



REGIONAL TRANSPORTATION COMMISSION

Metropolitan Planning • Public Transportation & Operations • Engineering & Construction

Metropolitan Planning Organization of Washoe County, Nevada

**RTC MOBILITY OF SENIORS & INDIVIDUALS WITH
DISABILITIES PROGRAM FUNDING - CALL FOR PROJECTS**

FFY24 – FFY26 PROJECT APPLICATION

Application Due: **January 17, 2024 at Noon -- Submit to: jmeyers@rtcwashoe.com**

PROJECT TITLE:	
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SECTION 1: APPLICANT INFORMATION				
Applicant's Legal Name:				
Contact Person/Title	/			
Address:				
City:		State:		Zip Code:
Telephone #:		Email Address:		

REQUEST TYPE (check all that apply)	
<input type="checkbox"/> Continuation of an Existing Project	<input type="checkbox"/> New Project
<input type="checkbox"/> Operating	<input type="checkbox"/> Capital

ORGANIZATION TYPE (check all that apply)		
<input type="checkbox"/> Local Government Authority	<input type="checkbox"/> Private Non-Profit Organization	<input type="checkbox"/> Private For-Profit Organization

SUPPLEMENTAL INFORMATION – See Appendix A	
<input type="checkbox"/>	Copy of current IRS W-9 Taxpayer Identification Certification Form, NEW APPLICANTS ONLY
<input type="checkbox"/>	Service Area/Route Map (if applicable)
<input type="checkbox"/>	Attachment 1: Vehicle Inventory (if requesting funds for vehicles)
<input type="checkbox"/>	Attachment 2: Maintenance of Vehicles & Vehicle Being Replaced (if requesting funds for vehicles)
<input type="checkbox"/>	Current Letters of Support for Project (<i>maximum of three</i>)
<input type="checkbox"/>	Last three (3) years of financial audits, NEW APPLICANTS ONLY
<input type="checkbox"/>	Most recent financial audit, existing 5310 applicants only

1a. Estimated number of individuals to be served by your project annually.

	Unduplicated Number of Riders/Users Annually		Total Number of Trips/Users Annually	
	Existing (Current Operations Only)	Projected*	Existing (Current Operations Only)	Projected*
Seniors 60 years of Age and Over (Projects Serving Seniors)				
Individuals with Disabilities				
General Public, if any				
TOTAL				

Definition of Unduplicated Users/Riders: Unduplicated Users/Riders are counted based on an annual basis. Each user/riders is counted only once annually, no matter how many times he/she utilizes the service or facility. If records are unavailable to accurately count the number of unduplicated users/riders, an estimate is acceptable.

1b. Explain how you derived at your projections.

1c. Provide the temporal and geographic scope of activities in the table.

Day of Week	Operating Hours	Geographic Coverage	
		<u>Core Service Area</u> Specify Municipal and County Areas Covered	Special Destination Trips Outside of Core Service Area (if applicable)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Coordination, Implementation & Outreach (20 Points)

1. How will this project utilize or coordinate with other human service agencies and/or public transportation providers? If the project will not include coordination, provide detailed explanation for the reasons that coordination cannot occur.

2. Explain how the project relates to other services or programs provided by your agency.

3. How will the target population be given priority on all project activities, if the service is not restricted to the target population?

4. How will the project be marketed to the target population and promote public awareness? Include information on how populations with Limited English Proficiency will be apprised of the project and whether marketing materials will be available in other languages

Project Readiness (30 Points)

SECTION III: BUDGET REQUEST

OPERATING BUDGET REQUEST

The project operating budget estimate should be based on actual annual expenditures for existing services. Budgets for New Services without an operating history should detail the sources of their estimated budgets. Applicants who are operating their own services shall fill out Items A-D in the Budget Details.

Budget Detail Year 1

<u>Estimated Operating Expenses</u>	
a. Wages, Salaries & Benefits	
b. Maintenance & Repairs	
c. Fuel	
d. Insurance	
e. Other:	
<u>Total Operating Expenses</u>	
Less Estimated Revenue (enter positive number)	
Less any remaining 5310 OPERATING Funding (enter a positive number)	
Net Operating Cost	
Local Share (50% of net Operating Cost)	
TOTAL OPERATING REQUEST (Expenses must exceed minimum of \$25,000)	

**If additional budget lines are necessary, attach Excel spreadsheet detailing budget, and add total under "e. Other"*

Budget Detail Year 2

<u>Estimated Operating Expenses</u>	
a. Wages, Salaries & Benefits	
b. Maintenance & Repairs	
c. Fuel	
d. Insurance	
e. Other:	
<u>Total Operating Expenses</u>	
Less Estimated Revenue (enter positive number)	
Net Operating Cost	
Local Share (50% of net Operating Cost)	
TOTAL OPERATING REQUEST (Expenses must exceed minimum of \$25,000)	

CAPITAL BUDGET REQUEST

	Capital Request	
	<u>Year 1</u>	<u>Year 2</u>
Vehicles(s)*		
Facility Improvement		
Computer Software/Hardware/Technology		
Other Yr1*: _____		
Other Yr2*: _____		
Net Capital Request		
Less any remaining 5310 CAPITAL/MOBILITY MGMT funding (enter positive number)		
Adjusted Capital Request		
Local Share (20% of net Capital Cost)		
TOTAL CAPITAL REQUEST		

*Complete Attachment B – Vehicle Inventory (if requesting funds for vehicles)

*If additional budget lines are necessary, attach Excel spreadsheet detailing budget, and add total under "Other Yr1 and/or Other Yr2"

	YEAR 1	YEAR 2
OPERATING REQUESTT		
CAPITAL REQUESTT		
TOTAL PROJECT FUNDS		

TOTAL PROJECT FUNDS REQUESTED:

1. Describe the methodology used to develop the budget.

2. Describe your management team's technical experience in implementing this project, including the number of personnel dedicated to the project.

3. Describe the agency's plan for monitoring and evaluating the project.

4. Identify performance measures to track the effectiveness of the service in meeting the identified milestones/goals.

5. Describe how you intend to maintain the project after grant funding ends.

6. Provide a list of grants that your agency has administered within the last three years.

7. Tell us anything more about your project that you think we should know.

APPENDIX A
SUPPLEMENTAL INFORMATION

Attachment 1: Vehicle Inventory

To be completed if RTC Sales Tax funding will be used to fund capital purchase of a new or used vehicle.

Current Vehicle Inventory

Type	Current Mileage	Year of purchase	Fuel Type ¹	Passenger Capacity	ADA Equipped	Condition of Vehicle ²	On-Board Communication ³	Annual Trips	Funding Type ⁴
1.									
2.									
3.									
4.									
5.									

Are all of your vehicles covered by insurance? YES NO

Do any of your vehicles require a CDL? YES NO If yes, how many vehicles require a CDL? __

Proposed Capital Vehicle Purchase

Type	New or Used ⁵	Year of purchase	Fuel Type ¹	Passenger Capacity	ADA Equipped	Condition of Vehicle ²	On-Board Communication ³	Insurance Coverage ⁶	CDL Required
1.									
2.									
3.									
4.									
5.									

1 - Gasoline, Diesel, Electric, Hybrid, Etc.
 2 - New, good, fair, poor condition of vehicle
 3 - Radio, AVL, Other (please specify)

4 - Source of funds (State, Local, Federal) used to purchase vehicle.
 5 - If vehicle is used, note the mileage at the time of purchase.
 6 - Minimum amount of insurance required to operate the vehicle.

Attachment 2: Maintenance of Vehicles and Vehicle Being Replaced

(For vehicle requests only)

To assure that vehicles are maintained in optimal operating condition, it is required that they be maintained in accordance with the vehicle manufacture's recommended maintenance schedule. Applicants must verify by certifying below:

Maintenance Certification

_____ certifies that vehicles previously purchased under Section 5310 funding **and/or** local RTC sales tax funding will be maintained in accordance with the detailed maintenance and inspection schedule provided by the manufacturer.

(Signature of Authorized Representative)

(Printed name of Authorized Representative)

(Title)

(Date)

Vehicle Being Replaced

This vehicle will be taken out of service *(can be used as backup)*.

Applicant: _____

Year of Vehicle Being Replaced: _____

(Vehicle must have been in service for at least four years or has a minimum of 100,000 miles.)

Make: _____

Model: _____

Vehicle Identification Number: _____

Mileage (indicate date of mileage): _____

as of: _____

(date)

Vehicle Condition: _____

Identify the type of vehicle requested that will replace the vehicle listed above:

APPENDIX B
REQUIRED CERTIFICATIONS

CERTIFYING AUTHORITY

I am duly authorized to make the following certification on behalf of the Applicant Organization and based on my position, knowledge and experience with the Applicant Organization:

- 1) the information contained in the Application, including the attachments, is true and correct;

- 2) the Applicant has the requisite fiscal, managerial, and legal capabilities to carry out the operations and maintenance of the Project as prescribed by the RTC

- 3) the Applicant shall adhere to federal, state and local requirements, if any related to the Project.

Date

Signature of Authorized Official

Name of Authorized Official

Title

LOCAL SHARE CERTIFICATION FORM

I, the undersigned representing _____, _____
(Insert Legal Name of Applicant) (Insert Name of Authorized Official)

do hereby certify to the Regional Transportation Commission, that the required \$
in local match funds are available and that the source of the funds are from

_____ (be specific)

which are:

- a. Cash from non-governmental sources other than revenues from providing public transportation services;
- b. Non-farebox revenues from the operation of public transportation service, such as the sale of advertising and concession revenues. A voluntary or mandatory fee that a college, university, or similar institution imposes on all its students for free or discounted transit service is not farebox revenue;
- c. Amounts received under a service agreement with a State or local social service agency or private social service organization;
- d. Undistributed cash surpluses, replacement or depreciation cash funds, reserves available in cash, or new capital;
- e. Amounts appropriated or otherwise made available to a department or agency of the Government (other than the Department of Transportation); and
- f. In-kind contribution such as the market value of in-kind contributions integral to the project may be counted as a contribution toward local share.

Date _____

Signature of Authorized Official

Name of Authorized Official

Title

PRIVATE NON-PROFIT ORGANIZATION CERTIFICATION ELIGIBILITY

Private Non-Profit Organization

- As a private non-profit organization, _____
(insert name of private non-profit organization)
attaches to this application our IRS 501(c)(3) letter establishing our eligibility as a private non-profit organization.

Date

Signature of Authorized Official

Name of Authorized Official

Title

IS YOUR APPLICATION COMPLETE? - BE SURE TO SAVE BEFORE CLOSING