders |
| Total | Riders | Total | Riders | Total | Total |
| Clients |   | Clients |   | Clients |  Clients |
| Service Provided by Agency: enter no. of Clients served per week |   |   |   |   |   |   |   |   |  |  |   |   |
| \_\_\_\_\_\_\_\_\_\_ Adult Day Care |   |   |   |   |   |   |   |   |  |  |   |   |
| \_\_\_\_\_\_\_\_\_\_ Nursing Home |   |   |   |   |   |   |   |   |  |  |   |   |
| \_\_\_\_\_\_\_\_\_\_ Vocational Training |   |   |   |   |   |   |   |   |  |  |   |   |
| \_\_\_\_\_\_\_\_\_\_ Activity Center |   |   |   |   |   |   |   |   |  |  |   |   |
| \_\_\_\_\_\_\_\_\_\_ Sheltered Workshop |   |   |   |   |   |   |   |   |  |  |   |   |
| \_\_\_\_\_\_\_\_\_\_ Senior Center/Services |   |   |   |   |   |   |   |   |  |  |   |   |
| \_\_\_\_\_\_\_\_\_\_ Residential Services |   |   |   |   |   |   |   |   |  |  |   |   |
| \_\_\_\_\_\_\_\_\_\_Family & Community Programs |   |   |   |   |   |   |   |   |  |  |   |   |
| \_\_\_\_\_\_\_\_\_\_ Medical Transportation |   |   |   |   |   |   |   |   |  |  |   |   |
| \_\_\_\_\_\_\_\_\_\_ Other |   |   |   |   |   |   |   |   |   |   |
| \*Please indicate if new or expanded service. Elderly/Non-Ambulatory includes cognitive and physical disabilities. |

**PART II, Section 4**

**COORDINATION AND COOPERATION**

**PROJECT COORDINATION**

This section relates to the degree to which the proposed project demonstrates coordination or cooperation among local service agencies and existing transit and paratransit operators. Coordination and cooperation among agencies serving individuals with disabilities and elderly individuals is very important. To interface most effectively, service providers must be knowledgeable about each other's purpose, capabilities and areas served.

1. Please list below all other providers of transportation services to the individuals with disabilities and elderly individuals in your locality. (These operators must also be on the Operator Notification Certification in Part III.) Include public, private non-profit agencies. Next to the agency name, explain how your services are the same or differ from those of the named agency (can be on a separate page as a supplement document but need to clearly identify the location within the grant application).

**Operator Type of Service provided Difference/Similarity**

2. Coordination of your organization's transportation with that operated by other providers can take many forms. Examples of some arrangements are: obtaining fuel and oil through a joint purchase agreement with another provider, obtaining maintenance for vehicles under an agreement with another provider, referring your clients to other agencies/operators, transporting other agencies' clients, or coordinating unused vehicle time with another agency, so that maximum vehicle utilization is achieved, having an ongoing and active advisory committee which includes agencies providing transportation, and providing training.

 Explain how your transportation operation is or will be coordinated with existing services operated by public, private-non-profit, or private-for-profit transportation providers in your locality. Please use specific examples and include back-up documentation.

3. If other agencies do have use of your vehicles indicate:

 **VIN# Agency % Operating Time**

4. Identify which Strategy(ies) within the Coordinated Public Transit-Human Services Transportation Plan this project responds to. (Regional Strategies can be found on the following pages. For Baltimore, Lower Eastern Shore, Southern Maryland, Upper Eastern Shore and Western Maryland, you would at least state the first strategy.) Explain how your agency implements this strategy/these strategies. Be sure to clearly explain how your project/services fit into the regional plan(s).

**SERVICE CONTRACTS**

1. List any current or proposed contracts or other agreements your organization has for providing transportation to other agencies. Attach copies to Part I.

  **Check here if this is not applicable \_\_\_\_\_\_\_**

1. List names and addresses of any public or private transportation provider from which your organization purchases, or plans to purchase, transportation service.

 **Check here if this is not applicable \_\_\_\_\_\_\_**

**PART II, Section 5**

**VEHICLE UTILIZATION**

**AND**

**REQUESTED VEHICLES**

**VEHICLE UTILIZATION**

**1. Vehicle and Equipment Request in Priority Order:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **Description** |  **Expansion** |  **Replacement** |  **Rehabilitation** |  **Cost** |
| **1.** |  |  |  | **$** |
| **2.** |  |  |  | **$** |
| **3.** |  |  |  | **$** |
| **4.** |  |  |  | **$** |

**2. Vehicle Replacement**

 If replacement vehicles are being requested, complete the following for each vehicle to determine

 eligibility: (Criteria for replacement follows chart).

 Since there is a lag period between the time of your application and the actual delivery date of an

approved vehicle, allowance must be made for the mileage which will be added to the vehicle during this lag time.

The following formula should be used to account for this additional mileage and thereby

determine if your vehicle will meet the minimal service life criteria.

|  |  |  |
| --- | --- | --- |
|  **Vehicle Description** |  **Vehicle to be replaced** |  **Vehicle to be replaced** |
| Vehicle Identification Number |  |  |
| Date Vehicle was placed in service |  |  |
| Current Date |  |  |
| Total Months of Ownership |  |  |
| Current Vehicle Mileage(Date \_\_\_\_\_\_\_\_\_\_\_\_\_) |  |  |
| Average Miles per Month (Current Mileage divided by Total Months of Ownership) |  |  |
| Projected Mileage (Average Mileage per Month X 36 Projected Months) |  |  |
| **Total Vehicle Mileage** (Current & Projected Mileage) |  |  |
| Projected Age of Vehicle in Months (Total Months of Ownership + 36 Months) |  |  |
| Total Age of Vehicle (in years) (Projected Age of Vehicle in Months divided by 12) |  |  |

 If you are awarded a Section 5310 replacement vehicle, how will you dispose of the vehicle to be replaced?

 \_\_\_\_\_\_Sell Vehicle \_\_\_\_\_\_\_Use Vehicle as Backup \_\_\_\_\_Junk Vehicle \_\_\_\_\_\_Other

* If requesting more than two vehicles to be replaced, please duplicate this form and include with application

**Minimum Vehicle Service-Life Policy**

**Minimum Service-Life Standards**

To ensure that vehicles are adequately maintained and remain in service for their normal service life, the Maryland Department of Transportation Maryland Transit Administration (MDOT MTA) has established minimum service-life standards for vehicles funded with State or Federal funds. These standards apply to all vehicles purchased with Sections 5307, 5309, 5310, 5311, 5316, 5317, American Disabilities Act (ADA), or Statewide Special Transportation Assistance Program (SSTAP) funds, and to all vehicles that will be replaced with vehicles funded from these programs, regardless of the initial funding source.

Service-life begins on the date the vehicle was placed in service and continues until it is removed from service.

|  |  |  |
| --- | --- | --- |
| **Classification** | **Yrs.** | **Miles** |
| Small Specialized Vehicles (Accessible Minivans and Accessible Taxicabs) & Sedans | 4 years | 100,000 |
| Light Duty Small Bus (Cutaway) | 5 years | 150,000 |
| Medium Duty Bus | 7 years | 200,000 |
| Heavy Duty Bus | 10 years | 350,000 |
| Heavy Duty Bus | 12 years | 500,000 |

**Vehicle Classifications**

* Small Specialized Vehicles (Accessible Minivans and Accessible Taxicabs) & Sedans: at least four (4) years of service or an accumulation of at least 100,000 miles.
* Light Duty Small Bus, body on chassis-type (cutaway): at least five (5) years of service or an accumulation of at least 150,000 miles.
* Medium duty transit buses: at least seven (7) years of service or an accumulation of at least 200,000 miles.
* Heavy duty transit buses: at least ten (10) years of service or an accumulation of at least 350,000 miles.
* Heavy duty transit buses: at least twelve (12) years of service or an accumulation of at least 500,000 miles.

Although a minimum standard for service-life is adopted, additional information about the condition of the vehicle is necessary for all replacement requests. Vehicles will not be replaced based solely on age and accumulated mileage, therefore details such as repair records or estimated repair costs must be provided with the request.

Below is minimum information that is requested to submit for a replacement vehicle. Use forms provided in the applications.

* Fleet Vehicle Number,
* Present Mileage,
* Vehicle Identification Number and delivery date (if the vehicle to be replaced was purchased

under a previous Sections 5307, 5309, 5310, 5311, 5316, 5317, ADA, or SSTAP grant),

* A description of the condition of the vehicle to be replaced, including the reasons for

 replacing the vehicle at this time, and

* An indication of how the vehicle will be disposed of (sell, salvage, or used as backup or

other). **NOTE:** any insurance proceeds received for this vehicle will be deducted from MDOT MTA’s State and Federal portion of the eligible cost of a replacement vehicle.

**Replacement Prior to Meeting Minimum Service-Life Criteria**

If a replacement vehicle is being requested for a vehicle which has not or will not meet the established Service-Life criteria, the applicant must describe the circumstances necessitating the replacement of the vehicle. The applicant would need to complete the information above, in addition to providing the following information:

* A list of any repairs that will be required to keep the vehicle in service, and an estimated cost

 of each repair,

* A description and cost of repairs made to the vehicle to date (attach the repair and

 preventative maintenance records, if available).

FTA classifies this as early asset replacement.

**Vehicle Rehabilitation**

If you are applying for funding for vehicle rehabilitation, identify each vehicle to be rehabilitated,

give a description of work to be done for each and provide an estimate for the cost of rehabilitation.

Note: Rehabilitation of vehicles will only be approved for those vehicles purchased with FTA funds or if the Maryland Department of Transportation is added on the vehicle title. Rehabilitated vehicles will not be eligible for replacement until at least three years after rehabilitation takes place.

A vehicle may be rehabilitated if:

* it is at least four (4) years old or has 100,000 miles (this may be projected in accordance with the vehicle replacement formula chart).
* the cost of the rehabilitation is less than 50% of the purchase price of a “like” vehicle.
* the rehabilitation work restores the vehicle to a “nearly new” vehicle status
* the vehicle can meet, after rehabilitation, the current Section 5310 safety standards and specifications
* the rehabilitation work will add 36 months or approximately 65,000 miles to the life of the vehicle

If such rehabilitation work is approved for funding under this Section 5310 application, the MDOT MTA will have final approval on specifications and solicitation.

**Vehicle Inventory**

Please complete this form for your agency’s entire vehicle inventory. List all vehicles in the following order:

* vehicles that are to be replaced or rehabilitated; [list highest priority first]
* currently used vehicles that will not be affected by this application;
* vehicles that are currently on order through a previous year’s application or another funding source and are yet to be received.

If you are replacing a vehicle in which the status is inactive or back up, please explain why. The Committees’ current policy is not to replace inactive or back up vehicles unless adequate justification is made. Use a separate page if needed to explain in detail. If a vehicle is used daily during peak service, it is not considered a backup vehicle.

**PLEASE USE THE VEHICLE INVENTORY FORM ASSOCIATED WITH THIS APPLICATION**.

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|  | **Section 5310 Program Application for FY 2024 and FY 2025** |
|  | **Jurisdiction**  |
|  | **Organization**  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **VEHICLE INVENTORY FORM\*** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | *Indicate all vehicles currently owned by the applicant organization, as well as vehicles requested in* ***FY2024/FY2025*** *and funded in previous years that are currently on order, for your* ***transportation*** *program. Insert additional pages as needed.* |
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| Agency Fleet Number | Vehicle Identification Number (VIN) | Model Year | Make | Vehicle Type | Title Number | Equipped with Lift or Ramp? | Seating Capacity | Communi-cations Equipment | Capital Funding Source | Current Mileage | Current Status | Average Annual Mileage | Fiscal Year Budgeted for Replace-ment  |   |
| Ambu-latory | Wheel-chair |   |
| **REVENUE VEHICLES:** All vehicles used for client transportation & all 5310 vehicles  |   |   |   |   |   |   |   |   |   |
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| Agency Fleet Number | Vehicle Identification Number (VIN) | Model Year | Make | Vehicle Type | Title Number | Equipped with Lift or Ramp? | Seating Capacity | Communi-cations Equipment | Capital Funding Source | Current Mileage | Current Status | Average Annual Mileage | Fiscal Year Budgeted for Replace-ment  |   |
| Ambu-latory | Wheel-chair |   |
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| **Section 5310 Program Application for FY2024 and FY2025** |
| **Jurisdiction**  |
| **Organization**  |

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|  |  |  |  | Vehicle Type | Equipped with Lift or Ramp? | Seating Capacity | Communi-cations Equipment | Capital Funding Source | Current Mileage | Grant # AND Award Year | Order Date | Indicate Vehicle being replaced  |   |
| Ambu-latory | Wheel-chair |   |
| **VEHICLES AWARDED BUT NOT RECEIVED (prior to 2022):** |   |   |   |   |   |   |
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| **REPLACEMENT VEHICLES REQUESTED IN FY2024 and FY2025:** |   |   |   |   |   |   |   |   |
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| **EXPANSION VEHICLES REQUESTED IN FY2024 and FY2025:** |   |   |   |   |   |   |   |   |
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| **Section 5310 Program Application for FY2024 and FY2025** |
| **Jurisdiction**  |
| **Organization**  |
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| **Form 6a: FIXED ASSET INVENTORY** |
|  |  |  |  |  |  |  |  |  |  |  |
| *List all existing property assigned to or available to the* ***transportation*** *program, regardless of ownership or funding source,* ***in which you wish to replace in this application.*** |
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| Inventory Control Number | Department (Ops, Admin., Maint, etc.) | Date Acquired | Asset | Description: Use and Condition | Original Cost | Federal/ State (Percent Share) | Grant Number | Disposition Action | Owner |
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| Copy page and insert if needed.Inventory control number: The number assigned, if any, by your organization to each asset. |  |  |  |  |  |  |
| Department: The department within your organization that manages/uses the property. For example, the asset may be a printer, and it is located in “Admin”.  |  |  |  |
| Product: For example, Desktop computer, Laptop, Bus Shelter, etc. |  |  |  |  |  |  |
| Description: Provide a description of the daily use and condition of the asset. |  |  |  |  |  |  |
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| **Section 5310 Program Application for FY2024 and FY2025** |
| **Jurisdiction**  |
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| **Form 7: VEHICLE UTILIZATION PLAN** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Indicate how each vehicle listed in the Vehicle Inventory (Form 6) is used on a regular basis. If vehicles are used for multiple services, please use a separate line for each route or service. If schedules are different on different days of the week, please use a separate line for each day. Insert additional lines and pages as needed.*  ***Please call for clarification if you have any questions on completing this form.*** |
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| Usual Vehicle (Agency Fleet No.) | Route Name or Number | Origin of Route | Geographic Areas Served | Destination of Route | Trip Purpose | Passenger/ Client Group | One-way Trip Length | Usual No. of Riders/ Day | Days of the Week | Hours of Day Operated |
|
|
| *Example* | *Your town Shuttle* | *101 Main St., Your town* | *Your town area* | *Your town Mall* | *general purpose* | *general public* | *12 miles* | *25* | *M-F* | Start Time | End Time |
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**PART II, Section 6**

**FISCAL AND MANAGERIAL CAPABILITY**

*Vehicle and Budget Excel Forms can be found on the*

*Transportation Association of Maryland Website:*

<https://www.taminc.org/office-of-local-transit-support>

**FISCAL AND MANAGERIAL CAPABILITY**

This section measures the degree to which your agency is capable of conducting the proposed project, with particular reference to the source and availability of both capital and operating funds.

The project budget section should provide information on the cost of the requested vehicles and equipment, your transportation program's budget, and the source of funds for the local contribution portion of the procurement. There are also sections on maintenance of vehicles, driver training and administrative oversight.

**1. Previous Grant Cycle information**

If you were awarded a 5310 grant from the previous grant cycle, please indicate the following (if you have more than one previous grant, please provide information on additional page):

Grant Line Item: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant Award: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant Balance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If this is **your first 5310 grant application**, please include a copy of the organization’s last financial statement and/or audit.

**2. Transportation Program Capital Budget**

 This section should provide information on the cost of the requested vehicles and equipment, your transportation program budget, and the source of funds for the local contribution portion of the procurement. Please complete the following:

 **Source of Local Contributions**

 List the **specific sources** and amounts of [cash] funds that will be provided for the local contributions. If these local match contributions will be coming from a source outside your organization, please include a letter indicating the match amount.

 **Source Amount**

 **TOTAL $**

1. **Vehicle Worksheets/Order Forms**

Excel worksheets/order forms for the small bus and van selections are located within the 5310 application files on the TAM website (<https://www.taminc.org/office-of-local-transit-support>). Please include the worksheets/order forms for the selected vehicles that are to be included in this grant application.

1. **NOTICE TO APPLICANTS REQUESTING CAPITAL EQUIPMENT**, **PREVENTATIVE MAINTENANCE AND MOBILITY MANAGEMENT**

Funding for capital expenditures will not be limited to the purchase of vans and buses. Capital purchases may include but are not limited to radios and communication equipment, vehicle rehabilitation, vehicle sanitization equipment, personal protective equipment (PPE), hardware and software that will be used for your transportation program, and spare parts with a unit cost of at least $300 and useful life of more than one year. Capital expenses under the Section 5310 program may also include preventative maintenance of Section 5310 vehicles and mobility management activities.

Capital funding for equipment purchases, Preventative Maintenance and Mobility Management may be requested by indicating so on the attached Equipment, Preventative Maintenance and Mobility Management Request Form. The request form must be attached to your main application and accompany your application through all steps of the application approval process. These requests, if awarded, may be eligible to be reimbursed by the MDOT MTA using 80% Federal funds and 20% grantee funds.

Requests for Preventative Maintenance funding should be in the form of a total dollar amount for the entire fiscal year. If awarded, the grantee shall submit quarterly requests for payments accompanied by the following back-up information in order to receive an 80% reimbursement from the MDOT MTA:

* Labor Costs
* Labor Hours
* Parts Cost
* Inspections Costs
* Repair Costs

Quarterly request for payment forms will be included with your grant agreement.

**Preventative Maintenance as defined below:**

All the activities, supplies, materials, labor, services, and associated costs required to preserve or extend the functionality and serviceability of the asset in a cost-effective manner.

**Common eligible preventative maintenance requests include but are not limited to:**

Oil Changes, tire rotation, tire replacement, transmission flushes, vandalism repairs, mechanic training, and the labor cost associated are considered eligible expenses.

**Ineligible requests include but are not limited to:**

* Fuel
* Accident repairs
* Insurable items
* Warranty Items

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| **Legal Applicant Name:** |  |  |  |
|  | **CAPITAL** |  |  |  |  |
| **EQUIPMENT, PREVENTATIVE MAINTENANCE AND MOBILITY MANAGEMENT REQUEST FORM** |  |  |
|  |  |
|  |  |  |  |  |  |  |
| ***List all FY2024 and FY2025 equipment requests, preventative maintenance funding request and attach justification and supporting documentation for each request. List in priority order from top to bottom.*** |  |  |
|  |  |
|  |  |  |  |  |  |  |
| Priority Among All FY2024 and FY2025 Capital Requests  | Equipment Description | Total FY2024 and FY2025 Project Cost  | FY2024 Funding | FY2025 Funding |
| 5310 | 5310 |
| Federal (80%) | Grantee (20%) | Federal (80%) | Grantee (20%) |
|   |   |   |   |   |  |  |
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| **Total Equipment Costs:** |  |  $ -  |  $ -  |  $ -  |  $ -  |  $ -  |

**For all Capital Requests an Independent Cost Estimate (ICE) must be completed. 2 estimates minimum for each item.** *Include a copy of the ICE form(s) in your application.*

**Project Description – Provide a description of the project request(s) above and justify its necessity.**

**Is your maintenance contracted or performed within your agency / county? \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please include copy of purchasing/procurement policy.**

**NAME OF Human Service AGENCY**

## INDEPENDENT COST ESTIMATE (ICE) FORM

**Agency Name: Project Name and Grant Number:**  **Date:**

**Project Description (must include type of good or service, number of units, preliminary** **specifications or dimensions, product longevity, warranty and/or product service requirements and number of purchase options expected to be exercised):**

**Date(s) and number of Estimates (cite each estimate source) \*:**

**Estimate (cite expected unit price and extended price, including all services and required components):**

**Method of Obtaining Estimate (check appropriate section):**

 Obtained direct estimate from vendor(s):

 Published List Price:

 Past Agency Pricing (date and contract):

\_\_\_\_ Engineering or Technical Estimate:

 Independent Third-Party Estimate:

\_\_\_\_ Other (specify):

**Additional Comments:**

**Rationale for Type of Procurement (explain why the type of procurement and cost estimate was selected):**

**Prepared By:** **Date Prepared:**

**Phone: Email:**

\* Minimum 2 estimates per Capital item requested

1. **Vehicle Insurance Requirements**

The following insurance limits are required for each vehicle purchased or rehabbed with FTA Section 5310 funds.

* **Comprehensive Business Automobile Liability:** The policy or policies shall cover all automobiles defined as motor vehicles, whether owned, non-owned leased, or hired, to a minimum combined single limit for Bodily Injury and Property Damage of $1,000,000.
* Each organization must have collision insurance for protection of FTA's 80% financial interest in each vehicle. This would include Comprehensive and Collision or Upset Coverage on the vehicle.
* There must be Uninsured Motorist coverage for limits of liability of $30,000 per person, and $60,000 per accident.
* The Maryland Department of Transportation **must** be named an additional insured party on each insurance policy for all vehicles procured under this program. Each applicant organization must present to the Administration a letter from its insurance company stating that the minimum limits of coverage, as specified above, can be provided.
1. **Section 5310 Two-Year Budget**

One budget template is provided on the TAM website <https://www.taminc.org/office-of-local-transit-support> that will allow you to include your **current** transportation budget and your **requested** application amounts. The amounts entered should reflect a **two-year** budget and requested amounts for fiscal years FY 2024 and FY 2025, a date span of July 1, 2023 through June 30, 2025.

*Please include the two-year budget in your 5310 grant application.*

**Columns:** Notice each column is labeled with a letter: A, B, C, D, E, F and G. There is a separate column for each type of program request. Column A is the total of Columns B through G. Your requested amount should be entered in the appropriate column.

**Line Items:** There are four sections related to expenditures: “Vehicles Operations,” “Maintenance,” “Administrative” and “Capital.” These sections should total in the “Total Expenses” line.

The sections blacked out indicate an area not applicable to that particular section. *For example, in the section for Vehicle Operations Expenses the Mobility Management (D), Equipment-Vehicles (E), Equipment-Not Vehicles (F) and Preventive Maintenance (G) columns are blacked out as they are not pertinent to Vehicle Operations Expenses. Vehicle Operations Expenses* ***are*** *applicable for Current Transportation Budget (B) and Project Specific Operating (C) columns.*

The Revenue section is “Farebox and Other Revenue Not Included as Local Share.” If you collect fares or donations, receive contract revenue or bus advertising dollars, these amounts should be listed in the appropriate line in this “Revenue” section. The amounts in this section will be deducted from your “Total Expenses” to culminate in the “Net Project Cost.” (You may elect to include this revenue in the Local Match section instead of the Revenue section.)

The “Local Funds/Match” section plus the “Federal Funds Requested” should add up to your “Net Project Cost.” Please be cognizant of the required percentage of Local versus Federal dollars making up your requested amount in each column.

The following pages contain definitions for each line item. If you would like assistance in determining your actual transportation costs, please call Nancy Huggins at nhuggins@mdot.maryland.gov or 410-767-8356.

1. **Column A - Overall Transportation Program Budget**

 The Overall Transportation Program (Column A) is the total amount of your Current Transportation Budget (Column B) and your Program Requests (Columns C through G) for a two-year span.

1. **Column B - Current Transportation Budget**

The Current Transportation Budget (Column B) should be filled out by all applicants and is to be completed only for the **transportation component** of your organization prior to the requested amounts in your application; *do not include* non-transportation related expenses in this column, or in any of the other columns; *do include* portions of expenses shared with transportation. This should include expenses related to all vehicles currently operated by your organization.

 If a cost category is not applicable to your program, put "N/A" in the line for that cost category. Use footnotes as needed to provide additional explanation where expenses may not be self-explanatory.

1. **Column C - Requested Project Specific Operating Budget**

Requested Project Specific Operating (Column C) is to be completed only if you are requesting operational funding for non-traditional projects.  Fill in each line item applicable to the operating amount you are requesting in your application. Please note that operational funding, if awarded, will be provided for up to 50% (Federal) of the total operational costs associated with the individual project.

1. **Column D - Requested Mobility Management Budget**

The Mobility Management (Column D) is to be completed only if you are requesting funding for Mobility Management projects.  Please note that this funding, if awarded, will be provided for up to 80% (Federal) of the total costs associated with the individual project.

1. **Column E - Requested Equipment - Vehicles**

The Requested Equipment – Vehicles (Column E) is to be completed only if you are requesting funding for the acquisition of expansion or replacement buses or vans and related procurement, testing, inspection, and acceptance costs. These costs should be placed in the “Capital Equipment Expenses” section. Please note that this funding, if awarded, will be provided for up to 80% (Federal) of the total costs associated with the individual project.

1. **Column F - Requested Equipment – Not Vehicles**

The Requested Equipment – Not Vehicles column is to be completed only if you are requesting funding for equipment such as vehicle wheelchair lifts, ramps, securement devices, radios and communication equipment and transit-related information technology systems including scheduling/routing/one-call systems. These costs should be placed in the “Capital Equipment Expenses” section. Please note that this funding, if awarded, will be provided for up to 80% (Federal) of the total costs associated with the individual project.

1. **Column G - Requested Preventive Maintenance**

The Requested Preventive Maintenance column is to be completed only if you are requesting funding for the preventive maintenance costs of the vehicles used in your Section 5310 transportation program. These costs should be placed in the “Capital Equipment Expenses” section. Please note that this funding, if awarded, will be provided for up to 80% (Federal) of the total costs associated with the individual project.

## DEFINITIONS FOR EXPENDITURES

**Vehicle Operations**

**Driver salaries:**  includes all wages paid to drivers for the operation of passenger vehicles or the value of time spent driving.

**Dispatcher salaries** ¨ includes all wages paid to individuals responsible for the dispatching of passenger vehicles or the value of time spent dispatching.

**Fringe benefits** ¨ includes the cost of fringe benefits for drivers and dispatchers.

**Fuel and oil** ¨ includes the cost of gasoline, diesel fuel, engine oil and other lubricants.

**Tubes and tires** ¨ Includes material for the maintenance of tires and purchase or rental of tires.

**Vehicle insurance** ¨ includes the cost of vehicle and transportation related types of insurance including liability and property damage, workers' compensation, fire and theft.

**Vehicle lease** ¨ includes the cost of leasing vehicles used to transport passengers.

**Vehicle license,** ¨ includes the cost of licensing and/or registration tax on vehicles **registration** used to transport passengers.

**Vehicle storage** ¨ includes the costs of renting a facility to store passenger

**facility rental** vehicles.

**Other** ¨ includes the cost of expenses not categorized above. These items must be specified.

**Purchased Service** ¨ includes the cost of any portion of service purchased from another operator.

**Maintenance**

**Mechanic salaries** ¨ includes all wages paid to mechanics on staff or the value of their time spent on maintenance.

**Fringe benefits** ¨ includes the cost of fringe benefits for mechanics on staff.

**Maintenance service** ¨ includes the cost of outside contracts for maintenance of passenger vehicles.

**Materials & supplies** ¨ includes the cost of materials and supplies to maintain passenger vehicles and includes any materials and supplies not provided through a maintenance service contract. (including vehicle sanitization equipment, personal protective equipment)

**Maintenance facility** ¨ Includes costs incurred by renting a facility in which vehicles are

**rental** maintained by staff mechanics.

**Equipment rental** ¨ Includes costs of renting maintenance equipment and includes any equipment rental costs not provided through a maintenance service contract.

**Utilities** ¨ includes all utility costs for maintenance facilities. If maintenance facilities are not metered separately, all utility costs should be included in the Administration utilities costs.

**Other** ¨ includes other maintenance expenses not categorized above. These items must be specified.

**Administration**

**Administrator salary** ¨ Includes all wages paid to the administrator of the agency for time allotted to the transportation programs or the value of their time spent on transportation‑type administrative duties.

**Manager salary** ¨ Includes all wages paid to the manager of the transportation program for time allotted to the transportation programs or the value of their time spent on transportation management duties.

**Secretary salary** ¨ includes all wages paid for secretarial/clerical support for the transportation programs or the value of their time spent on secretarial/clerical duties.

**Bookkeeper salary** ¨ includes all wages paid for bookkeeping support for the transportation programs or the value of time spent on bookkeeping duties.

**Other staff** ¨ includes all wages paid to other staff not categorized above supporting the transportation program or the value of their time. Other staff must be itemized.

**Fringe benefits**  ¨ includes the cost of fringe benefits for the staff included in the salary categories listed above.

**Materials & supplies** includes all the cost of office materials and supplies.

**Telephone** ¨ includes all telephone rental, purchase and installation costs.

**Office rental** ¨ includes the cost of renting office space for the transportation program.

**Utilities** ¨ includes all utility costs for the administrative offices or for all facilities if they are not metered separately that are attributed to the space allocated to transportation.

**Office equipment** ¨ Includes the cost of renting office equipment for the use of the

**rental** transportation program or a proportionate amount.

**Other** ¨ includes other administrative costs not categorized above that contribute to the operation of your transportation program. All items must be specified.

3. **MAINTENANCE PLAN**

Do you have a written maintenance plan?

[ ]  **YES** [ ]  **NO**

If Yes, please attach a copy as a supplemental document.

If No, describe the maintenance program for vehicles used in providing transportation services. It is required that you develop a written maintenance plan.

Describe arrangements used for maintenance (i.e. in-house, contract, county, etc.).

Agencies that operate vehicles with a seating capacity of 16 passengers or more including the driver are subject to the Maryland Preventative Maintenance Program (PM). If you are subject to the PM Program; attach a sample of the certification kept on each vehicle.

4. **DRIVER TRAINING**

Describe your agency's driver training procedures. Indicate if your agency has a structured training program including defensive driving, safety inspection, passenger assistance, etc. How much training is provided and how often?

Provide a copy of your training schedule and curriculum as a supplemental document.

**When you complete your application:**

This application including a transmittal letter to Nancy Huggins (contact information is below) in its entity should be uploaded to: [https://mtaolts.ecopwise.com](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmtaolts.ecopwise.com%2F&data=02%7C01%7Cnhuggins%40mdot.maryland.gov%7C3d52cb53dc7f4dbecbaf08d8541899ee%7Cb38cd27c57ca4597be2822df43dd47f1%7C0%7C0%7C637351811933318677&sdata=%2F9y82MCJv8o0%2FLmHqY%2F1gEGKH9%2BWvkfYV6nJdFAlEVk%3D&reserved=0).

Please note, your one FILE may include different documents but [they] must be clearly marked as to which PART and/or SECTION it refers to.

For example:

PART II, Section General Information, OR

PART II, Section 5 Fiscal Information/Budget, OR

PART II, Vehicle Worksheets/Order Forms

PART III, Certifications and Assurances

SUPPLEMENTAL DOCUMENTS/INFORMATION

**HARD COPY APPLICATIONS WILL NOT BE ACCEPTED;**

**ALL APPLICATIONS MUST BE UPLOADED TO** [https://mtaolts.ecopwise.com](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmtaolts.ecopwise.com%2F&data=02%7C01%7Cnhuggins%40mdot.maryland.gov%7C3d52cb53dc7f4dbecbaf08d8541899ee%7Cb38cd27c57ca4597be2822df43dd47f1%7C0%7C0%7C637351811933318677&sdata=%2F9y82MCJv8o0%2FLmHqY%2F1gEGKH9%2BWvkfYV6nJdFAlEVk%3D&reserved=0)

**NO LATER THAN JANUARY 20, 2023 BY 4:00 PM.**

**Information For Transmittal Letter Only:**

Nancy Huggins

Program Manager

Maryland Transit Administration

6 St. Paul Street, 8th Floor

Baltimore, Maryland 21202