



# **STATE MANAGEMENT PLAN**

## **SECTION 5310**

### **Enhanced Mobility of Seniors and Individuals with Disabilities Program**

**Revised April 2015**

**Arkansas Department of Transportation  
Transportation Planning and Policy Division  
Public Transportation Programs**

**in cooperation with**

**U.S. Department of Transportation  
Federal Transit Administration**

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**This notice is available from the ADA/504/Title VI Coordinator in large print, on audiotape and in Braille.**

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## **PROGRAM OVERVIEW: AUTHORITY, PURPOSE, GOALS AND OBJECTIVES**

### **AUTHORITY**

Title 49 U.S.C. 5310 authorizes the formula assistance program for the Enhanced Mobility of Seniors and Individuals with Disabilities Program (5310 Program). The Federal Transit Administration (FTA), which administers the 5310 Program under various laws and regulations, releases FTA Circulars (currently 9070.1G, June 6, 2014) to provide program guidance and ensure ongoing program compliance.

The Governor of Arkansas has designated the Arkansas Department of Transportation (Department) as the recipient of FTA program funding for the purpose of administering those funds in accordance with State and Federal laws, statutes, and regulations.

### **PURPOSE**

The 5310 Program is administered by the Department to enhance transportation services to seniors and individuals with disabilities to fill gaps in service and increase ridership by appropriating funds annually for the procurement of rolling stock and related equipment to be utilized in the delivery of eligible services (places of employment, healthcare, education, shopping facilities, recreation, etc.) by private non-profit organizations and/or governmental authorities. These agencies offer regular, continuing, shared-ride surface transportation services that are open to a segment of the general public defined by age or disability.

The purpose of this State Management Plan (SMP) is to document Department policies and procedures for administering the FTA's Section 5310 Program. This Plan incorporates other 5310 documentation through attachment, including: the annual application and instructions, program reporting manual, and vehicle maintenance record.

The Department maintains a SMP on file with the appropriate FTA regional office and updates it regularly to incorporate changes in program management or new requirements.

The program described in this SMP provides grant funds to subsidize capital purchases for: public transportation projects planned, designed, and carried out to meet the special needs of seniors and individuals with disabilities when public transportation is insufficient, inappropriate, or unavailable.

### **GOALS AND OBJECTIVES**

Arkansas Code § 27-3-101, known as the Arkansas Public Transportation Coordination Act, states that "Adequate and efficient public transportation is essential to the well-being of many of our state's citizens and the economic growth of both urban and rural areas. It is the purpose and intent of this chapter to have a general public transportation policy which encourages the planning, development, implementation, operation, and evaluation of efficient and coordinated transportation systems, both public and private."

The Act establishes the Arkansas Public Transportation Coordination Council (Coordination Council), whose members are appointed in accordance with the state statute, "to accomplish the coordination of transportation services provided to the general public, particularly the transportation-disadvantaged." Membership in the Coordination Council is described in the code and includes representatives of elected and appointed officials, state agencies, transit providers, service providers and public transportation users.

To ensure that Section 5310 funds are utilized in the most responsible manner possible, the Department maintains the goal of providing assistance in meeting the enhanced transportation needs of seniors and individuals with disabilities. The objectives for accomplishing the goal are as follows:

- Maintain existing fleet in an efficient and safe state of good repair as practically as possible with available funding;
- Improve mobility opportunities for transportation dependent persons for whom existing public transportation services are unavailable, insufficient, or inappropriate;
- Ensure compliance with Federal and State requirements by all Subrecipients;
- Notify the public regarding program availability and solicitation of applications;
- Develop project selection and application review processes;
- Certify that all projects are derived from a locally developed, coordinated public transit-human services transportation plan;
- Develop new techniques for incorporating the Public Transportation Management System into the planning and management processes;
- Collect and compile program measures, including ridership and estimates of gaps in service filled, for program analysis and reporting, and
- Maintain an asset management system that inventories active FTA rolling stock and may be used as an analytical tool for future capital investments.

## **ROLES AND RESPONSIBILITIES**

The Department is appointed by the Governor and acts as the designated recipient in Arkansas of all 5310 Program funding for the purpose of administering those funds in accordance with State and Federal laws, statutes, and regulations; including, but not limited to, the State Clearinghouse and all applicable planning organizations.

Within the Department's Transportation Planning and Policy Division, the Public Transportation Programs Section (PTPS) has the following roles and responsibilities:

- (1) Document the State's procedures in a State Management Plan (SMP);
- (2) Plan for future transportation needs, and ensure integration and coordination among diverse transportation modes and providers;
- (3) Develop project selection criteria consistent with the coordinated planning process;
- (4) Notify eligible local entities of funding availability;
- (5) Solicit applications from potential subrecipients;
- (6) Determine applicant and project eligibility;
- (7) Review and select projects for approval;
- (8) Draft and submit an annual Program of Projects (POP) and grant application to FTA through a process that, at a minimum, will:
  - a) Certify that allocations of funds to subrecipients are made on a fair and equitable basis;
  - b) Ensure compliance with Federal requirements by all Subrecipients;
  - c) Certify that all projects are included in a locally developed, coordinated public transit-human service transportation plan;

- d) Certify that to the maximum extent feasible, services funded under Section 5310 are coordinated with transportation services assisted by other federal departments and agencies;
- e) Ensure that at least 55 percent of the area's apportionment is used for traditional Section 5310 projects carried out by the eligible subrecipients;
- (9) Monitor local project activity;
- (10) Oversee project audit and closeout; and
- (11) File an NTD report each year summarizing Subrecipient activities.

## **COORDINATION**

Under FTA regulations, the locally developed coordinated public transit-human services transportation plan may be developed on a local, regional, or statewide level.

The Arkansas Public Transportation Coordination Act of 1993 establishes a general public transportation policy which "encourages the planning, development, implementation, operation, and evaluation of efficient and coordinated transportation systems, both public and private." The Act establishes the Coordination Council to accomplish the coordination of transportation services, by and through the Department, to serve as a clearinghouse, establish statewide objectives, develop policies and procedures, identify barriers, assist communities, develop standards, review monitor and coordinate funding requests and public transportation programs with local, state, and federal agencies and public transit agencies to ensure compatibility with existing transportation systems.

The Coordination Council participates in the locally developed coordinated public transit-human services transportation plan through a process that includes participation by seniors, individuals with disabilities, representatives of public, private, nonprofit transportation and human services providers, and other members of the public

The Department, in consultation with the State's Metropolitan Planning Organizations (MPOs) and 5310 Subrecipients, prepared the "Arkansas Statewide Transit Coordination Plan: 2012". This document was approved in November 2012 by the Arkansas Coordination Council. It satisfies the requirements under MAP-21 and will be updated in five years or as required (four years in non-attainment area-West Memphis).

The Department ensures that all 5310 Program funds are included in a statewide line item in the Statewide Transportation Improvement Program (STIP) and Transportation Improvement Programs (TIP) where 5310 funds are proposed to be used within an MPO service area. These documents are maintained consistent with the State Long Range Transportation Plan, while applicable Metropolitan Transportation Plans are maintained by the MPO. When an applicant indicates that their service area includes an urbanized area, the applicant must notify the urbanized area's MPO.

Program managers are responsible for determining and monitoring coordination efforts. On an annual basis, the Department publishes a public notice of availability of federal funding and a subsequent notice offering a public hearing of the proposed Program of Projects. These notices are provided in the form of a news release to newspapers and electronic media outlets, published on the Department's website, and when possible, in a statewide minority owned publication. Program managers are available to meet with transportation agencies as needed to discuss coordination opportunities.

## **ELIGIBLE SUBRECIPIENTS**

There are three general categories of eligible Subrecipients in the Department's 5310 Program:

- a. Private Non-Profit Organizations (PNO). A corporation or association determined by the Secretary of the Treasury to be an organization described by U.S.C. 26 Section 501(c) which is exempt from taxation under U.S.C. 26 Section 501(a), Section 101 or one which has been determined under State law to be non-profit and for which the designated State agency has received documentation certifying the status of the Private Non-Profit Provider (PNP).
- b. Public Bodies - Certified to the State (Department) that no PNO is readily available in an area to provide the proposed service or project.
- c. Public Bodies - Approved by the State (Department) to coordinate services for seniors or individuals with disabilities and designated by the Department to coordinate human service activities in a certain area. (i.e., a planning and development district or a public transportation provider which the State has identified as the lead agency to coordinate transportation service funded by multiple Federal or State human service programs).

## **SERVICES AND SERVICE AREAS**

Eligible projects under the 5310 Program are capital expenditures that support transportation to meet the special needs of seniors aged 65 or older and individuals with disabilities. All service must be open to one of these segments of the general public to the extent practicable. Transit service provided to destinations outside the state must conform to applicable Federal Motor Carrier Safety regulations.

The Department must be informed of and concur with any proposed change in service levels or areas from that proposed in the 5310 Program application associated with a vehicle(s).

## **ASSISTANCE CATEGORIES**

**Operating Assistance:** While federal law permits the use of 5310 Program funds for operating assistance, the need for capital assistance in Arkansas regularly exceeds available funding. To ensure ongoing and broad support to agencies across the state providing for the transportation needs of Seniors and Individuals with Disabilities, 5310 Program funding is limited to Traditional Capital Assistance in Arkansas.

**Capital Assistance:** While federal law permits the use of 5310 funds for a variety of capital expenses, for the reasons stated above, the Department limits eligible projects to vehicle and equipment purchases.

## **LOCAL SHARE AND LOCAL FUNDING REQUIREMENTS**

To maximize funding availability for vehicle purchases, the Department has elected to maintain the 80% percent Federal share for all capital purchases.

The matching requirements for this program are:

Capital assistance will not exceed an 80 percent Federal share, with no less than a 20 percent local share. Local share must be in the form of cash/check when purchasing a vehicle.

## **PROJECT SELECTION CRITERIA AND METHOD OF DISTRIBUTING FUNDS**

Where the Department has determined to focus its 5310 Program on capital expenditures to better support the needs of organizations providing transportation services to seniors and individuals with disabilities, all projects considered for selection are classified as traditional.

The Department sets the application period annually; announcing funding availability, circulating a press release, providing notice in a statewide newspaper, sending direct email notifications to past and current program participants, and maintaining the announcement, application and program compliance materials for download on the Department's website. Program managers are available to offer technical assistance throughout the application process.

The application process is used to gather information from agencies across the state regarding local needs and capacities. To assure equity of distribution of benefits among eligible groups within the state, application materials and the Program Reporting Manual are made broadly available in the process described above.

Program materials are revised periodically to ensure compliance with federal and state regulation, and Department policies. A copy of the 2016 Application and Instructions Program Reporting Manual and other materials (**See Appendix A, Application & Instructions**) are attached to this SMP and incorporated herein by reference).

In the application process, public providers are identified noting the service provided and service area. A certification form is included requiring public bodies to certify that no private non-profit organizations in the proposed service area are readily available to provide transportation services to seniors and individuals with disabilities. A Public Notice is published in the proposed service areas' local newspaper offering a public hearing on the application for assistance.

At this time, the Department operates under an agreement subject to an annual review by the three designated recipients in Arkansas' large urbanized areas – Central Arkansas Transit, City of West Memphis and Northwest Arkansas Regional Planning Commission – that have agreed to allow the Department to act as the designated recipient of 5310 Program funds apportioned to their areas.

Applications are reviewed by Program Managers to ensure eligibility, completeness, and inclusion of all required documents. The Public Transportation Administrator assembles an impartial selection committee to review applications. Applicants are required to provide a copy of their application to the applicable Planning and Development District (PDD). For vehicles proposed to be located within a Metropolitan Planning Organization (MPO) area, Applicants are required to forward a copy of their application to the MPO. The Department accepts comments from PDDs and MPOs during the application evaluation period.

## **ANNUAL PROGRAM OF PROJECTS DEVELOPMENT & APPROVAL PROCESS**

The Department's Program of Projects (POP) is developed from a prioritized list generated through the application process and project selection criteria. The completed POP is submitted to the Director of the Department for approval. The approved POP is then transmitted to FTA through the Transportation Electronic Award and Management (TEAM) System which will be replaced by the Transit Award and Management System (TrAMS) late in fiscal year 2015. The POP is approved when the grant application is approved by FTA. Grant applicants are then notified and grant agreements are executed as necessary by approved applicants who are required to sign appropriate FTA Federal Certifications and Assurances (**See Appendix C, Agreement for Public Transportation Grant Assistance and Appendix E, Section 5310 Federal Certifications & Assurances**). With agreements in place, vehicles are ordered by the Department in a process which complies with state procurement requirements. Qualified applicants receiving capital rolling stock are notified when vehicles are received by the Department.



## **STATE ADMINISTRATION, PLANNING, AND TECHNICAL ASSISTANCE**

The Department may use an amount not to exceed 10 percent of its annually apportioned Section 5310 award to fund program administration costs including administration, planning, and technical assistance provided to Subrecipients for projects funded under this program.

The Department provides oversight to ensure that Federal assistance is limited to eligible activities and that Subrecipients and programs meet Federal eligibility requirements.

In administering the program, the Department:

- (1) Provides appropriate technical assistance;
- (2) Ensures through its application process that there is a fair and equitable distribution of program funds within the State, and
- (3) Monitors subrecipient vehicle operations and maintenance to capture program information related to efficient use of federal resources, equipment use, management, and disposition, gaps in service filled and increased ridership.

## **TRANSFER OF FUNDS**

The Department reserves the right to transfer funds if deemed appropriate. Funds apportioned for small urbanized and rural areas may be used for projects serving another area of the State, only if the Department determines to certify that all of the objectives of the 5310 Program are being met in the specified areas. Funds apportioned to large UZAs may not be transferred to other areas.

## **PRIVATE SECTOR PARTICIPATION**

With 5310 Program providers, Arkansas does not fund Private-For-Profit operators, however, they are not prohibited from participating through service agreements with 5310 transportation providers. Private operators may participate in public involvement at the appropriate time during the planning process.

## **CIVIL RIGHTS**

The Department develops a Department Civil Rights Plan, which includes Title VI (LEP), EEO and DBE programs for Federal Highway Administration and Federal Transit Administration approval. The EEO/DBE Section is responsible for updating the plan and providing guidance to EEO/DBE Coordinators located in each Division/Section. The EEO/DBE Coordinator is responsible for monitoring compliance with specific program certifications and requirements. The FTA Circular 4702.1B, 10-01-2012 provides additional guidance on civil rights compliance and monitoring and is used for reference as needed.

Subrecipients are required to sign the Annual List of Certifications and Assurances for Federal Transit Administration Grants and Cooperative Agreements (**See Appendix E, Section 5310 Federal Certifications & Assurances**). These Certifications are on file with the Department.

Each applicant must have a Title VI Plan on file with the Department and complete a Governing Board form (**See Appendix D, Grant Assistance Disclosure List**) to disclose each board member's ethnic and gender information and employment, identifying any elected public official, employee of a state or federal agency, immediate family of a Highway Commissioner or Department employee, any business or professional associate of a Highway Commissioner or Department employee.

Program managers review submissions by applicant agencies and follow-up as necessary.



During the annual application process, Subrecipients are required to report to the Department any Civil Rights grievances filed during the previous year. Where a pattern of Civil Rights complaints is noted for a Subrecipient, the Department's EEO office is asked to investigate the complaint and the Subrecipient program. The Department assures compliance and provides an avenue for complaints and grievances. A list of complaints and grievances and any action taken will be submitted annually to the FTA as part of the POP approval process. The Department's EEO Coordinator randomly selects subrecipients for a Title VI Compliance Review to ensure ongoing compliance.

## **SECTION 504 AND AMERICANS WITH DISABILITIES ACT**

The Department has adopted the final rule implementing the transportation provisions of the Americans with Disabilities Act (ADA). Subrecipients must comply with 49 CFR Parts 27, 37 and 38. The rule contains provisions on acquisition of accessible vehicles by private and public entities, requirements for complementary paratransit service by public entities operating a fixed route system, and provision of nondiscriminatory accessible transportation service.

To ensure that a potential Subrecipient will provide individuals with disabilities access equal to that afforded to any other individual, the Section 5310 Application includes:

An Equal Access for Individuals with Disabilities Certification;

A Nondiscrimination Under Federal Grants and Programs questionnaire for each vehicle requested Site Specific Application (SSA); and

Where a requested vehicle is not ADA accessible, a Letter Response detailing the agency's existing and projected capacity to provide accessible service that is substantially equal to service offered to individuals not identified as disabled.

## **PROGRAM MEASURES & MANAGEMENT**

To ensure uniformity of procedures and requirements, the Department complies with state and federal requirements in equipment management, procurement, and financial management systems. The 5310 Program Reporting Manual for Federal Transit Administration Vehicles provides detailed information regarding vehicle use and reporting by Subrecipients. See Appendix for a copy of that document and other program support materials which detail program measurement and management activities.

For all grant and cooperative agreements entered prior to December 26, 2014, the Department adheres to "Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments" (49 CFR Part 18, March 11, 1988 FR.), "Cost Principles for State and Local Governments, "OMB Circular A-87 (1-15-83) " and FTA Cost Principles", FTA Circular 9070.1G (June 6, 2014) or most current circular. Specific cost questions regarding the Department's 5310 Program that had been referred to the FHWA prior to October 1, 1983, are incorporated into the cost principles used by the Department.

For all grant and cooperative agreements entered after December 26, 2014, OMB Circulars A-21, A-87, A-110, A-122; A-89, A-102, and A-133; and the guidance in Circular A-50 on Single Audit Act follow-up have been superseded by "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards" (commonly referred to as the "Super Circular"), published by the Office of Management and Budget (OMB) on December 26, 2013. The Super Circular consolidates eight existing grant-related circulars into one set of uniform regulations located in Title 2 of the Code of Federal Regulations (CFR).

Additionally, part 1201 was added to Title 2 of the CFR to identify OMB-approved exceptions that the U.S. Department of Transportation (DOT) received. Title 2 CFR part 1201 supersedes and repeals the requirements of the DOT Common Rules (49 CFR part 18—Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments and 49 CFR part 19—Uniform Administrative Requirements—Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, and other Non-Profit Organizations).

The Department collects qualitative and quantitative program information from all subrecipient agencies for each active FTA funded vehicle to document gaps in service filled, ridership, vehicle utilization and vehicle useful life.

Funded agencies are monitored and supported through: a.) Vehicle Inventory Control; b.) Quarterly Performance Measurement and Monitoring (QPM); c.) Vehicle Insurance Policy Monitoring; d.) Periodic Onsite Visits; e.) Vehicle and ADA Equipment Inspections; f.) Periodic Maintenance Record Reviews; g.) Subrecipient Capacity Building, h.) Records Retention.

**a. Vehicle Inventory Control:** The Department maintains an inventory of all active 5310 Program vehicles by FTA Number, VIN Number and Grant Number. Vehicles are titled by the Department of Motor Vehicles to the Subrecipient named as applicant in the originally approved vehicle application (Master Applicant), with the Department shown as lien holder.

Once the Department determines a Subrecipient's vehicle has met its useful life, a notice with the vehicle title and lien release will be sent to the Subrecipient along with an Inventory Control Reporting Form. This form will be required to be completed and returned to the Department once the Subrecipient disposes of the vehicle. To ensure vehicle disposal is in accordance with the Department's guidelines, the vehicle notice recounts the minimum requirements for public notice, auction/sealed-bid sale, and use of proceeds/recapture. To monitor disposal of released vehicles, the Department's annual application requires that each Subrecipient identify any vehicle sold or otherwise disposed of since the last application. Based on future Transit Asset Management guidelines, the Vehicle Inventory may be expanded to include a Subrecipient's entire fleet.

**b. Quarterly Performance Measuring & Monitoring (QPM) Reporting:** Quarterly performance reports are generated and reviewed to verify vehicle usage in compliance with program requirements and are explained and included in **Appendix F, FTA Section 5310: Program Reporting Manual**. Program Managers are responsible for reviewing quarterly performance reports, insurance submissions and taking appropriate actions to ensure timely reporting. Reports are reviewed to determine if vehicles are used according to program requirements **and monitor preventive maintenance for the vehicle**.

When reports indicate underutilized equipment, instructions direct Subrecipients to provide a letter of explanation. Where an explanation does not indicate that the underutilization is temporary, Program Managers may require that a utilization schedule be submitted. If the utilization schedule does not result in increased vehicle usage (consistent with that proposed in the original vehicle application), the Department may choose to keep the vehicle in use by transferring the vehicle to another Subrecipient.

**c. Vehicle Insurance Policy Monitoring:** Proof of insurance is required for all 5310 Program vehicles when received and annually thereafter until the vehicle meets its useful life and is released. The Subrecipient shall elect a deductible amount pertaining to physical damage coverage that is not greater than \$1,000; or, a lesser amount, so long as in the event of a loss, actual proceeds from the insurance coverage shall reimburse no less than eighty percent of the loss prior to applying a deductible.

**d. Periodic Onsite Visits:** All Subrecipients are subject to periodic on-site desk audit review.

**e. Vehicle and ADA Equipment Inspections:** The Department employs fulltime Fleet Quality Specialists who coordinate and perform on-site vehicle inspections to verify the condition, location and program inventory of each vehicle. Subrecipients are required to document all vehicle maintenance and may use the Department's **Vehicle Maintenance Record** booklet, explained in the **Program Reporting Manual, Appendix F**. The Department requires all accessible features on a vehicle be included in a daily pre-trip checklist and that these daily checklists be kept in the vehicle for review. An example of a checklist of accessibility features is also included in the Program Reporting Manual.

**f. Periodic Maintenance Record Reviews:** Subrecipients are required to follow and adhere to the minimum manufacturer's and Department recommendations for vehicle maintenance (See Vehicle Maintenance Record). Documentation of vehicle maintenance and service activities – including oil changes, air filter changes and other regular and warranty service – should be maintained for each vehicle to satisfy the minimum requirements of the Department and the vehicle warranty. All Subrecipients shall maintain all 5310 program equipment at a high level of cleanliness, safety and mechanical soundness throughout the Project equipment's useful life. At their discretion, the Fleet Quality Specialists will periodically inspect vehicles and review Subrecipient maintenance records for compliance.

Maintenance includes all ADA equipment used for transit service purposes. Agencies should review the Vehicle Maintenance Record and manufacturer's manuals for proper schedules. In addition, daily inspection of ADA equipment is required and reported on the Daily Pre-Trip Inspection form.

**g. Subrecipient Capacity Building:** Program management materials are maintained on the Department website for use by Subrecipients in staff training and internal program monitoring. Subrecipients have the opportunity to participate in training workshops, and annual transportation continuing education opportunities through the Arkansas Transit Association (ATA). Department staff may participate in trainings and seminars offered to transit providers through the ATA.

The FTA Section 5310: Program Reporting Manual compiles information for Subrecipients use in reporting and operation in compliance with federal and state program standards. The information is provided in an accessible format that can be easily incorporated into Subrecipient training and management systems. The manual is attached as **Appendix F, FTA Section 5310: Program Reporting Manual**.

**h. Records Retention:** All 5310 Subrecipients are instructed to follow federal standards as to records retention in documenting vehicle operation, maintenance and repair. After a 5310 Vehicle has met its useful life and is released from reporting requirements, Subrecipients are instructed to retain records relating to that vehicle on the day of release for no less than 48 months. Department records are maintained in an electronic format to assist agencies should title or other records be lost.

## **PROCUREMENT**

Based on an approved state contract, the Department purchases rolling stock for Subrecipients and allows them to purchase vehicles through the state contract.

Each transit vehicle manufacturer (TVM), as a condition of being authorized to bid or propose on FTA-assisted transit vehicle procurements, must certify that it has complied with the requirements of 49 CFR part 26, "Participation by Disadvantaged Business Enterprises in Department of Transportation Financial Assistance Programs" and file an annual overall percentage goal with FTA Office of Civil Rights.

## **AUDITS AND CLOSEOUT**

Audits of the Section 5310 Program are conducted by the Internal Audit Division of the Department and the Legislative Audit Division of the State Finance and Administration Office of Arkansas. The Public Transportation staff will spend the oldest grant funds first, which is allowed by FTA and internal fiscal controls.

Final reports are submitted electronically via the electronic grant management system at the time of closeout.

Upon completion of a 5310 Program grant, the Internal Audit Division performs a closeout audit of the grant.

### **NATIONAL TRANSIT DATABASE REPORTING**

The National Transit Database (NTD) is FTA's primary nationwide database for statistics on the transit industry. Recipients of Section 5310 funding are required by statute to submit data to the NTD.

The Department submits Section 5310 Performance Measures annually regarding Section 5310 funded services provided by Subrecipients as required by Chapter VI, part 23(d) of FTA's Circular 9070.IG, effective June 6, 2014.

The program status report contains information pertaining to the following program measures:

Gaps in service filled. Provision of transportation options that would not otherwise be available for seniors and individuals with disabilities measured in numbers of seniors and individuals with disabilities afforded mobility that would not be available in the absence of program support.

Ridership. Actual or estimated number of rides (as measured by one-way trips) provided annually for individuals with disabilities and seniors on Section 5310 supported vehicles.

### **FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA)**

Information about each first tier subaward over \$25,000 (funds passed through to other public agencies or private nonprofit organizations) is reported by the end of the month following the month the Department makes a subaward or obligation.

### **USEFUL LIFE: TRANSIT VEHICLES**

The **Transit Vehicle Useful Life and Disposition Schedule** for all vehicles is below. The Department reviews 5310 Program Quarterly Reports to establish remaining useful life for each vehicle in the 5310 Program fleet. When the Department determines that a Subrecipient's 5310 Program vehicle has met its useful life, the Department mails a notice to the Subrecipient which includes; the vehicle title and lien release, together with an Inventory Control Reporting Form.

<b>USEFUL LIFE: TRANSIT VEHICLES</b>					
<b>Category</b>	<b>Typical Characteristics</b>			<b>Minimum Life</b>	
	<b>Length</b>	<b>Approx. GVW</b>	<b>Seats</b>	<b>Service Years</b>	<b>Miles</b>
Heavy-Duty Large Bus (Over the Road Coach)	35 to 48 ft. and 60 ft. artic.	33,000 to 40,000	27 to 40	12	500,000
Heavy-Duty Small Bus (Trolley - Rubber Tired)	30 ft.	26,000 to 33,000	26 to 35	10	350,000
Medium-Duty and Purpose-Built Bus	30 ft.	16,000 to 26,000	22 to 30	7	200,000
Light-Duty Mid-Sized Bus, Small Bus, Cutaway	16 to 35 ft.	6,000 to 16,000	10 to 25	5	150,000
Ramp, Standard & Modified Van, Support Staff Vehicle	--	--	2 to 12	4	100,000

## **DISPOSITION**

Released 5310 Program vehicles may be retained or disposed of. The Department or the Subrecipient may dispose of capital items. Items disposed of by the Department are sold at public auction. Disposal by a Subrecipient is determined by mutual consent between the Department and the Subrecipient and disposal is only after public notice and through sealed bid or public auction. Public notice shall provide at least a five working day notice including the date and time of the auction or bid opening. No member of the Board or employee of the Subrecipient shall be entitled to purchase the vehicle. When the Subrecipient disposes of the released vehicle in accordance with Department guidelines, the Subrecipient completes the Inventory Control Reporting Form and returns it to the Department.

If net sale proceeds are less than \$5,000, the Subrecipient retains the proceeds from the disposition of the property and those funds must be used for the continuance of the public transit purpose. Where net sales proceeds are used for this allowed purpose, the Subrecipient's only obligation to the Department is notice.

If net sales proceeds equal or exceed \$5,000 per vehicle, the Subrecipient must return the Federal Portion of net sale proceeds (80%) to the Department which will be responsible for ensuring that those funds are used for a public transit purpose.

To monitor the disposition processes of Subrecipients, the annual 5310 Program Application requires each Subrecipient applicant to identify vehicle(s) disposed of since its last 5310 Program Application. Listed vehicles can be removed from the inventory of released vehicles to identify vehicles available for service

## **OTHER PROVISIONS**

The master agreement and certifications and assurances contain the full detail regarding compliance with the Federal provisions described below. The following information is provided for informational purposes, highlighting major requirements and providing citations to the statutory or regulatory text. State standards are noted where those standards apply.

### **PRE-AWARD/POST-DELIVERY REVIEW OF ROLLING STOCK PURCHASES**

The Department is the primary purchaser of rolling stock and providing oversight and monitoring to ensure compliance with FTA procurement regulations. The Department reviews and approves manufacturer selection prior to bid award, conducting a pre-award and post-delivery review to ensure compliance with bid specifications.

### **BUS TESTING**

The Department follows FTA guidelines (49 CFR Part 665) pursuant to New Bus Models. Each new model must be tested and approved prior to expending federal dollars. All bus models purchased after October 1, 2014 must earn a 'pass' rating. The Department will, as necessary, serve as liaison between the manufacturer and FTA.

### **BUY AMERICA**

Buy America requirements apply to all purchases. Section 5310 Program rolling stock purchases must comply with 49 CFR Part 661, and any amendments thereto. For rolling stock, the cost of components produced in the United States must be more than 60 percent of the cost of all components and final assembly must take place in the United States.

### **ENVIRONMENTAL REVIEWS.**

The Department maintains compliance with the National Environmental Policy Act (NEPA) implementing regulations (40 C.F.R. § 1500-1508), FHWA and FTA's Environmental Impact and Related Procedures (23

C.F.R. § 771), Efficient Environmental Reviews for Project Decision-making (23 U.S.C. § 139), and other environmental laws, regulations, and orders

The Department conducts environmental analysis to the level required in FHWA and FTA's Environmental Impact and Related Procedures (23 C.F.R. § 771) on all projects not categorically excluded, consulting with the FTA regional office early in project development to identify the appropriate class of action (categorical exclusion, environmental assessment, or environmental impact statement) for NEPA review and any other environmental requirements.

At this time, all Department vehicle purchases are covered under a Categorical Exclusion.

### **ENVIRONMENTAL JUSTICE**

Executive Order 12898 and FTA Circular 4703.1 require Subrecipients to address environmental justice in the delivery of transportation services. There are three fundamental environmental justice principles:

- 1) To avoid, minimize, or mitigate disproportionately high and adverse human health and environmental effects, including social and economic effects, on minority populations and low-income populations.
- 2) To ensure the full and fair participation by all potentially affected communities in the transportation decision-making process.
- 3) To prevent the denial of, reduction in, or significant delay in the receipt of benefits by minority and low-income populations.

### **CLEAN AIR ACT (CAA).**

Transportation conformity requirements are contained in Environmental Protection Agency (EPA) regulation (40 CFR part 93), and apply in clean air nonattainment and maintenance areas only. The only non-attainment area in Arkansas is the City of West Memphis, which is within the Memphis Large Urban Area.

### **CHARTER BUS**

Title 49 U.S.C. 5323(d) limits charter service provided by federally assisted public transportation operators. FTA regulations specify limitations in 49 CFR part 604—Charter Service, amended effective April 30, 2008 (73 FR 2326, Jan. 14, 2008). The charter rule defines a qualified human service organization (QHSO) as an organization that serves persons who qualify for human service or transportation-related programs or services due to disability, income, or advanced age. A QHSO receiving 5310 Program funding qualifies for an exemption when charter services are designed to serve the needs of their targeted population.

### **DRUG AND ALCOHOL TESTING**

Subrecipients that receive only Section 5310 program assistance are not subject to FTA's drug and alcohol testing rules, but must comply with the Federal Motor Carrier Safety Administration (FMCSA) rule for all employees who hold commercial driver's licenses (49 CFR part 382).

Section 5310 subrecipients that also receive funding under one of the covered FTA programs (Section 5307, 5309, or 5311) should include any employees funded under Section 5310 projects in their testing program.

Agencies required to demonstrate participation in random drug and alcohol testing programs for CDL drivers may choose to participate, in Arkansas Transit Association (ATA) training and technical support which assists Arkansas' public transit operators and private non-profit human service agencies in complying with U.S. DOT regulations regarding the Procedures for Transportation Workplace Drug and Alcohol Testing (49 CFR Part 40). ATA administers two separate consortia: one that complies with federal regulations for public transit systems (FTA: 49 CFR Part 655), and another for agencies with commercial

motor vehicles (FMCSA: 49 CFR Part 382). At the request of members, ATA also provides a non-DOT testing program.

### **SCHOOL BUS TRANSPORTATION.**

The Department, in compliance with Title 49 U.S.C. 5323(f), does not allow use of 5310 Program funds for exclusive school bus transportation for school students and school personnel.

### **COMMERCIAL DRIVER'S LICENSE (CDL)**

All drivers of motor vehicles designed to transport sixteen or more passengers (including the driver) or of vehicles which have a gross combination weight rating of 26,001 pounds or more must have a Commercial Driver's License (CDL).

### **GRIEVANCE PROCEDURES**

Complaints by applicant agencies, *because of non-compliance*, failure to coordinate or other reasons are heard by the Public Transportation Program Administrator. Any unresolved complaints will be heard by the Transportation Planning and Policy Engineer. Questions that are not answered satisfactorily within the Transportation Planning and Policy Division will be referred to the Assistant Chief Engineer for Planning who will make a final determination.





## 2016 APPLICATION & INSTRUCTIONS

### SECTION 5310

#### Enhanced Mobility of Seniors and Individuals with Disabilities Program

*for the*

#### Capital Assistance Program

U.S. Department of Transportation

Federal Transit Administration

in cooperation with the

Arkansas Department of Transportation

Transportation Planning & Policy Division

Public Transportation Programs

February 2015

**Application Deadline: 4:00 p.m. Monday, April 20, 2015**

#### ARKANSAS DEPARTMENT of TRANSPORTATION NOTICE OF NONDISCRIMINATION

The Arkansas Department of Transportation (Department) complies with all civil rights provisions of federal statutes and related authorities that prohibit discrimination in programs and activities receiving federal financial assistance. Therefore, the Department does not discriminate on the basis of race, sex, color, age, national origin, religion or disability, in the admission, access to and treatment in the Department's programs and activities, as well as the Department's hiring or employment practices. Complaints of alleged discrimination and inquiries regarding the Department's nondiscrimination policies may be directed to Section Head - EEO/DBE (ADA/504/Title VI Coordinator), P.O. Box 2261, Little Rock, AR 72203, (501) 569-2298, (Voice/TTY 711), or the following email address: [joanna.mcfadden@ahtd.ar.gov](mailto:joanna.mcfadden@ahtd.ar.gov).

Free language assistance for Limited English Proficiency individuals is available upon request.

This notice is available from the ADA/504/Title VI Coordinator in large print, on audiotape and in Braille.

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## 2016 SECTION 5310 PROGRAM APPLICATION AND INSTRUCTIONS

### All Applicants:

To maintain compliance with Federal and State program requirements and to better meet the needs of Arkansans, the Arkansas Department of Transportation (Department) has edited this application to reflect recent Federal Rulemaking and personnel changes. Application Instructions will help you to:

- DETERMINE YOUR AGENCY'S ELIGIBILITY FOR FUNDING,
- COMPLETE THE APPLICATION FOR CAPITAL ASSISTANCE, INCLUDING ALL ATTACHMENTS, AND
- COMPLY WITH ALL PROGRAM REQUIREMENTS TO MAXIMIZE YOUR APPLICATION SCORE.

### **PLEASE NOTE IMPORTANT PROGRAM LIMITATIONS FOR APPLICANTS:**

1. THE DEPARTMENT WILL ACCEPT ONE APPLICATION PER RELATED ORGANIZATION. •All Applications for Capital Assistance will be initiated by the Master Applicant (Parent Agency) and not by a Subsidiary, Satellite Location, Controlled Corporation, Partner Agency or any other Operation of Convenience.
2. The DEPARTMENT will make the final determination regarding related organizations and the need to jointly file an application where a project is jointly operated. The Department reserves the right to limit/exclude/combine applications submitted by sub-corporate entities or partner agencies operating under or through a principle corporate entity.
3. The Master Applicant will choose from among its programs, operations and related agencies to identify up to two Site Specific Applicants and complete a Site Specific Application (SSA) for each vehicle requested.
4. Applications will only be accepted from eligible legal entities operating within the State of Arkansas whose agency/program goals and objectives are consistent with Section 5310 Program limitations and which possess the experience, financial capacity, technical capacity and administrative ability to carry out project(s) proposed in the Master Application and Site Specific Applications (SSA(s)).
5. Vehicles will be awarded on a competitive basis, at the sole discretion of the Department, and based upon a review of factors, including; prior funding awards, the proposed use of a vehicle, the needs to be addressed in a community through the award of a vehicle, the organizational capacity and performance of the Master Applicant organization and related agencies, and the availability of funds.
6. The federal share of eligible capital costs will not exceed 80 percent of the net project cost and the local share of eligible capital costs will not be less than 20 percent of the net project cost. Except where a Federal program permits funds to be used to match Federal funds, local share must be provided from sources other than Federal funds.
7. NO CASH SUBSIDY IS AVAILABLE. Successful Applicants will be responsible for a 20% CASH MATCH AT TIME OF VEHICLE DELIVERY. Application is LIMITED TO VEHICLES LISTED IN APPENDIX B. The Department will PURCHASE ALL VEHICLES AWARDED through the STATE PROCUREMENT PROCESS ACCORDING TO DEPARTMENT SPECIFICATIONS.
8. Vehicles provided to Organizations through this Capital Assistance Program are granted for the sole purpose of providing transportation services to the Population of Seniors and/or Individuals with Disabilities Identified in the Application. An organization may not use a 5310 Program vehicle for any purpose or group of passengers, including service to the general public, until they have fully satisfied the transportation needs of the client group described in the application. Other passengers may be transported on a "space available" basis, as long as no Senior or Individual with Disabilities is displaced.

9. Meal Delivery is not a transportation service under this Program. Administrative use of a vehicle awarded under this Program must be incidental to transportation service provided eligible riders and cannot displace an eligible rider. Vehicles used primarily for administrative purposes, INCLUDING MEAL DELIVERY, may be available to eligible agencies under the Department's TransLease Program Contact the Public Transportation Office for more information: 501-569-2471.
10. The information you provide may be compiled and shared with the Federal Transit Administration (FTA) and is used by the Program Manager and the Interagency Review Committee to evaluate and rank proposed projects.
11. All Master Applicant organizations will provide:
- **One (1) completed Master Application:**
  - **One (1) completed Site Specific Award Application (SSA) for each vehicle requested**, up to a maximum of two SSAs (listed in rank order of importance to your Agency).
  - If submitting more than one SSA, the Order of the SSAs in your application will be a factor in the ranking of each SSA. (List your most important request first.)
12. Applicant Eligibility Criteria: There are three categories of eligible applicants:
- Private non-profit organizations determined by the Secretary of the Treasury to be an organization described by 26 U.S.C. Section 501(c) which is exempt from taxation under 26 U.S.C. Section 501(a) or Section 101.
  - Public bodies that certify that no non-profit corporations or associations are ready, willing and available in an area to provide the service.
  - Public bodies approved by the Department to coordinate services in a particular area for seniors and individuals with disabilities.
- Public Bodies wishing to participate in the Program must complete the Certificate of Eligibility for Local Entities Statement, which includes the Certification Page and the Availability of Private Non-Profit Response Form (See Attachment 6 for both).
13. Disabled Accessibility Requirement: Vehicles requested through this Program must be accessible to Disabled Individuals. The DEPARTMENT will consider issuance of a waiver of this requirement (See Attachment 7) only if, in its opinion, specific conditions have been clearly and completely met. To qualify for a waiver your Agency must:
- Currently meet all demand for service to disabled individuals as requested and required;
  - Provide generally equal service to disabled individuals; and
  - Continue to provide these services after the acquisition of a vehicle under this Program.
14. Nonprofit Financial Disclosure: Your agency's IRS Form 990(s), most recent Audited Financial Statement(s) and any audit/management letters issued by the auditor in conjunction with audit findings must be submitted with application.
15. To clarify the application process and well before all deadlines, you may wish to contact Section 5310 Program Managers:
- Larry Lanes at 501-569-4932, [Larry.Lanes@ahtd.ar.gov](mailto:Larry.Lanes@ahtd.ar.gov) (or)
  - Bill Bastress at 501-569-4930. [Bill.Bastress@ahtd.ar.gov](mailto:Bill.Bastress@ahtd.ar.gov)

## APPLICATION PROCESSING AND AWARD SCHEDULE:

	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
Application Open	✓	✓											
Application Due			✓										
Applications evaluated			✓	✓									
Contracts to FTA					✓								
Applicants Notified/Contract Agreements							✓	✓					
Vehicle Spec. / Bid Process							✓	✓					
DEPARTMENT Requests Vehicle Options from Applicants								✓	✓				
Vehicles Ordered									✓	✓	✓		
2016 Vans Delivered												✓	✓
2016 Buses Delivered													✓

This chart illustrates the approximate intervals in the Section 5310 Program grant application and vehicle delivery process. Vehicles are sourced from multiple manufacturers, and depending upon application volume and the vehicle and options ordered, delivery may be extended beyond the schedule shown here.

## STATE CLEARINGHOUSE CONFIRMATION LETTER, FORM 424, & COMPLETED APPLICATION SUBMISSION PROCESS

- On or before April 09, 2015, provide **ONE COPY** of the completed Master Application and up to two related Site Specific Award Applications to the State Clearinghouse (Application Documents Only-Do Not send attachments).
- Submit **One Copy** of your Master and Site Specific Application(s) (without attachments) to the Planning and Development District (PDD). NOTE: If a Site Specific Application is located in an MPO or SSAs are in separate PDDs, provide **One Copy** of your Master and Site Specific Application (without attachments) to the MPO or PDD appropriate to each Site Specific Application. See MPO list and PDD list and map in Appendix A of the 2016 Application.
- On or before April 20, 2015, submit your **Original Signed Master Application** (original signatures), with the State Clearinghouse number on top line together with all attachments-including Site Specific Application(s)-(Do Not Send Exhibits or Instructions) to:

**AHTD, Public Transportation Section, P.O. Box 2261, Little Rock, AR, 72203; or physical address: Arkansas Department of Transportation, Public Transportation Programs Section 10324 Interstate 30, Little Rock, AR 72209.**

## APPLICATION COMPONENTS:

**NOTE THE USE OF FOOTERS:** To make the application process easier for you to follow, footers are used to identify the Sections/pages of the Application and the Site Specific Application (See bottom of this page for an example).

A Master Application, together with at least one Site Specific Application forms the core of the application. Based on the nature of the organization and the request, applicants will assemble their application from components provided in this application package. In the body of the application and/or the following instructions, applicants will be asked to provide additional attachments.

## 2016 Application & Supporting Documentation File Order

Based upon the organization of your Agency and your Agency's approved status with the Department, select the Application Type that applies to your situation from the three options listed below and include the REQUIRED documents in the specified order for that Application Type:

### **PRE-CERTIFIED PRIVATE NON-PROFIT APPLICANTS**

(These are agencies currently participating in a 5310, 5311, 5316 or 5317 Program with active vehicles. Quarterly Performance Measurement & Monitoring Reports are currently being submitted to the DEPARTMENT.)

- a. Master Application with Original Signatures: Photocopy of application is not acceptable.
- b. One Site Specific Application for EACH requested vehicle: Include at least one and no more than two per Master Applicant- One per vehicle.
- c. Agency's Articles of Incorporation: Provide amendments to your Articles of Incorporation, if any. The Department maintains these documents on-file. If your corporate structure/officers changed since your last application, or if you failed to report a change in a previous year, provide updated documentation.
- d. Current or most recent, IRS Form 990 - Return of Organization Exempt from Income Tax. If necessary, include the IRS approval Form 2758 where your Agency filed for an extension.
- e. Agency's latest completed financial audit, with all management letters on file.
- f. Vehicle Inventory Form: Use blank form provided-Application Attachments Section, Attachment 1.
- g. Public Notice - the actual newspaper clipping attached to an 8 ½" x 11" blank paper or a certified copy-See Application Attachments Section, Attachment 2 for example. If requesting vehicles for separate Sites, make notice in each media market.
- h. Public or Private Operator's Statement(s): Complete and present one form to each Transit Operator in each service area(s) included in a Site Specific Application for the Transit Operator to complete and return to you. Use Attachment 3. Separate these by SSA—if more than one SSA.
- i. Certification of Vehicle Operation, Attachment 4. One Certification per Master Applicant, signed by the Executive Director of the Master Applicant.
- j. State Clearinghouse confirmation receipt letter and Form 424. Use blank form provided-Application Attachments Section, Attachment 5.
- k. Assessment of Equal Access for Individuals with Disabilities Attachment 7. Include signed letter response in package if the Requested Vehicle Is Not ADA Compliant (One per SSA). Otherwise, omit.

### **NEW PRIVATE NON-PROFIT APPLICANTS**

(These are agencies applying for the first time or agencies that previously participated in a DEPARTMENT Transit Program but no longer have active vehicles requiring vehicle Quarterly Performance Measurement & Monitoring (QPM) Reports.)

- a. Master Application with Original Signatures: Photocopy of application is not acceptable.
- b. One Site Specific Application for EACH requested vehicle: Include at least one and no more than two per Master Applicant- One per vehicle.
- c. Listing of current Board of Directors with their positions, addresses and occupations.
- d. Certificate of Incorporation issued by the Secretary of State with any amendments.
- e. Articles of Incorporation with any amendments.
- f. Letter of Tax Exempt Status from Internal Revenue Service
- g. Latest completed financial audit, with all management letters on file.
- h. Current or most recent, IRS Form 990 - Return of Organization Exempt from Income Tax. If necessary, include the IRS approval Form 2758 where your Agency filed for an extension.
- i. Vehicle Inventory Form. Blank form is provided for your use as Attachment 1.
- j. Public Notice - the actual newspaper clipping taped to an 8 ½" x 11" blank paper or a certified copy. See Application Attachments Section, Attachment 2 for example. If requesting vehicles for separate Sites, make notice in each media market.



- k. Public or Private Operator's Statements. Complete and present one form to each Transit Operator in each service area(s) included in a Site Specific Application for the Transit Operator to complete and return to you. Use Attachment 3. Separate these by SSA—if more than one SSA.
- l. Certification of Vehicle Operation, Attachment 4. One Certification per Master Applicant, signed by the Executive Director of the Master Applicant.
- m. State Clearinghouse confirmation receipt letter and Form 424. Use blank form provided-Application Attachments Section, Attachment 5.
- n. Brochure or Flyer on your Agency.
- o. Assessment of Equal Access for Individuals with Disabilities Attachment 7. One per SSA, but only include a signed letter response in package If The Requested Vehicle Is Not ADA Compliant. Otherwise, omit.

### **NEW AND PRE-CERTIFIED PUBLIC ENTITIES**

(Examples of Public Entities are City and County governments.)  
(New and Pre-Certified criteria same as above.)

- a. Master Application with Original Signatures: Photocopy of application signatures is not acceptable.
- b. One Site Specific Application for EACH requested vehicle: Include at least one and no more than two per Master Applicant- One per vehicle. One is included in application. Download additional form as needed.
- c. Listing of current Board of Directors with their positions, addresses and occupations.
- d. Vehicle Inventory Form. Blank form is provided for your use as Attachment 1.
- e. Public Notice - the actual newspaper clipping taped to an 8 ½" x 11" blank paper or a certified copy. See Application Attachments Section, Attachment 2 for example.
- f. A letter from the mayor or county judge stating 1) funding is sufficient, 2) date of the current audit on file.
- g. Certification of Eligibility for Local Public Entity certifying that there are no nonprofit organizations ready, willing and available in the area to provide the proposed service. See Application Attachments Section, Attachment 6 for the two page form. Efforts to solicit service must be documented and included with certification. Documentation shall include a list of all existing transportation providers to whom letters were mailed.
- h. Certification of Vehicle Operation, Attachment 4. One Certification per Master Applicant, signed by the Executive Director of the Master Applicant.
- i. State Clearinghouse confirmation receipt letter and Form 424. Use blank form provided-Application Attachments Section, Attachment 5.
- j. Assessment of Equal Access for Individuals with Disabilities Attachment 7. One per SSA, but only include signed letter response in package If The Requested Vehicle Is Not ADA Compliant. Otherwise, omit.

**ATTACHMENTS ARE REQUIRED AS NOTED. YOUR APPLICATION IS CONSIDERED INCOMPLETE WITH THE OMISSION OF ANY OF THE ABOVE LISTED REQUIRED DOCUMENTS.**

***Additional information that may be included that could be useful in determining applicants' eligibility.***

- 1) *Letters of support for this application.*
- 2) *Letters of endorsement and justification from federal, state, and local program administrators who provide funding for the services.*
- 3) *Proof of contracts with other organizations providing services to your Agency.*

**BEFORE ASSEMBLING YOUR SUBMISSION, PLEASE REVIEW THE ENTIRE APPLICATION PACKAGE, INCLUDING ALL INSTRUCTIONS.**

**TO CLARIFY THE APPLICATION PROCESS AND WELL BEFORE ALL DEADLINES, YOU MAY WISH TO CONTACT SECTION 5310 PROGRAM MANAGERS:**

- Larry Lanes at 501-569-4932, [Larry.Lanes@ahtd.ar.gov](mailto:Larry.Lanes@ahtd.ar.gov) (or)
- Bill Bastress at 501-569-4930. [Bill.Bastress@ahtd.ar.gov](mailto:Bill.Bastress@ahtd.ar.gov),

## LINE-BY-LINE INSTRUCTIONS FOR MASTER APPLICATION

TO ENSURE A COMPETITIVE APPLICATION, PLEASE REVIEW THE ENTIRE APPLICATION AND INSTRUCTIONS AS A FIRST STEP.

THEN, FOLLOW THESE LINE-BY-LINE INSTRUCTIONS AS YOU ORGANIZE YOUR APPLICATION.

### MASTER APPLICATION: PAGE ONE:

### LINE-BY-LINE INSTRUCTIONS

#### 1. ASSIGNED STATE CLEARINGHOUSE CONFIRMATION NUMBER:

- Enter the Confirmation Number assigned by the State Clearinghouse in their Receipt Letter (*AR 12345-678*).

**No later than April 9, 2015, send The State Clearinghouse a copy of your Agency's completed Master Application and related Site Specific Award Applications together with a completed Federal Assistance Form 424** (Instructions are in the Application Attachments Instructions Section).

If you follow this schedule, the Clearinghouse will forward their Confirmation Letter with their assigned Confirmation Number to you in time for you to include them with your application to the Department.

**State Clearinghouse, Office of Budget, P.O. Box 8031, Little Rock, AR 72203,**

Physical address: State Clearinghouse, 1515 West Seventh Street, Suite 412, 1515 Building, Little Rock, AR 72201.  
Phone: 501-682-1074, Fax: 501-682-5206.

#### 2. GENERAL AGENCY INFORMATION—MASTER APPLICANT:

##### Type of Applicant:

- The 5310 Program is limited to Private Not-For-Profit Agencies and Public Entities: Circle one
- Applicants who check Public Entity, must complete the Certification of Eligibility for Local Public Entities (See Application Attachments instructions) ONLY if they are proposing a new or expanded transportation program.
- Was funding awarded to any unit of Master Applicant in the last funding cycle? Circle yes or no. If no, please explain any denial of funding.

#### 3. MASTER APPLICANT ORGANIZATION INFORMATION:

- **Legal Name of Master Applicant Agency: Do not abbreviate name. Identify the Agency's name exactly as it is filed in the Agency's Articles of Incorporation.** Public Bodies refer to their creation documents. **This is the name you will use in ALL CORRESPONDENCE with the Department.**
- Executive Director: Identify the name, title if different than Executive Director, phone number and extension, e-mail address and fax number.
- Applicant Contact Person: Identify the name, job title, phone number and extension, e-mail address and cell phone number of the person completing the application (if different from the Executive Director).
- Physical Address: Indicate complete street address of the Master Applicant Agency. Include ZIP+4 for this location.
- Mailing Address: If you use a PO Box indicate the mailing address of the Master Applicant Agency.
- City, State, and Zip: For mailing address-may be different from Physical Address.
- DUNS#: List the DUNS# for the Master Applicant Agency at the primary location. This is the same # now required on QPMs.
- ZIP+4: The Postal ZIP+4 Code for the agency physical address—not your PO Box Number. Ask Post Office if you have a question.
- Website Address: List the website address for the Master Applicant Agency.
- List SSA(s) in the Rank Order of Your Preference for funding.

#### 4. FINANCIAL INFORMATION: APPLICATION PAGE TWO:

#### LINE-BY-LINE INSTRUCTIONS

- a. Select the status of funding anticipated for your transportation services over the next four years.
- b. Provide information from your most current IRS Form 990 and attach a copy of the 990 along with the Agency's most recent financial audit statement. Include management letters if any were issued.
- c. General information for the Master Applicant Agency-all sources.
- Income Revenues (Transportation Only): List sources of transportation revenue, amounts for each category listed.
- Expenses (Transportation Only): For each category listed, provide actual data.
- Indicate source of funds, type of funds and amount used for 20% match for this application.

#### 5. TRANSPORTATION MANAGEMENT EXPERIENCE: APPLICATION PAGE THREE:

Agencies are required to follow the Department's Fleet Preventive Maintenance Program and maintain the interior and exterior of the grant vehicle to ensure the comfort, safety, and dignity of riders.

Each organization is responsible for the cost of all labor, parts and supplies under the Fleet Preventative Maintenance Program. Poorly maintained or dirty vehicles are considered a sign of a poorly managed transportation operation.

- Record the names(s), phone numbers & e-mail addresses of Master Applicant responsible for submitting Quarterly Performance Measurement and Monitoring (QPM) Reports & responsible for the Fleet Preventative Maintenance Program.
- Record the year your organization began operating transportation services.
- Check all that apply when selecting drivers.
- Check all training courses your Agency requires.
- Record the number of passenger vehicles in your fleet that require a Commercial Driver Licensed (CDL) operator (vehicle designed for 15 or more passengers not including the driver).
- Are your CDL drivers enrolled in a Drug & Alcohol Testing Program? Record Yes or No.
- If yes, list the drug and alcohol organization name, location (city and state) and phone number.
- Check what best describes your Agency's Fleet Preventative Maintenance Program.
- List procedures taken to prevent poor vehicle maintenance. Example: oil changed every 5,000 miles, air filters changed every 10,000 miles, daily pre-trip inspection, etc.

#### 6. APPLICANT CERTIFICATIONS: PAGES FOUR AND FIVE:

**Title VI Compliance**; Page four: The Master Applicant's Executive Director or CEO answers questions regarding the **Agency's history of compliance with Title VI**, providing details as directed by the form. The Master Applicant's Executive Director or CEO signs the Title VI Compliance Statement.

**Application Certification By Governing Body**; Page Five: The **Master Applicant's Governing** Body (Board of Directors or equivalent) **must authorize** a Board Member to act on their behalf, to **certify as True and Correct, the contents of the Application Package submitted to the Department**.

- Since 2013, **related agencies must apply collectively under a single Master Applicant in a single application**. The intent of this certification is to force disclosure of any relationship between the Master Applicant and any other agency(s) to eliminate multiple or duplicate applications from related, subsidiary, partner or jointly controlled organizations.
- The **Authorized Board Member** further certifies that the Agency has the financial capacity to produce the required local match within ten (10) calendar days of the Department's issuance of a Notice to Possess the requested vehicle.
- The Master Applicant's **Authorized Board Member** signs and dates the Certification of Information.
- The Master Applicant's **Executive Director** or CEO signs as witness to the signature of the **Authorized Board Member**.

## LINE BY LINE INSTRUCTIONS FOR SITE SPECIFIC APPLICATION(S)

### 1. MASTER APPLICANT/PARENT AGENCY/SITE SPECIFIC APPLICANT: LINE-BY-LINE INSTRUCTIONS

One Master Application will be accepted from an organization—and only one—regardless of the number of subsidiary organizations, satellite locations or other operations controlled by the Master Applicant. A subsidiary, satellite, Partner, otherwise controlled or captive agency may not submit an application, except through its parent agency—the Master Applicant.

The parent agency (Master Applicant) completes a separate Site Specific Application for each vehicle requested, up to a maximum of two (2) vehicles in this application cycle. Attach Secondary SSAs behind the primary application. A Secondary SSA is available on the Department Webpage: [http://www.arkansashighways.com/public\\_transportation/section\\_5310.aspx](http://www.arkansashighways.com/public_transportation/section_5310.aspx)

**Each Site Specific Application focuses on one vehicle and the community it is proposed to serve.**

Vehicles are awarded based upon a review of factors, including the proposed use of a vehicle and the needs to be addressed in a community through the award of the vehicle.

- Name the Master Applicant Agency. This is the agency that is the lead agency in any consortium/partnership/corporate body.
- Name the Operating Unit proposed to receive a vehicle. (If Master Applicant, the Master Applicant's name or "Same");
- Identify the location of the unit proposed to receive a vehicle. (If Master Applicant, place that location here);
- Circle the relationship of the Site Specific Applicant to the Master Applicant.

### 2. SSA'S TRANSPORTATION SERVICE OPERATES IN URBANIZED AREA? SSA

- Check Appropriate Bracket. If this Site Specific Application will not involve an Urbanized Area, select Not In These Urbanized Areas.

### 3. STATEWIDE TRANSIT COORDINATION PLAN SSA

The Transit Coordination Plan of 2012 is a five-year statewide document. Coordination is designed to reduce duplication of service and service overlaps. Strategies from the plan are provided in Appendix A for your use in answering the questions in this Section.

- Note the Strategy from the list (more than one may apply). Describe what your Agency has done in the last year to improve coordination of transportation services at the agency in the community where the proposed vehicle will be operated.
- Answer questions regarding coordination activities, such as leasing, contracting for service. Identify any other 5310 funded transportation services operating in the service area where the vehicle will operate.

### 4. CLIENT AND TRANSPORTATION SERVICES PROVIDED AT THIS LOCATION: SSA

Describe, in detail, services, including transportation services, currently provided to your clients at **This Location**. This narrative allows you to tell the Department, in your own words, what you are doing or proposing to do to enhance the mobility of seniors and individuals with disabilities and how a 5310 vehicle at this location supports those efforts.

### 4B. TRANSPORTATION SERVICE DETAILS: THIS SITE & REQUESTED VEHICLE SSA

These questions establish the transportation service duty of the vehicle proposed in the application and form the standard against which its use will be measured—if awarded. Provide your best estimate of use to avoid future reporting issues.

### 4C. CLIENT AND TRANSPORTATION SERVICES FORM: SSA

Please submit this form for the service area/program(s) to be served by the requested vehicle (attach additional sheets if necessary). This establishes the overall transportation program at each service center proposed to be served by the requested vehicle.

Separate information for two or more centers operated by your Agency in this service area. Example: Adult and Children Programs. Count vehicle(s) used daily for passenger transportation; include all AHTD funded vehicles (Section 5310, 5316, 5317 and TransLease vehicles). Do not include back up vehicle(s).

If a vehicle is utilized in more than one program, list the vehicle and the total miles driven per day once under the primary program.

**EXAMPLE: 4C. CLIENT AND TRANSPORTATION SERVICES FORM****SSA**

Applicant Client Service Center Name	Physical Location (street address & city)	# of Days Used Per Week	# of Vehicles used to transport clients	# of ADA Accessible Vehicles	# of AHTD Funded Vehicles Used at Site*	Avg. # of Clients Participating in Program	Avg. # of Clients Transported Daily	What % is Seniors, Disabled, Other (should total 100)	Percent of racial minority	Total Miles Driven Daily
JD Adult	Conway	7	5	2		70	50	25 S 75 D O	50	700
JD Children	Conway	5	2			30	20	S 100 D O	50	120

Example: Under JD Adult Program only, an average of 50 clients utilizes the five vehicles daily traveling approximately 700 miles per day.

**4D. ADDITIONAL CLIENT AND TRANSPORTATION SERVICES QUESTIONS****SSA**

List the geographical areas (cities, towns) clients reside.

Check client's dependency on transportation provided by your Agency.

Record number of paid drivers and volunteer drivers.

Check type of transportation service provided by your Agency: Demand Response (door to door, passenger calls for service), Fixed Route (scheduled service regular route) or Both.

Record the number of days your center is opened out of the year. Record Yes or No. Describe or attach copy of the fare policy.

Do you provide service to individuals that do not attend your center? Record Yes or No.

Describe effort to identify and meet the transportation needs of ethnic minority individuals and communities in your service area. Example: bi-lingual brochures, advertisement, flyers.

**5. EQUIPMENT REQUEST AND JUSTIFICATION****SSA**

Consult Appendix B to find Vehicle Order Type, Vehicle Description/State Bid Number and Estimated Base Cost.

NOTE: A proposal to purchase a Non-ADA Compliant Vehicle cannot be approved unless a public notice is provided and specific findings of fact are made. See Attachment # 7 for more information.

A vehicle request is categorized as one of three types. Provide additional information for Expansion and Replacement Vehicle requests to help with scoring and eligibility determinations.

**6. NONDISCRIMINATION UNDER FEDERAL GRANTS AND PROGRAMS****SSA**

To demonstrate compliance with Section 504, ADA and other programs, check yes or no regarding your organizations written policies or procedures. Provide a copy of the policies in place in the program(s) where the vehicle is requested.

**Note: If your Agency has a bus (CDL required) designed to transport 15 or more passengers (not including the driver) a Drug and Alcohol Policy is mandatory.**

Report the details and resolution of any complaint or notification of non-compliance.

**7. CERTIFICATION OF EQUAL ACCESS FOR INDIVIDUALS WITH DISABILITIES****SSA**

**Certification of Equal Access;** Page six: A request for a Non-ADA Vehicle cannot be approved unless the required Public Notice is given and specific findings of fact are made.

If requesting a vehicle without a lift/ramp, the Master Applicant's Executive Director or CEO signs the certification. See Attachment 7, Assessment of Equal Access for Individuals with Disabilities for details regarding the required findings.

## APPLICANT'S SUPPORTING DOCUMENTATION

### A COMPLETE APPLICATION PACKAGE IS COMPRISED OF:

- One Master Application with signatures;
- One Site Specific Application for Each Vehicle Requested—maximum of two; and
- A package of attachments based upon the specifics of your application and Agency (pre-certified non-profit, new non-profit, new or pre-certified public entity).

**NOTE:** Use the lists in Section 1, Page 4 to determine what you need to include in your application. Applications are considered incomplete with the omission of required documentation.

### VEHICLE INVENTORY FORM

### APPLICATION ATTACHMENT 1

- Complete and attach one inventory form for each SSA included in this application (attach additional copies of form as needed).
- Include all agency vehicles engaged in passenger carrier service serving this location (regardless of funding source), noting all AHTD funded vehicles (Section 5310, 5316, 5317, and TransLease) operating in the area of the SSA and available to the program/site requesting the vehicle.
- Include RELEASED VEHICLES (still in service) in this inventory. Include all transportation activities engaged in by the Master Applicant in the service area. If a cooperative agreement is in place, provide information from cooperative agency(s) to document a determination of vehicle availability in this service area.
- If the Master Applicant operates multiple programs and or multiple sites, attach an additional form(s) describing ALL of the AHTD Funded Vehicles (include released vehicles) operated by the Master Applicant that are not already described above.
- Complete all information required on the form. List AHTD Funded Active and Released Vehicles used in passenger carrier service. Make additional copies of the form if necessary. Include any Released Vehicle(s) sold since your last Section 5310 Program Application.

### Selected Details:

Vehicle Type: Manufacturer's name (*i.e. Dodge, Ford, El Dorado, Chevy, etc.*) and use one of the following codes.

- BUS Body on Van Chassis (17, 21 or 25 passenger bus)
- MBUS Non-CDL (14 or 15 passenger bus)
- SVC Van Conversion (Raised Roof - Standard Van)
- SV Standard Van 8, 12 or 15-passenger (No conversion)
- RV Minivan, Lowered Floor (with Ramp)

Last 5 digits of Vehicle Identification Number (VIN): The manufacturer's unique VIN for each vehicle.

Physical Location: The client service center name and the city in which the vehicle is primarily located for transportation purposes.

Counties Served with Vehicle: The counties in which the vehicle is used to transport clients for Section 5310 Program purposes.

Seating Capacity: Maximum number of passenger seats available on the vehicle.

ADA Accessible: (Wheelchair Lift or Ramp): Enter the type of ADA approved device - Lift or Ramp.

Current Condition: Write the appropriate rating. Be sure to list any released vehicle sold or disposed of in the last year.

- Good.....Few or no maintenance costs
- Fair .....Reasonable yearly maintenance costs
- Poor.....Unreliable with excessive maintenance costs
- Bad .....Non-running or dangerous
- Sold/Disposed of List those released vehicles removed from your inventory Since Your Last 5310 Application.

Current Mileage: Total miles this vehicle has been operated. Enter date/Federal Fiscal Quarter the current mileage was recorded.



**PUBLIC NOTICE REQUIREMENTS****APPLICATION ATTACHMENT 2**

A recent Public Notice must be provided that recognizes your intent to submit this application for a federal assistance grant. It must be published once as an official notice in a newspaper(s) of general circulation in the transportation service area for which you are requesting a vehicle. If you are requesting two vehicles, provide notice in each service area. Attach notice(s) here and indicate the service area on each (if more than one is provided).

**A certified copy of the Public Notice published in the newspaper and/or the actual newspaper article clipping taped to an 8 1/2" x 11" blank paper must be submitted with your application.**

***\*\*If requesting a non-ADA vehicle (without lift/ramp), you must include the specified language in your Public Notice ad.***

***An application is considered incomplete with the omission of this Public Notice.***

**2016 PUBLIC OR PRIVATE OPERATOR'S STATEMENT****APPLICATION ATTACHMENT 3**

This form must be circulated to all existing transit operators operating in the service area of a Site Specific Application. If an agency is applying for more than one vehicle, these forms must be circulated in each service area for which a vehicle is requested.

**Note:** Mark/arrange completed forms in application with service area responses grouped and each form marked as to SSA.

**2016 CERTIFICATION OF VEHICLE OPERATION****APPLICATION ATTACHMENT 4**

Existing 5310 Program participants must execute and attach this form as attachment 5. Compliance with the assurances made in previous applications are an important indicator of future success and current utilization rates help to establish need for capital assistance. **FAILURE TO UTILIZE AN EXISTING VEHICLE MAY DISQUALIFY AN AGENCY UNTIL UTILIZATION IMPROVES.**

**FORM 424 AND STATE CLEARINGHOUSE CONFIRMATION LETTER****APPLICATION ATTACHMENT 5**

**SUBMIT A COMPLETED MASTER APPLICATION, SSA(S) (NO ATTACHMENTS) and Form 424 to the State Clearinghouse No later than 4:00 p.m. April 9, 2015:**

State Clearinghouse, Office of Budget P.O. Box 8031, Little Rock, AR 72203, or physical address: State Clearinghouse, 1515 West Seventh Street – Suite 412, 1515 Building, Little Rock, AR 72201.

Phone number: 501-682-1074; fax number: 501-682-5206.

The State Clearinghouse will issue a Confirmation Letter after you submit a completed Form 424 to their office.

**YOUR FORM 424 AND STATE CLEARINGHOUSE CONFIRMATION RECEIPT LETTER MUST BE SUBMITTED TO THE DEPARTMENT WITH YOUR ORIGINAL APPLICATION.**

**ADDITIONAL ATTACHMENTS THAT MAY BE REQUIRED—DEPENDING UPON YOUR AGENCY AND THE VEHICLE REQUESTED****CERTIFICATION OF ELIGIBILITY FOR LOCAL PUBLIC ENTITIES****APPLICATION ATTACHMENT 6**

This form is only required from Governments (Cities and Counties) and the programs they operate. Government sponsored agencies attach the two page form as Attachment 7—together with any correspondence received from non-profit agencies.

**ASSESSMENT OF EQUAL ACCESS FOR INDIVIDUALS WITH DISABILITIES****APPLICATION ATTACHMENT 7**

If you are applying for a NON-ADA compliant vehicle (no lift or ramp), include a letter signed by your Executive Director as an Attachment. The Executive Director addresses the issues discussed in Attachment 7 and Certifies equal transportation access.

You must provide one letter per Non-Compliant Vehicle request (SSA) specific to the site(s) to be served by the requested vehicle.

Note: If your Agency is applying for a non-ADA accessible vehicle, the fact that the vehicle is not accessible must be stated in the required Public Notice (See Attachment 3).



**ARKANSAS DEPARTMENT OF TRANSPORTATION**  
**Public Transportation Programs**  
**Section 5310 – Enhanced Mobility of Seniors and Individuals with Disabilities Capital Assistance**

**2016 Application Form**

**1. Assigned State Clearinghouse Confirmation Number\*:**

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\*Note: Your Confirmation Number is found in the receipt letter you receive from the State Clearinghouse after you submit one copy of the 5310 application to their office no later than April 9, 2015. For example only: AR – 123456-678.

**2. General Agency Information**

**Master Applicant**

<b>Type of Applicant</b> <i>(circle one):</i>	<b>Public Entity (City, County Government)</b>	<b>Private Non-Profit Agency</b>
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**Was Master Applicant approved for 5310 assistance in the most recent funding year cycle (2015 Cycle)?** Yes [ ☐ ] No [ ☐ ]

**If no, please explain** \_\_\_\_\_

**3. Master Applicant Organization Information**

<b>Master Applicant Contact Information</b>		
Legal Name of Master (Parent) Agency:		
Executive Director: <i>(or write-in other Job Title)</i>	Telephone Number: <i>(and extension)</i>	
E-mail Address:	Fax Number:	
Applicant/Grantwriter: <b>Contact Name</b>	Telephone Number: <i>(and extension)</i>	
E-Mail Address	Cell Phone #:	
Physical Address Include ZIP+4 for this location in box (below):		
Mailing Address If different from Physical Address (PO Box, etc.):		
City, State, Zip:		
Parent Agency DUNS#:	ZIP+4	Website Address:
<b>Master Applicants: Complete the Site Specific Application (that follows this Section). Describe your most pressing need for award of a 5310 vehicle. List/attach that application first. If you believe that vehicle utilization and program scale justify additional program support, a 2nd SSA may be submitted for the same site, or another operating unit controlled by the Master Applicant. <u>Attach In Rank Order of YOUR preference for funding. Each SSA must address a unique need-DO NOT ATTACH two copies of the same SSA.</u></b>		
List here (Attach Site Specific Application(s) in the order of YOUR funding preference):		Site Location
1st		
2nd		

## 4. Financial Information

## Master Applicant

### a. Is funding for your transportation services over the next four years:

☐ Reasonably secure, but some sources of funding are subject to variation and are not reliable.

☐ Stable because of reliable federal or state recurring funding programs.

☐ Uncertain because all funding sources are not reliable.

### b. Report your Agency's information from the most current IRS Form 990: 201\_\_

For the \_\_\_\_\_ calendar year, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

Check here ☐ if the organization's gross receipts from ALL sources are normally not more than \$25,000.

Gross Receipts \$ \_\_\_\_\_

Organization Type (check only one)

☐ 501(c) \_\_\_\_\_ (insert no.)

☐ 4947 (a) (1) OR ☐ 527

### c. Record Part 1 Data:

Direct Public Support -----	\$ _____	Total revenue \$ _____
Indirect Public Support -----	\$ _____	Total expenses \$ _____
Government contribution (grants) -----	\$ _____	Excess/deficit \$ _____
Total -----	\$ _____	Net assets/fund balance \$ _____

<u>Income (Revenues from Transportation Operations)</u>	<u>12-Month Reporting Period</u>
List all sources and amounts (Fares, Grant, Donations, etc.)	<u>List Dates:</u>
Local Funds (list):	
State Funds (list):	
Federal Funds (list):	
Other (list):	
<b>Total Transportation Operating Revenue:</b>	
<u>Expenses (Transportation Only)</u>	
Supplies & Fuel	
Insurance	
Maintenance/Repair Costs	
Miscellaneous or other overhead expenses	
<b>Total Transportation Operating Expenses:</b>	

List the Source(s) and Amount(s) of Funds Used for 20% Match: Federal, State, Local or Other Type

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## 5. Transportation Management and Experience

## Master Applicant

An Agency's attention to detail in Quarterly Performance Measurement & Monitoring (QPM) Reporting, Safe Operation and Fleet Preventative Maintenance are essential to program success and participation. Provide the name(s), phone number(s), and email address(s) for those persons responsible for submitting QPM reports and maintaining the vehicle fleet:

<u>Name</u>	<u>Phone #</u>	<u>Email</u>	<u>Role (QPM, Veh. Maint., or Both)</u>

List the year your organization began operating passenger transportation services? \_\_\_\_\_

When selecting drivers, does your organization (*check all that apply*):

- ☐ Check driving records?
- ☐ Require a physical exam?
- ☐ Require a commercial driver's license?
- ☐ Require a minimum age \_\_\_\_\_ and maximum age \_\_\_\_\_?
- ☐ Conduct pre-employment drug testing?
- ☐ Operate a drug and alcohol testing program?

Does your organization require any of the following training courses (*check all that apply*):

- ☐ First aid
- ☐ CPR
- ☐ Drug and alcohol abuse awareness
- ☐ Driver sensitivity training
- ☐ Vehicle emergency evacuation
- ☐ Defensive Driving
- ☐ Wheelchair Lift Operation
- ☐ Child Passenger Safety
- ☐ Passenger assistance training

**VEHICLES DESIGNED TO TRANSPORT 15 OR MORE PASSENGERS (NOT INCLUDING THE DRIVER) REQUIRE A COMMERCIAL DRIVER LICENSE (CDL).** How many vehicles in your fleet require a CDL Driver? \_\_\_\_\_

Are your drivers with a CDL currently enrolled in a Drug & Alcohol (D&A) Testing Program? Yes ☐ No ☐

If yes, D&A Program Name: \_\_\_\_\_ Location: \_\_\_\_\_ Phone#: \_\_\_\_\_

What best describes your Fleet Preventative Maintenance Program?

- ☐ Scheduled and documented maintenance program is being utilized by a professional source.
- ☐ An employee is assigned responsibility for ensuring each vehicle is properly maintained.
- ☐ Drivers have primary responsibility for overseeing the maintenance of their vehicle.
- ☐ Other-Describe: \_\_\_\_\_

Describe in detail your Fleet Preventative Maintenance Program:


**Title VI of the 1964 Civil Rights Act, Section 601, states:**

*“No person in the United States shall, on the grounds 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.”*

Has your Agency submitted an approved Title VI Plan to AHTD? NO \_\_\_\_\_ YES \_\_\_\_\_ \*

In the past year, has this Agency or any Agency the subject of an attached Site Specific Application been the respondent in any lawsuit or complaint alleging discrimination in service delivery or other transit benefit? NO \_\_\_\_\_ YES \_\_\_\_\_ \*

\*If yes, attach a concise description of the lawsuit(s) or complaint(s) alleging discrimination filed against your Agency, together with a statement of the status or outcome of each such complaint or lawsuit.

In the past three years, has this Agency or any Agency the subject of an attached Site Specific Application been the subject of a civil rights compliance review(s)? NO \_\_\_\_\_ YES \_\_\_\_\_ \*\*

\*\*If yes, provide a summary of all compliance review activities conducted in the last three years. The summary should include the purpose or reason for the review, the name of the Agency or organization that performed the review, a summary of the findings and recommendations of the review, and a report on the status and/or disposition of such findings and recommendations.

I hereby certify on this \_\_\_\_\_ day of \_\_\_\_\_, 2015 that the statements and other information contained in this application, including all attachments, are true and correct.

Executive Director or CEO:

\_\_\_\_\_  
(Signature Required)

The Arkansas Department of Transportation (Department) complies with all civil rights provisions of federal statutes and related authorities that prohibit discrimination in programs and activities receiving federal financial assistance. Therefore, the Department does not discriminate on the basis of race, sex, color, age, national origin, religion or disability, in the admission, access to and treatment in the Department's programs and activities, as well as the Department's hiring or employment practices. Complaints of alleged discrimination and inquiries regarding the Department's nondiscrimination policies may be directed to EEO/DBE Section Head (ADA/504/Title VI Coordinator), P. O. Box 2261, Little Rock, AR 72203, (501) 569-2298, (Voice/TTY 711), or the following email address: : [joanna.mcfadden@ahtd.ar.gov](mailto:joanna.mcfadden@ahtd.ar.gov).

Free language assistance for Limited English Proficiency individuals is available upon request.

This notice is available from the ADA/504/Title VI Coordinator in large print, on audiotape and in Braille.

## 7. Application Certification: Certification As A True and Complete Record Master Applicant

### TWO ORIGINAL SIGNATURES ARE REQUIRED FOR THIS APPLICATION TO BE CONSIDERED FOR AWARD:

- One must be by an Officer of the Master Applicant Agency's Governing Body who has been authorized by that body to make this application and to obligate the Agency under the terms and conditions of a funding award,
- The second signature is by the Chief Executive Officer/Executive Director of the Master Applicant Agency who witnesses the signature of the Officer of the Governing Body.

ATTACH AGENDA ITEM OR OTHER DOCUMENTATION OF GOVERNING BODY ACTION TO AUTHORIZE GRANT REQUEST/GRANT AGREEMENT.

### Certification of Application As A True and Complete Record of Information Known to Applicant Agency

I am an officer of the organization making this application \_\_\_\_\_,   
Name Master Applicant Agency  
herein after referred to as Agency, and I have been authorized by the governing body of that Agency to execute this certification and obligate the Agency under the terms and conditions of a funding award, should one be offered.

I hereby certify on this \_\_\_\_\_ day of \_\_\_\_\_, 2015 that the statements and other information contained in this application, including all attachments, Title VI Compliance Statement, Nondiscrimination under Federal Grants and Programs Statement, are true and correct.

I further certify that the materials and statements provided fully describe the actual operating relationships within the Agency and between any other Agency(s) or organization(s) so as not to obscure management and control of a 5310 Program funded transportation operation or permit multiple applications from related organizations or business units.

I further certify that the Agency has sufficient financial resources to assure cash payment of the required local match from non-federal sources within ten (10) calendar days of notice to possess a vehicle.

And, I understand that if this grant application is approved, the purchase of the vehicle will be by the Arkansas State Highway & Transportation Department, and that Program funds are not available directly to the Agency for any reason.

Authorized Officer of the Governing Body: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Agency Position/Title)

WITNESS      Executive Director or CEO: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Agency Position/Title)

**SITE SPECIFIC APPLICATION: ONE COMPLETE PKG FOR EACH VEHICLE REQUESTED\***

**1. Master Applicant/Parent Agency (Name):** \_\_\_\_\_

Site Specific Applicant (Name): \_\_\_\_\_ Location: \_\_\_\_\_

Circle to indicate the relationship of this Site Specific Applicant to the Master Applicant completing this application:

**a. Same/Primary/Master**

**b. Satellite Location**

**c. Subsidiary Site/Location**

**d. Other:** \_\_\_\_\_  
Describe Relationship (Partner Agency, etc.)

\*Note: As part of a complete application package, every Master Application must include **at least one SSA and no more than two.** Download a second SSA, as necessary, and attach directly behind the primary SSA in your application package.

**2. Site Specific Applicant's Transportation Service Operates In The Following Urbanized Areas?**

☐ Fayetteville/Springdale      ☐ Fort Smith      ☐ Hot Springs      ☐ Jonesboro      CHECK APPROPRIATE BRACKET  
☐ Little Rock/North Little Rock      ☐ Pine Bluff      ☐ Texarkana      ☐ West Memphis      ☐ Not In These Urbanized Areas

**3. Statewide Transit Coordination Plan**

To encourage the most efficient use of Federal resources, the Department ensures that this Program provides for the most feasible coordination of transportation services with other Federal/State assisted programs and services. That coordination is facilitated, in part, through development and implementation of a Statewide Transit Coordination Plan (TCP).

**All Section 5310 projects must be derived from the Statewide Transit Coordination Plan (TCP).**

**What Strategy Number of the TCP does this application address? (See Appendix A for Strategies).**

**Strategy No.** \_\_\_\_\_

**What specific transportation coordination activities has your Agency pursued this past year?**


**Will this vehicle be leased to another Agency or otherwise coordinated between agencies? Yes ☐ No ☐ If Yes, please attach a copy of the proposed lease/coordination agreement to this application, including all details regarding the parties, terms, responsibilities for compliance, etc.**

**Does your Agency contract for any transportation service? Yes ☐ No ☐ If yes, attach any transportation contracts under Attachment 1 of this application.**

**Are there other agencies providing transportation services under the Section 5310 Seniors and Individuals with Disabilities Program in your transportation service area? Yes ☐ No ☐**

**If yes, list other Section 5310 Seniors and Individuals with Disabilities agencies providing transportation in this service area (city/county where the new vehicle will operate).**


#### 4. Client and Transportation Services Provided: This location Site Specific Application

Describe in detail services, including transportation services, currently provided to your clients at this location.

#### 4B. Transportation Service Details: This Site & Requested Vehicle Site Specific Application

Client Group(s):    ☐ Seniors            ☐ Individuals with Disabilities            ☐ Other: \_\_\_\_\_

Number of hours the new vehicle will be utilized daily: \_\_\_\_\_ Total miles driven per day: \_\_\_\_\_

What trip purposes will the new vehicle be used for? (check all that apply)

Education \_\_\_\_\_ Nutrition\*(Congregate Meals) \_\_\_\_\_ Residence \_\_\_\_\_

Employment \_\_\_\_\_ Personal/Shopping \_\_\_\_\_ \*Meal Delivery Is **Not** An Approved Primary Use

Medical \_\_\_\_\_ Recreation/Social \_\_\_\_\_

Number of clients to be transported daily: \_\_\_\_\_

Will service with the requested vehicle be available to non-agency clients? Yes ☐            No ☐

Check or circle the days of the week that the new vehicle will operate:

\_\_\_ Sunday \_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday

If less than 5 business days, please explain:



**4C. Client and Transportation Services Form****Site Specific Application**

List each Client Service Center the requested vehicle is proposed to serve along with requested passenger transportation information. Submit additional sheets if necessary. If a vehicle is utilized in more than one program, list the vehicle information only once, under the Agency's primary program.

Applicant's Client Service Center Name	Physical Location (street address, city, zip)	# of Days Used Per Week	# of Vehicles used to transport clients	# of ADA Accessible Vehicles (with Lift/Ramp)	# of AHTD Funded Vehicles Used at Site*	Avg. # of Clients Participating in Program	Avg. # of Clients Transported Daily	Percentage of Seniors, Disabled, Other (should total 100)	Percent of Racial Minority	Total Miles Driven Daily
								__ S __ D __ O		
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For Official Use Only										

\*AHTD Funded Vehicle(s) –All vehicles Secured from the Department (Section 5310, Section 5316 JARC, Section 5317 New Freedom, TransLease) that you currently report on.

**4D. ADDITIONAL CLIENT AND TRANSPORTATION SERVICES QUESTIONS****SSA**

List Cities and Counties the proposed vehicle will serve:

Describe the proposed service population's dependency on Site Specific Applicant's transportation services:

\_\_\_ A) Entirely dependent on Agency, there are no other means of transportation currently available. \_\_\_ B) Partially dependent, other means of transportation are available.

Number of paid drivers: \_\_\_ Number of volunteer drivers: \_\_\_ Type of Transportation Service: Demand Response: [ ] Fixed Route: [ ] Both: [ ]

Number of days operated in a year? \_\_\_ Do you have a fare policy? [ ] No [ ] Yes - Describe or attach policy and fare structure at Attachment 1.

Do you provide service to non-Agency clients? Yes [ ] No [ ]

Describe your Agency's efforts to actively identify and satisfy the transportation needs of racial and ethnic minority populations in your service area. Note: Nondiscrimination based on race, age, sex, etc. is not an active effort to identify or meet the needs of a population.

## 5. Equipment Request and Justification for Site

## Site Specific Application

List the type of vehicle requested. (See available models and options in Appendix B.)

Vehicle Order Type	Vehicle Description/State Bid No. (SBN)	\$ Estimated Base Cost
-----------------------	---	---------------------------

### A NON-ADA COMPLIANT VEHICLE (WITHOUT LIFT/RAMP) REQUEST WILL ONLY BE AUTHORIZED IF YOU:

Meet Equivalency of Service Requirements AND include the following language in the Public Notice which is required to be posted prior to submission of this application:

(*Your Agency's Name*) is requesting a vehicle that is not compliant with the Americans with Disabilities Act. However, (*Your Agency's Name*) does meet the "equivalency of service" requirements to the disabled community. **Complete and attach Letter addressing questions found on Attachment 7, in Application Attachments Section.**

Explain how you propose to equitably serve individuals with disabilities in your transportation service area. Attach any interagency agreements/policies to meet the "equivalency of service" requirement:


### THE VEHICLE REQUESTED IN THIS SSA IS A/AN (CHOOSE ONE OF THREE OPTIONS):

- A. New Service Start - ☐ 1<sup>st</sup> time with 5310 Program
- B. Service or Fleet Expansion: ☐ establish new service area ☐ extend hours of service  
☐ reduce response time ☐ add vehicle to fleet  
☐ add ADA (with lift/ramp) accessibility vehicle to fleet
- C. Equipment Replacement: ☐ replace van\* ☐ replace bus\*

**\*Replacement Vehicles:** A vehicle is replaced only ONCE. Identify which vehicle on your Vehicle Inventory Form (Attachment # 2 from Application Attachments Section) will be replaced?

Type: \_\_\_\_\_  
Year Make Model VIN Number

Has this vehicle been listed as a replacement in a prior application? \_\_\_\_\_.

Is this vehicle still in operation? \_\_\_\_\_. A backup vehicle is only used on an incidental basis, usually when a regular transportation fleet vehicle is temporarily out of service. **Unless a 5310 Program Vehicle has met its useful life and the title is released by the Department, it cannot be considered a backup vehicle.**

**OPTIONAL ENTRY:** If we failed to ask a question that you feel would have helped us to better understand your Agency or mission, answer it here. Explain how award of a vehicle would address needs in this transportation service area:


## 6. Nondiscrimination Under Federal Grants and Programs

## Site Specific Application

*No otherwise qualified individual with a disability, shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.*

All 5310 Program funds shall be expended in compliance with the standards of Section 504 of the Rehabilitation Act of 1973, as amended, (Section 504) and the Americans with Disabilities Act, as amended, (ADA).

Identify materials, policies and procedures in place at your Agency to ensure Section 504 and ADA compliant transportation service provision/accommodation consistent with 29 USC § 794:

	Yes		No
Ensure lift availability?			
Ensure lift and securement use?			
Identify vehicle/system as being accessible to disabled Individuals?			
Use of service animals on vehicle?			
Service to Individuals using respirators or portable oxygen?			
Informs client about services and accessibilities features your Agency provides?			
Ensure adequate time for lift deployment at designated stops?			
Ensure adequate time for vehicle boarding/disembarkment?			
Provides training for personnel on accessibility features?			
Other policy/procedure not listed:			
U.S. DOT Drug and Alcohol Policy – (buses <u>designed</u> for 15 or more passengers, not including the driver) require a CDL license. In addition, a Drug and Alcohol Policy is mandatory.			

If you have not done so in the past, or if materials, policies or procedures at your Agency have changed since your last application, please attach a copy of your written Section 504 and ADA policies and procedures.

In the last year, has the Master Applicant or this Site Specific Applicant received a complaint or been notified of any deficiency in compliance with ADA or Section 504 requirements? NO \_\_\_\_ YES \_\_\_\_\*

\*If yes, please provide a description of the deficiency noted and your Agency's response/corrective action.


## 7. Certification of Equal Access for Individuals with Disabilities Site Specific Application

### **CERTIFICATION OF EQUAL ACCESS FOR INDIVIDUALS WITH DISABILITIES UNDER THE SECTION 5310 PROGRAM**

Title 49 C.F.R. Part 38.23 Mobility aid accessibility. (a) *General.* All vehicles covered by this subpart shall provide a level-change mechanism or boarding device (e.g., lift or ramp) complying with paragraph (b) or (c) of this section and sufficient clearances to permit a wheelchair or other mobility aid user to reach a securement location. At least two securement locations and devices, complying with paragraph (d) of this section, shall be provided on vehicles in excess of 22 feet in length; at least one securement location and device, complying with paragraph (d) of this section, shall be provided on vehicles 22 feet in length or less.

**IF YOUR AGENCY IS APPLYING FOR A VEHICLE THAT IS NOT ADA ACCESSIBLE (WITHOUT LIFT/RAMP), THIS SITE SPECIFIC APPLICATION WILL NOT BE APPROVED UNLESS THE PROPOSED LACK OF ADA ACCESSIBILITY:**

- Is stated in the required **Public Notice** (See Attachment 3),
- You complete a **Self-Assessment** that supports, with the addition of the non-accessible vehicle to your fleet, a finding of **Equivalency of Service to Individuals with Disabilities**,
- You include a letter supporting your finding equivalency for each Site Specific Application requesting a non-ADA vehicle (See Attachment 7 for notes and questions to be addressed in assessment process), and
- You complete the following certification:

### **CERTIFICATION OF EQUAL ACCESS FOR INDIVIDUALS WITH DISABILITIES UNDER THE SECTION 5310 PROGRAM**

I hereby certify, that when viewed in its entirety, the demand-responsive and/or fixed route passenger transportation program of \_\_\_\_\_ serving the location \_\_\_\_\_  
(Applicant Agency's Name)

identified in this SSA, will, with the addition of the requested vehicle(s), provide seniors and individuals with disabilities access equal to that afforded to any other person in terms of the following criteria.

- 1) Response time;
- 2) Fares;
- 3) Geographic area of service;
- 4) Hours and days of service;
- 5) Restrictions based on trip purpose;
- 6) Availability of information and reservations capabilities; and
- 7) Constraints on capacity or service availability.

Certified this \_\_\_\_\_ day of \_\_\_\_\_, 2015.

\_\_\_\_\_  
(Executive Director's Signature)

\_\_\_\_\_  
(Typed/Printed Name)

**2016 Vehicle Inventory-Form****Arkansas Highway & Transportation Department****Attachment 1**

List All Agency Vehicles Providing Passenger Carrier Service (Regardless of Funding Source), Starting With Those Serving This Site. Note Include The FTA Vehicle Number of All AHTD Funded Vehicles Operated By The Master Applicant.\* Include All Sites, Subsidiaries, Controlled Entities, Etc.: (SUBMIT ADDITIONAL SHEETS AS NECESSARY.)

*FTA Vehicle No.	Model Year	Vehicle Type	Last 5 Numbers of VIN	Site Name/Physical Location (Client Service Center name and city)	Counties Served with Vehicle (List all Counties)	Seating Capacity (as listed on door)	ADA Accessible with Lift/Ramp	Current Condition	Current Mileage**

\* AHTD Funded Vehicle(s) – All vehicles Secured from the Department (Section 5310, Section 5316 JARC, Section 5317 New Freedom, TransLease). If a vehicle has been released, note that in the Current Condition Column.

\*\* For Active AHTD Vehicles, List Federal Fiscal Quarter in which Current Mileage was recorded, Example: 15Q1

NOTE OPTIONAL LANGUAGE-Indented below: \*\* If your Agency is requesting an ADA vehicle (with lift/ramp), omit the indented statement. **If your Agency is requesting a NON-ADA VEHICLE (without lift/ramp), include the indented statement in your Public Notice.** The Public Notice is to be published in a newspaper of general circulation in EACH transportation service area for which you are requesting a vehicle.

**PUBLIC NOTICE**

Public notice is hereby given this \_\_\_\_\_ day of \_\_\_\_\_, 2015 that

the \_\_\_\_\_

*(Applicant's Agency's Name)*

of \_\_\_\_\_ has made application for funds

*(Applicant's mailing address, city, state, zip)*

through Section 49 U.S.C. Section 5310 for the purchase of the following type of passenger transportation

vehicle: \_\_\_\_\_

This vehicle will be used primarily for the following purposes: \_\_\_\_\_

Purchase of the above vehicle is considered essential to the efficient operation of this organization in provision of public transportation services to seniors and individuals with disabilities. There is no intent to infringe upon, or compete with, existing public or private transit operators, including Section 5307, urban public transit operators and Section 5311, rural public transit operators.

\*\**(Applicant's Agency's Name)* is requesting a vehicle that is not compliant with the Americans with Disabilities Act. However, *(Applicant's Agency's Name)* does meet the "equivalency of service" requirements to individuals with disabilities in the community.\*\*

Any objection should be submitted in writing only to persons listed below. All comments will become a part of this organization's application and will be a matter of public record. All written comments must be submitted within 30 days of the date of this notice. Any person wishing to request a public hearing on the proposed project must submit a request in writing within 10 days of the date of this notice to the persons listed below:

Chief Administrative Official's Name

Job Title

Applicant Agency's Name

Mailing Address

City, State, Zip Code

**and to:**

Mr. Greg Nation

Public Transportation Administrator

Public Transportation Programs Office

Arkansas Department of Transportation

P.O. Box 2261

Little Rock, AR 72203-2261

**PUBLIC OR PRIVATE OPERATOR'S STATEMENT**  
**Regarding Operation of One or More Vehicles**  
**By a Private or Public Organization as a Part of the**  
**FTA Section 5310 Program**

**THE FEDERAL TRANSIT ADMINISTRATION (HEREINAFTER CALLED FTA) HAS**  
**ESTABLISHED A CAPITAL ASSISTANCE PROGRAM TO HELP PRIVATE NOT-FOR-PROFIT AND**  
**PUBLIC ORGANIZATIONS PROVIDE FOR THE ENHANCED MOBILITY OF**  
**SENIORS AND INDIVIDUALS WITH DISABILITIES.**

NOTICE IS HEREBY GIVEN that

\_\_\_\_\_  
*(Applicant's Agency's Name)*

is applying to the FTA through the Arkansas Department of Transportation for aid in purchasing the following capital equipment:

\_\_\_\_\_  
*(See vehicle types in Appendix B)*

Purchase of the above equipment is considered essential in meeting the enhanced mobility needs of seniors and individuals with disabilities in this service area.

The \_\_\_\_\_ of  
*(Existing Transit Operation)*  
 \_\_\_\_\_ understands that the vehicle  
*(City, State and Zip code)*

being requested by the applicant will be used for the special purpose of transporting the Seniors and Individuals with Disabilities as a supplement to the regularly scheduled transportation services provided by this company.

I, \_\_\_\_\_ on behalf of  
*(Authorized Official)*

\_\_\_\_\_ do hereby state that  
*(Transit Operation)*

this Agency has no objections to the operation of the equipment requested by this applicant. Below is the requested information provided by my transit Agency.

Existing Transit Operation's Service Area	No. of Vehicles	Service (Demand/Response or Fixed Route)	ADA Accessible? (Yes or No)



This form certifies that your organization is utilizing each Vehicle purchased with Federal Transit Administration (FTA) and/or Department funds in accordance with Federal and State Program guidelines and the goals and objectives of the Arkansas transit coordination plan. (See updated Instruction Manual for FTA Vehicles for Program Guidelines.)

**NOTE: PLEASE OMIT THIS CERTIFICATION IF YOUR AGENCY DOES NOT CURRENTLY OPERATE  
FTA/DEPARTMENT FUNDED VEHICLES.**

## **CERTIFICATION OF VEHICLE OPERATION**

**In Compliance with FTA/Department Guidelines  
and the Arkansas Transit Coordination Plan**

I, \_\_\_\_\_ hereby certify that each Vehicle purchased with  
(Executive Director Print Name)  
Federal Transit Administration or State Transit Trust funds is being used in accordance with Federal and State Program guidelines.

I further certify, that each Vehicle so purchased is being utilized (in terms of ridership, utilization, preventive maintenance, etc.) as proposed in the Application for Capital Assistance submitted by this Agency and approved the Department, or as amended with approval of the Department, and in accordance with the goals and objectives of the transit coordination plan.

Certified this day of \_\_\_\_\_, 2015

\_\_\_\_\_  
(Executive Director Signature)

## ATTACHMENT 5

**Catalog of Federal Assistance Numbers:** **Section 5310: Enhanced Mobility of Seniors and Individuals with Disabilities: 20-513**

## ATTACHMENT 6

This two-page form is completed by city or county units of government to certify their eligibility for funding under the 5310 Program.

Prior to starting or expanding a 5310 funded transportation service, units of government (city or county) must contact area non-profit agencies to solicit the transportation service that would be provided through their proposed new or expanded program.

**ONLY AFTER DOCUMENTING THAT NO NON-PROFIT ORGANIZATION IN THE AREA IS READY, WILLING AND AVAILABLE TO PROVIDE THE TRANSPORTATION SERVICE THE UNIT OF GOVERNMENT IS PROPOSING WITHIN THEIR JURISDICTION, CAN A UNIT OF GOVERNMENT CERTIFY THEIR ELIGIBILITY FOR FUNDING.**

Efforts on the part of the unit of government to solicit service from not-for-profit organizations must be documented and that documentation must be included with the completed certification form.

Documentation shall include one (1) example of the unit of government's letter providing notice, together with a list of all existing transportation providers to whom letters were mailed and a copy of any response received from those agencies.

### **LOCAL PUBLIC ENTITY ELIGIBILITY CERTIFICATION**

I, \_\_\_\_\_, the duly elected executive official  
(Elected Official's Signature)

of the \_\_\_\_\_ hereby certify that there are no private  
(Local Public Entity: City of, County of)

non-profit organizations in the proposed service area that are ready, willing and available to provide

transportation services to seniors and individuals with disabilities as outlined in this application.

Certified this \_\_\_\_\_ day of \_\_\_\_\_, 2015.

**To Verify Eligibility: Complete/Attach Availability of Private Non-Profit Response Form-next pg.**

This form (or similar) is used to document all non-profit organizations notified, providing the name and address of the organizations contacted and any response received. Attach copies of correspondence behind this form (one example of the notification letter and any correspondence received in response).

**AVAILABILITY OF PRIVATE NON-PROFIT RESPONSE FORM**

Letters were sent on \_\_\_\_\_ (date) to the following private non-profit organizations in \_\_\_\_\_ (city/county).

INDICATE RESPONSES RECEIVED AND ATTACH COPIES OF RESPONSES / CORRESPONDENCE.

<u>NAME</u>	ADDRESS	RECEIVED	
		YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

COMPLETION AND SUBMISSION TO THE DEPARTMENT OF A RESPONSE LETTER (SIGNED BY THE EXECUTIVE DIRECTOR) IS ONLY REQUIRED WHERE A MASTER APPLICANT IS REQUESTING A NON-ADA VEHICLE (NO LIFT OR RAMP, ETC.).

THE MASTER APPLICANT PROVIDES A SEPARATE ASSESSMENT FOR EACH SITE SPECIFIC VEHICLE APPLICATION (SSA) SUBMITTED WHERE ACCESSIBILITY FEATURES ARE NOT REQUESTED. The assessment process described in this attachment considers an Organization's success in enhancing the transportation options of Seniors and Individuals with Disabilities.

Access to public transit vehicles by individuals with disabilities is a central feature of the transportation title of the ADA. Compliance with access requirements is critical to 5310 Program success.

Fixed-route transit system operators exclusively purchase vehicles accessible to individuals with a wide array of disabilities.

The 5310 Program is, likewise, limited to purchase of accessible vehicles, unless the applicant can show that:

- The Organization currently provides accessible service to any disabled individual they serve on any part of their system just as quickly as a non-disabled individual; and
- The purchase of a vehicle without accessibility features would not degrade the Organization's existing service capacity.

**IF YOU ARE REQUESTING A NON-ADA VEHICLE USE THE PROCESS DESCRIBED BELOW TO ASSESS YOUR CAPACITY TO ACCOMMODATE INDIVIDUALS WITH DISABILITIES AT EACH SERVICE LOCATION SERVED BY AN SSA:**

1. First, evaluate your existing fleet to determine whether vehicles requested in this grant application must be accessible.

- How many existing vehicles meet accessibility standards?
- Are other vehicles that, with only minor changes, can be made accessible?
- Are cooperative agreements in place with other agencies to provide accessible vehicles on a demand/response basis?

2. Next, examine the mix of services provided by the Applicant Agency at each proposed location (SSA):

- Is the service currently provided with an accessible vehicle?
- If it is not, are other accessible vehicle(s) available on a timely basis to provide the service if an individual with disabilities who requires mobility support requests transportation?

3. To compare the response time for ride requests from individuals requiring mobility assistance to those who do not require such assistance, you should document the way by which the Applicant Agency is able to respond to a request for accessible transportation in each of its service offerings.

4. You may recognize the need to retrofit existing vehicles to meet the accessibility standard, negotiate cooperative agreement(s) with other service providers, or add accessibility features to this application to ensure timely response for riders requiring accommodation. Any programmatic adjustments must be completed, prior to a request to purchase a non-accessible vehicle.

5. Beyond vehicles, what arrangements have been made to accommodate individuals with hearing impairments or other disabilities that impact on the demand/response process?

6. **A simple letter addressing these issues, is signed by the Executive Director of the Master Applicant and attached to each SSA for a vehicle where a lift or ramp is not included.**

**Nondiscrimination On The Basis Of Disability In Programs Or Activities Receiving Federal Financial Assistance: Title 49 CFR, Part 27 § 27.7 Discrimination prohibited. (a) General. No qualified handicapped person shall, solely by reason of his disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance administered by the Department of Transportation.**

**(b) Discriminatory actions prohibited. (1) A recipient, in providing any aid, benefit, or service, may not, directly or through contractual, licensing, or other arrangements, on the basis of disability:**

**(i) Deny a qualified handicapped person the opportunity to participate in or benefit from the aid, benefit, or service;**  
**(ii) Afford a qualified handicapped person an opportunity to participate in or benefit from the aid, benefit, or service that is not substantially equal to that afforded persons who are not handicapped;**

**(iii) Provide a qualified handicapped person with an aid, benefit, or service that is not as effective in affording equal opportunity to obtain the same result, to gain the same benefit, or to reach the same level of achievement as persons who are not handicapped;**

**(iv) Provide different or separate aid, benefits, or services to handicapped persons or to any class of handicapped persons unless such action is necessary to provide qualified handicapped persons with aid, benefits or services that are as effective as those provided to persons who are not handicapped;**

**(v) Aid or perpetuate discrimination against a qualified handicapped person by providing financial or other assistance to an agency, organization, or person that discriminates on the basis of disability in providing any aid, benefit, or service to beneficiaries of the recipient's program or activity;**

**(vi) Deny a qualified handicapped person the opportunity to participate in conferences, in planning or advising recipients, applicants or would-be applicants, or**

**(vii) Otherwise limit a qualified handicapped person in the enjoyment of any right, privilege, advantage, or opportunity enjoyed by others receiving an aid, benefit, or service.**

**(2) For purposes of this part, aids, benefits, and services, to be equally effective, are not required to produce the identical result or level of achievement for handicapped and nonhandicapped persons, but must afford handicapped persons equal opportunity to obtain the same result, to gain the same benefit, or to reach the same level of achievement, in the most integrated setting that is reasonably achievable.**

**(3) Even if separate or different aid, benefits, or services are available to handicapped persons, a recipient may not deny a qualified handicapped person the opportunity to participate in the programs or activities that are not separate or different.**

**(4) A recipient may not, directly or through contractual or other arrangements, utilize criteria or methods of administration**

## **APPENDIX A**

### **2012 ARKANSAS STATEWIDE TRANSIT COORDINATION PLAN**

**2012 ARKANSAS STATEWIDE TRANSIT COORDINATION PLAN (TCP), SECTION VI: IMPROVED SERVICE STRATEGIES, (Pgs. 17-18)** The TCP was updated in 2012. It was designed to achieve the mission of providing public transportation service in Arkansas. Prioritized Strategies from the updated plan are copied below. Applications for 5310 Program participation must address one of these Prioritized Strategies. Access the entire TCP document on the Public Transit Webpage: [http://www.ahtd.ar.gov/public\\_transportation/public\\_transportation.aspx](http://www.ahtd.ar.gov/public_transportation/public_transportation.aspx)

#### **2012 Prioritized Strategies**

Coordination takes time, effort, flexibility and a centralized command. It can have a major impact on the cost of providing transportation. In a survey of rural transportation systems in Nebraska (Nebraska Rural Transit Final Report, December 2005) those systems which reported partnering with other agencies to provide transit services carried about 30 percent more passengers per mile than agencies that did not partner. Furthermore, partnering agencies provided service at a cost per passenger 18 percent lower, despite having a 10 percent higher cost per mile.

It is important to have a Coordination Plan in place and to set a specific course of action. This document is that Plan and the following strategies set the course. These are prioritized in order to be responsive to public transit and human service agencies throughout Arkansas. Those that exist today as well as those that may be created tomorrow. The strategies are also designed to achieve the mission of providing public transportation service in Arkansas:

1. Preserve and maintain existing vehicles and equipment.
2. Maximize the use of existing fleets operating within the same city or county, especially for the agencies who are providing services to the same types of clientele.
3. Continue to support vehicle and operating needs of transportation providers presently receiving assistance under FTA programs.
4. Coordinate the development of model contracts or agreements for sharing vehicles, personnel, joint supply purchasing, group maintenance and insurance, etc.
5. Support the development of mobility managers, other coordination programs or one-call centers at the regional level. This includes developing marketing tools which identifies regional providers and web-site development.
6. Encourage regional services to employment, shopping, medical and social centers through several communities.
7. Obtain software and/or hardware for system operations and grant management. The software and/or hardware should include, at a minimum, scheduling, dispatching, vehicle tracking modules, financial, National Transit Database Reporting, asset management modules and geographic information systems interoperability.
8. Expand service through existing transit providers. This means expanding current routes, extending hours of service or increasing demand response times.
9. Invest in new transit service where none presently exists.
10. Bring new funding partners such as the Arkansas Department of Workforce and Area Agencies on Aging to public transit and human service transportation.

This TCP updates regional plans developed in 2007 and 2008. **The strategies listed above provide a framework which promotes projects to preserve existing public transit services and expand service into new places or schedules as funds are made available. They allow agencies to develop programs that promote and enhance coordination. Further, they do not exclude any agency from participating and applying for funds under FTA programs.**

Federal aid is available to transportation providers from three major sources within the U.S. Department of Transportation: Section 5307 for urbanized areas (Little Rock-North Little Rock, Fort Smith, Hot Springs, Jonesboro, Springdale, Pine Bluff, Fayetteville, and Texarkana); Section 5311 for non-urbanized areas; and Sections 5310 for either or both. Where there is a known Section 5307 or Section 5311 public transit system in the area, that system will be given priority to furnish transportation within their service area insofar as they can or wish to do so.

<b>SECTION 5307 SMALL URBAN PUBLIC TRANSIT SYSTEMS</b>		
<b>Central Arkansas Transit Authority</b> 901 Maple Street North Little Rock, AR 72114 Phone: (501) 375-6717 Web Site: <a href="http://www.cat.org/">http://www.cat.org/</a>	<b>Fort Smith Transit</b> P.O. Box 1908 Fort Smith, AR 72902 Phone: (479) 494-7690 Web Site: <a href="http://www.fortsmithar.gov/transit/default.aspx">http://www.fortsmithar.gov/transit/default.aspx</a>	<b>Hot Springs Intra-City Transit</b> 100 Broadway Terrace Hot Springs, AR 71901 Phone: (501) 321-2020 Web Site: <a href="http://www.cityhs.net/164/Intracity-Transit">http://www.cityhs.net/164/Intracity-Transit</a>
<b>Jonesboro Economical Transportation System</b> P.O. Box 1845 Jonesboro, AR 72403 Phone: (870) 935-5387 Web Site: <a href="http://www.ridejets.com/">http://www.ridejets.com/</a>	<b>Ozark Regional Transit</b> P.O. Box 785 Springdale, AR 72764 Phone: (479) 756-9109 Web Site: <a href="http://www.ozark.org">http://www.ozark.org</a>	<b>Pine Bluff Transit</b> 2300 E. Harding Pine Bluff, AR 71601 Phone: (870) 534-5130 Web Site: <a href="http://www.cityofpinebluff.com/transit/index.htm">http://www.cityofpinebluff.com/transit/index.htm</a>
<b>Razorback Transit</b> 155 Razorback Road Fayetteville, AR 72701 Phone: (479) 575-6292 Web Site: <a href="http://parking.uark.edu/">http://parking.uark.edu/</a>	<b>Texarkana Urban Transit District</b> 818 Elm Street Texarkana, TX 75501 Phone: (903) 794-0435 Web Site: <a href="http://www.t-linebus.org/">http://www.t-linebus.org/</a>	
<b>SECTION 5311 RURAL PUBLIC TRANSIT SYSTEMS</b>		
<b>Black River Area Development Corporation</b> 1403 Hospital Drive Pocahontas, AR 72455 Phone: (870) 892-4547 Web Site: <a href="http://www.blackriverareadevelopment.com/publictransit.php">www.blackriverareadevelopment.com/publictransit.php</a>	<b>Eureka Springs Transit</b> 137-A West Van Buren Eureka Springs, AR 72632 Phone: (479) 253-9572 Web Site: <a href="http://www.cityofeurekasprings.org/">www.cityofeurekasprings.org/</a>	<b>Mid-Delta Community Services</b> P.O. Box 745 Helena, AR 72342 Phone: (870) 338-9004 Web Site: <a href="http://www.middeltacomunityservices.org/Transit.html">www.middeltacomunityservices.org/Transit.html</a>
<b>North Arkansas Transportation Services</b> P.O. Box 190 Harrison, AR 72602-0190 Phone: (870) 741-8008 Web Site: <a href="http://www.nwaedd.org/NATS.htm">www.nwaedd.org/NATS.htm</a>	<b>North East Arkansas Transit</b> 2401 Fox Meadow Lane Jonesboro, AR 72401 Phone: 870-802-7100 Web Site: <a href="http://www.crdcnea.com/view/north-east-arkansas-transit-neat">www.crdcnea.com/view/north-east-arkansas-transit-neat</a>	<b>Ozark Regional Transit</b> P.O. Box 785 Springdale, AR 72764 Phone: (479) 756-9109 Web Site: <a href="http://www.ozark.org">www.ozark.org</a>
<b>South Central Arkansas Transit</b> P.O. Box 580 Benton, AR 72018 Phone: (501) 332-6215 Web Site: <a href="http://www.cadc.com/sites/default/files/content/services/Transportation%20Brochure.pdf">http://www.cadc.com/sites/default/files/content/services/Transportation%20Brochure.pdf</a>	<b>Southeast Arkansas Transit</b> P.O. Box 8569 Pine Bluff, AR 71611 Phone: (870) 543-6300 Web Site: <a href="http://www.aaasea.org">www.aaasea.org</a>	<b>Western Transportation System</b> P.O. Box 1724 Fort Smith, AR 72902 Phone: (479) 783-4500 Web Site: <a href="http://www.agingwest.org/transportation">www.agingwest.org/transportation</a>



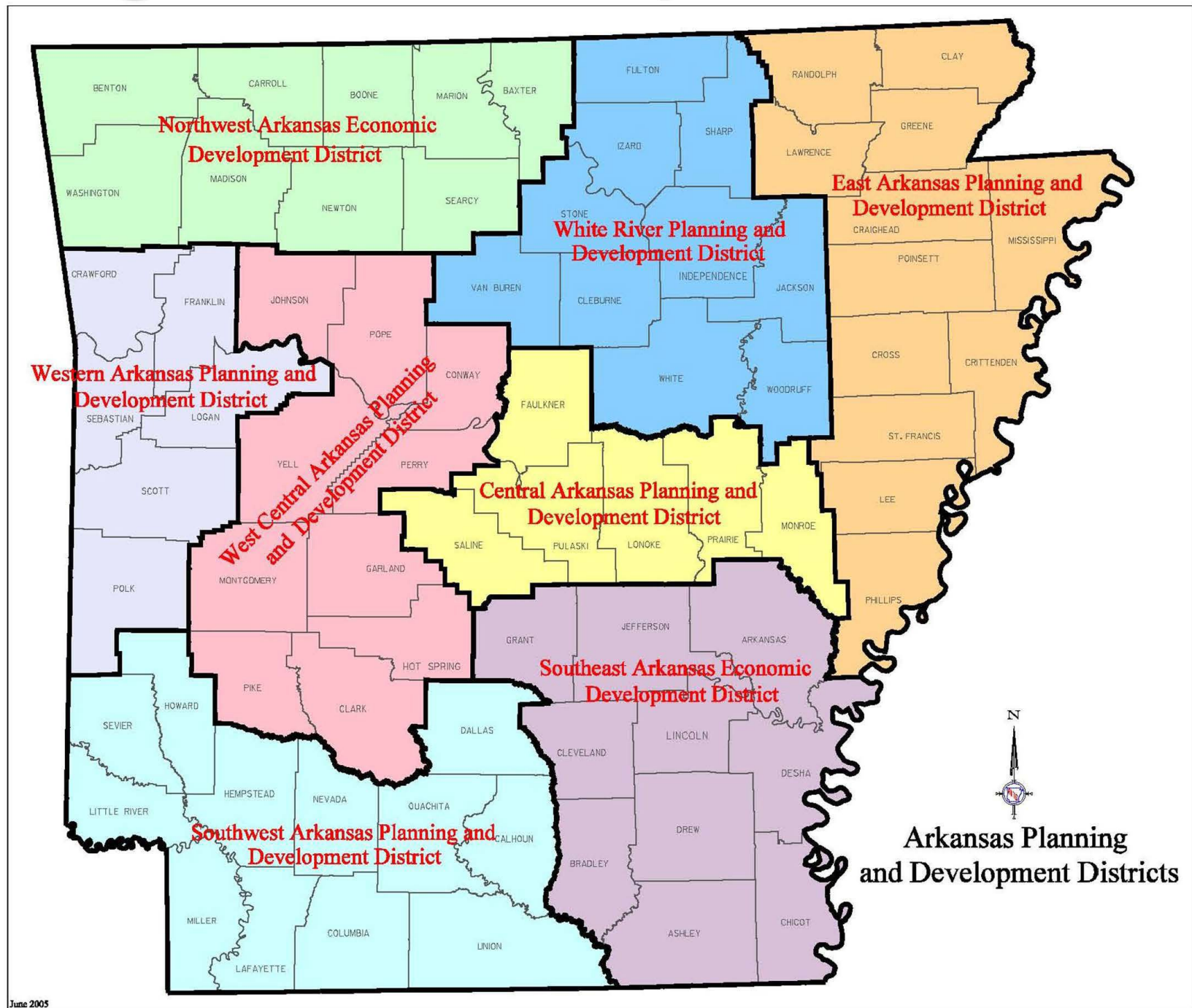
## METROPOLITAN PLANNING ORGANIZATIONS (MPO) APPENDIX A

<b>Texarkana MPO (TUTS)</b>	<b>West Memphis MPO (WMATS)</b>
P.O. Box 1967	796 W. Broadway
Texarkana, TX 75504-1967	P.O. Box 1728
220 Texas Blvd., Texarkana, TX 75501	West Memphis, AR 72301
<u>Phone</u> (903) 798-3959	<u>Phone</u> (870) 735-8148
<u>Fax</u> (903) 798-3773	<u>Fax</u> (870) 735-8158
<b>Frontier MPO</b>	<b>Metroplan (CARTS)</b>
P.O. Box 2067 (1109 S. 16 <sup>th</sup> St.)	501 West Markham, Suite B
Fort Smith, AR 72901	Little Rock, AR 72201
<u>Phone</u> (479) 785-2651	<u>Phone</u> (501) 372-3300
<u>Fax</u> (479) 785-1964	<u>Fax</u> (501) 372-8060
<b>NW AR Regional Planning Commission (NARTS)</b>	<b>SE AR Regional Planning Commission (PBATS)</b>
1311 Clayton Street	P.O. Box 8398, Pine Bluff AR 71611
Springdale, AR 72762	1300 Ohio Street
<u>Phone</u> (479) 751-7125	Pine Bluff, AR 71601
<u>Fax</u> (479) 751-7150	<u>Phone</u> (870) 534-4247
	<u>Fax</u> (870) 534-1555
<b>Jonesboro MPO (JATS)</b>	<b>Tri-Lakes MPO</b>
515 W. Washington	1000 Central Avenue
P.O. Box 1845	P.O. Box 6409
Jonesboro, AR 72403-1845	Hot Springs, AR 71902-6409
<u>Phone</u> (870)933-4623	<u>Phone</u> (501) 321-4804
<u>Fax</u> (870) 933-4626	<u>Fax</u> (501) 321-8217

**Note:** A Metropolitan Planning Organization (MPO) is the policy board of an organization created and designated to carry out the metropolitan transportation planning process within a Metropolitan Planning Area (MPA). An MPA is the geographic area in which the metropolitan transportation planning process must be carried out. The planning area boundary reflects the most comprehensive boundary to foster an effective planning process that ensures connectivity between modes, reduces access disadvantages experienced by modal systems, and promotes efficient overall transportation investment strategies.

MPA boundaries encompass the entire existing urbanized area plus the contiguous area expected to become urbanized within the 20-year forecast period of the metropolitan transportation plan. MPA boundaries may be further expanded to encompass the entire metropolitan statistical area or a combined statistical area, as defined by the Office of Management and Budget. Contact an MPO if you need more information regarding their MPA Boundary.

Planning and Development District	Counties Served
<b>Central Arkansas Planning &amp; Development District (CAPDD)</b> P.O. Box 300, Lonoke, AR 72086 (Physical Address: 902 N. Center St.) Phone: 501-676-2721 Fax: 501-676-5020 Website: <a href="http://www.capdd.org">www.capdd.org</a>	Faulkner, Lonoke, Monroe, Prairie, Pulaski and Saline
<b>East Arkansas Planning &amp; Development District (EAPDD)</b> P.O. Box 1403, Jonesboro, AR 72403 (Physical Address: 2905 King St) Phone: 870-932-3957 Fax: 870-932-0135 Website: <a href="http://www.eapdd.com">www.eapdd.com</a>	Clay, Craighead, Crittenden, Cross, Greene, Lawrence, Lee, Mississippi, Phillips, Poinsett, Randolph and St. Francis
<b>Northwest Arkansas Economic Development District (NWAEDD)</b> P.O. Box 190 Harrison, AR 72602-0190 (Physical Address: 818 Hwy. 62/65/412 N. Harrison, AR) Phone: 870-741-5404 Fax: 870-741-1905 Website: <a href="http://www.nwaedd.org">www.nwaedd.org</a>	Baxter, Benton, Boone, Carroll, Madison, Marion, Newton, Searcy and Washington
<b>Southeast Arkansas Economic Development District (SEAEDD)</b> 721 S. Walnut St. Pine Bluff, AR 71601 Phone: 870-536-1971 Website: N/A	Arkansas, Ashley, Bradley, Chicot, Cleveland, Desha, Drew, Grant, Jefferson and Lincoln
<b>Southwest Arkansas Planning and Development District (SWAPDD)</b> 101 Business Park Dr. Magnolia, AR 71754 Phone: 870-234-4030 Website: <a href="http://www.swapdd.com">www.swapdd.com</a>	Calhoun, Columbia, Dallas, Hempstead, Howard, Lafayette, Little River, Miller, Nevada, Ouachita, Sevier and Union
<b>West Central Arkansas Planning &amp; Development District (WCAPDD)</b> P.O. Box 6409 Hot Springs, AR 71902 (Physical Address: 1000 Central Avenue) Phone: 501-525-7577 Website: <a href="http://www.wcapdd.org">www.wcapdd.org</a>	Johnson, Pope, Conway, Yell, Perry, Montgomery, Garland, Pike, Clark, and Hot Spring
<b>Western Arkansas Planning &amp; Development District (WAPDD)</b> 1109 South 16th St. Ft. Smith, AR 72901 Phone: 479-785-2651 Fax: 479-785-1964 Website: <a href="http://www.wapdd.org">www.wapdd.org</a>	Crawford, Sebastian, Scott, Polk, Franklin, and Logan
<b>White River Planning &amp; Development District (WRPDD)</b> P.O. Box 2396 Batesville, AR 72503-2396 Phone: 870-793-5233 Fax: 870-793-4035 Website: <a href="http://www.wrpdd.org">www.wrpdd.org</a>	Cleburne, Fulton, Independence, Izard, Jackson, Sharp, Stone, Van Buren, White, and Woodruff



## APPENDIX B 2016 VEHICLE DESCRIPTIONS

**(DO NOT Include Driver in Passenger Count)**

### Standard (ADA and (Non ADA) Vans & Small Buses with & W/out Lifts/Ramps (CDL Not Required)\*

<u>Vehicle Order Type</u>	<u>Vehicle Description****</u>	<u>State Bid No. (SBN)</u>	<u>Estimated Base Cost**</u>
1	Standard Van, 7 Passenger—Not A Mini-Van	SP XX-0001 #34	\$23,000
2	Standard Van, 11 Passenger—Not a Mini-Van	SP XX-0001 #35	\$27,000
3	Ramp Van, w/Ramp, 5/0 or 3/1 WC	PT XX-01	\$38,000
4	Aisle Conversion Van (Executive Top) w/o Lift, 12 Passenger	PT XX-03 Item 1	\$40,000
5	Aisle Conversion Van (Executive Top) w/Rear Lift, 7/0 or 3/2 WC	PT XX-03 Item 2	\$45,000
6	Small Cutaway Bus w/o Lift, 13 Passenger	PT XX-05	\$45,000
7	Small Cutaway Bus w/Lift, 10/0 or 8/1 WC	PT XX-05	\$47,500
8	Small Cutaway Bus w/Lift, 8/0 or 8/2 WC	PT XX-05	\$49,000

### Standard Medium (Non ADA and ADA Accessible) Buses (If lift equipped, must have two [2] WC positions) (CDL Required)\*\*\*

<u>Vehicle Order Type</u>	<u>Vehicle Description</u>	<u>State Bid No. (SBN)</u>	<u>Estimated Base Cost**</u>
9	Medium Cutaway Bus, 16 Pass. w/o Lift (gas engine)	PT XX-06 Item 1	\$49,000
10	Medium Cutaway Bus w/Lift, 8/2 WC (gas engine)	PT XX-06 Item 1	\$51,000
11	Medium Cutaway Bus, 20 Pass. w/o Lift (gas engine)	PT XX-06 Item 2	\$52,000
12	Medium Cutaway Bus w/Lift, 12/2 WC (gas engine)	PT XX-06 Item 2	\$54,000
13	Medium Cutaway Bus, 24 Pass. w/o Lift (gas engine)	PT XX-06 Item 3	\$55,000
14	Medium Cutaway Bus w/Lift, 16/2 WC (gas engine)	PT XX-06 Item 3	\$57,000

\* ADA accessible vehicles can seat additional individuals when wheelchair clients are not being transported.

Example: **8/2 WC = 8 ambulatory passengers and 2 wheelchair clients, OR**

**10/0 WC = 10 ambulatory passengers and 0 wheelchair clients (if you order optional flip seat).**

\*\* Agencies are responsible for 20% (local match) of \*estimated base cost. Actual vehicle costs will be known only after the State vehicle specification and bid process is complete (September/October of 2015). Estimated cost does not include cost of selected vehicle options (child safety alert system, seatbelt extensions, interior and suspension upgrades, safety bumpers, etc.) If your application is approved, vehicle option information will be provided by the Department and options preferences will be requested from your Agency.

\*\*\* ADA Accessible **Medium Cutaway Buses must include 2 WC positions** due to Federal requirements.

\*\*\*\* Due Changes at the Manufacturer, Hightop Vans Are Not Available for Order and Have Not Been Bid.

**Note:** Large Cutaway Buses and Diesel Engines are not available under this Program.



**VEHICLE ORDER TYPE #01**

**7-Passenger Standard Van**

**SBN: SP XX-0001-#34:**

**7-Passenger Standard Van Base Price: \$23,000**

**(Agency's 20% local match - \$4,600)**

**NOTE: Not a Minivan**



**VEHICLE ORDER TYPE #2**

**11-Passenger Standard Van**

**SBN: SP XX-0001-#35:**

**11-Passenger Standard Van Base Price: \$27,000**

**(Agency's 20% local match - \$5,400)**

**NOTE: Not a Minivan**



**VEHICLE ORDER TYPE #3.**

**Lowered-Floor Minivan With Ramp**

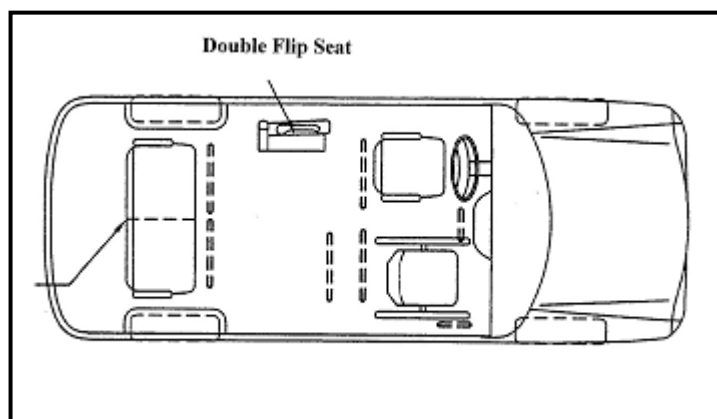
**SBN: PT XX-01:**

**5/0 or 3/1 WC; Base Price: \$38,000**

**(Agency's 20% local match - \$7,600)**



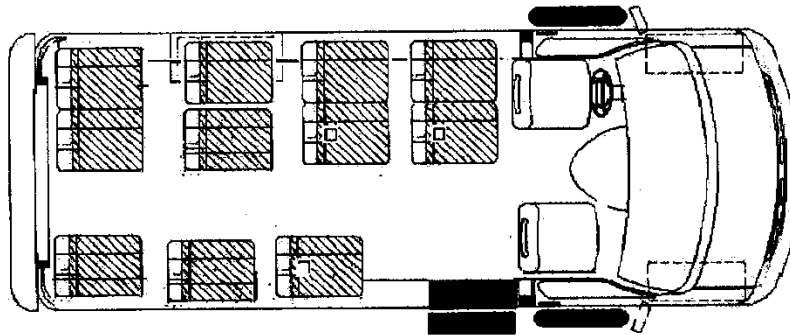
**PT XX-01 Seating Configuration**



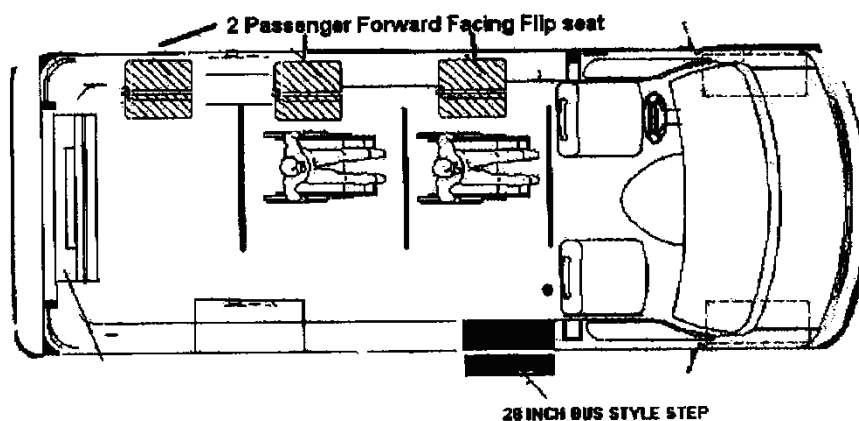


### Vehicle Order Types 4 and 5. Aisle Conversion Van with Executive Top

Vehicle Order Type 4: (Executive Top), SBN: PT XX-03 Item #1, 12-Passenger Van  
Base Price: \$40,000 (Agency's 20% local match - \$8,000)



Vehicle Order Type 5: (Executive Top), SBN: PT XX-03 Item #2, 7/0 or 3/2 WC  
Base Price: \$45,000 (Agency's 20% local match - \$9,000)\*\*



\*\* Interior Configuration will not include 3<sup>rd</sup> Flip Seat-Replaced with Two Single Seats on Right Side at Rear

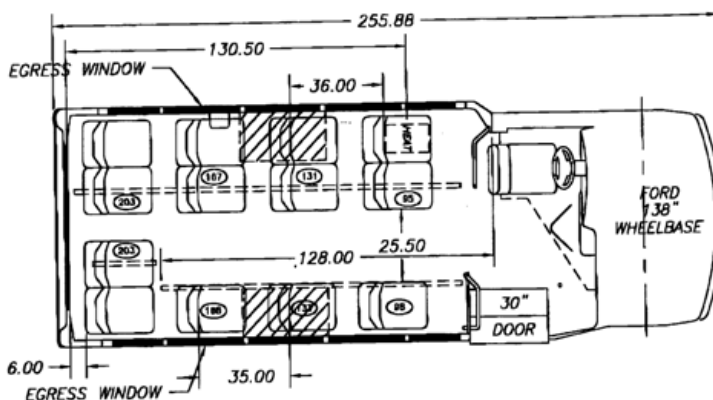


Note: Vehicles are solid white with no stripes or extra colors.

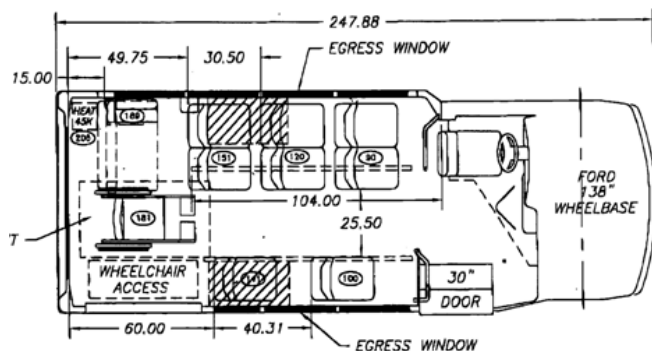
**Vehicle Order Types 6, 7 and 8.**  
**Small Cutaway Bus SBN: PT XX-05\***  
**CDL Not Required**

\*Note: Vehicle Order Types 6, 7 and 8 all use the PT XX-05 State Bid Number and are differentiated by lift and W/C securement.

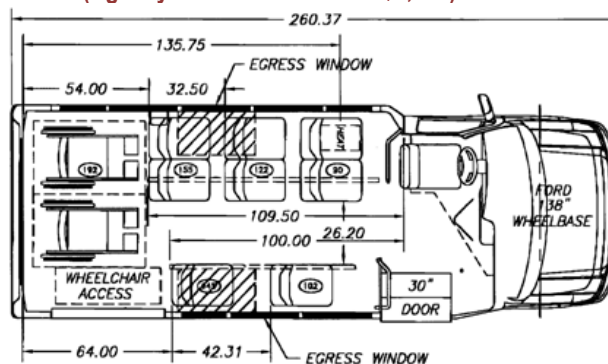
Vehicle Order Type 6: Small Cutaway, SBN: PT XX-05  
 13-Passenger Bus w/o Lift Base Price: \$45,000  
 (Agency's 20% local match - \$9,000)



Vehicle Order Type 7: Small Cutaway, SBN: PT XX-05  
 10/0 or 8/1 WC Bus  
 Base Price: \$47,500  
 (Agency's 20% local match - \$9,500)



Vehicle Order Type 8: Small Cutaway, SBN: PT XX-05  
 8/0 or 8/2 WC Bus  
 Base Price: \$49,000  
 (Agency's 20% local match - \$9,800)







Note: Vehicles are solid white with no stripes or extra colors.

## Vehicle Order Types 9 and 10.

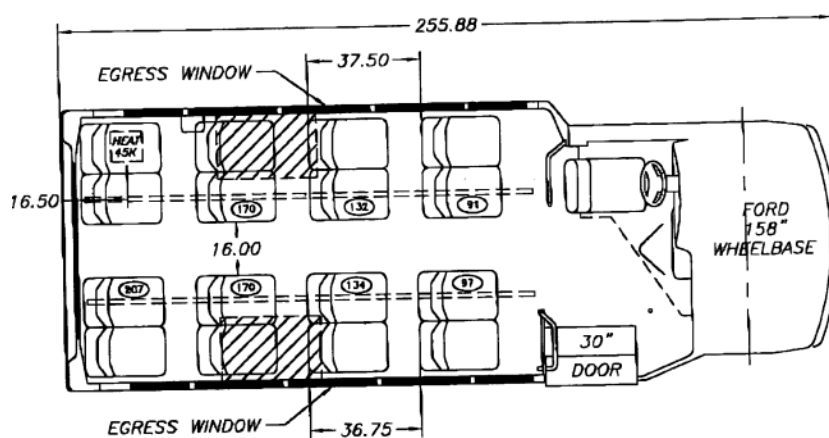
### Medium Cutaway Bus-Approx. 20-ft, SBN PT XX-06 Item 1\*(CDL Required)

Vehicle Order Type 9: Medium Cutaway-20-ft, SBN: PT XX-06 Item 1

16-Passenger Bus

Base Price: \$49,000

(Agency's 20% local match - \$9,800)



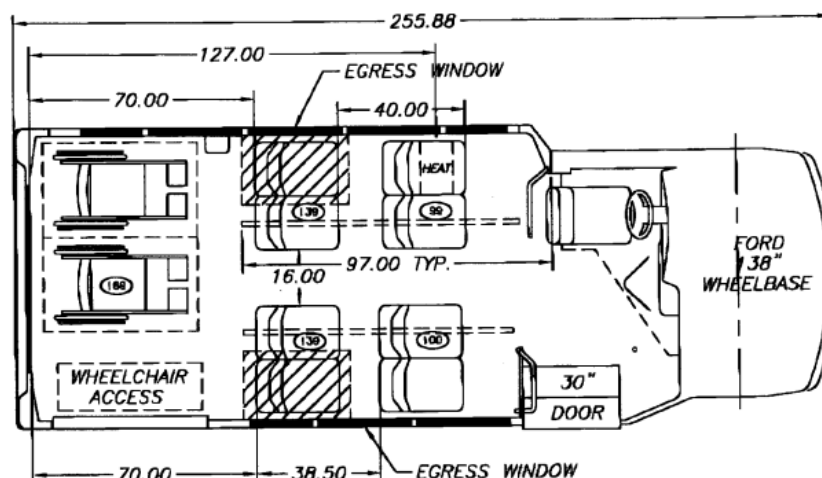
\*Note: Vehicle Order Types 9 & 10 each use the PT XX-06 Item 1 State Bid Number (SBN) and are differentiated by configuration

Vehicle Order Type 10: Medium Cutaway-20-ft, SBN: PT XX-06 Item 1

8/2 WC-Bus

Base Price: \$51,000

(Agency's 20% local match - \$10,200)



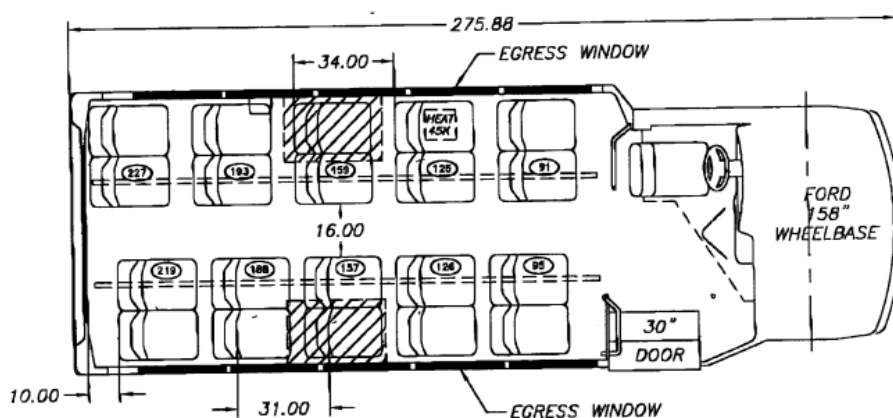


Note: Vehicles are solid white with no stripes or extra colors.

## Vehicle Order Types 11 and 12.

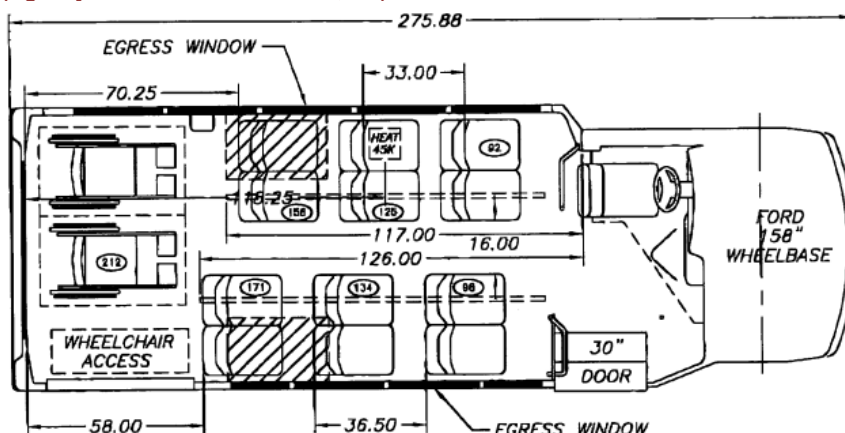
### Medium Cutaway Bus-Approx. 22-ft, SBN PT XX-06 Item 2\*(CDL Required)

Vehicle Order Type 11: Medium Cutaway-22-ft, SBN: PT XX-06 Item 2  
20-Passenger Bus,  
Base Price: \$52,000  
(Agency's 20% local match - \$10,400)



\*Note: Vehicle Order Types 11 & 12 each use the PT XX-06 Item 2 State Bid Number (SBN) and are differentiated by configuration.

Vehicle Order Type 12: Medium Cutaway-22-ft, SBN: PT XX-06 Item 2  
12/2 WC Bus  
Base Price: \$54,000  
(Agency's 20% local match - \$10,800)





Note: Vehicles are solid white with no stripes or extra colors.

## Vehicle Order Types 13 and 14.

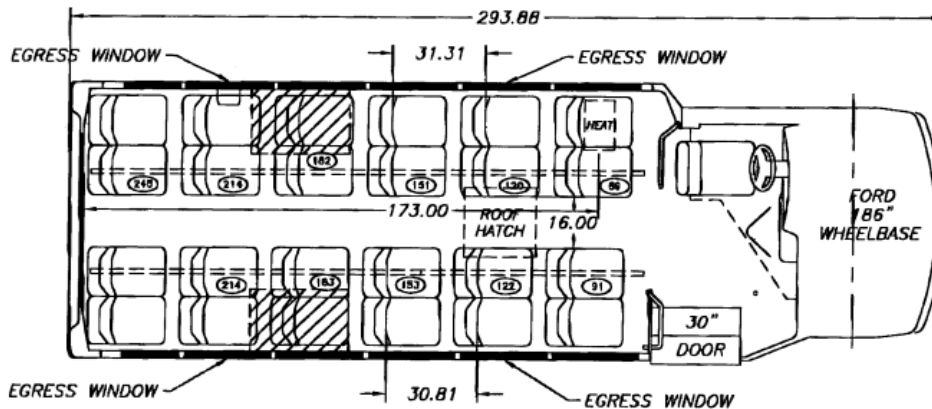
### Medium Cutaway Bus-Approx. 24-ft, SBN PT XX-06 Item 3\*(CDL Required)

Vehicle Order Type 13: Medium Cutaway-24-ft, SBN: PT XX-06 Item 3

24-Passenger Bus

Base Price: \$55,000

(Agency's 20% local match - \$11,000)



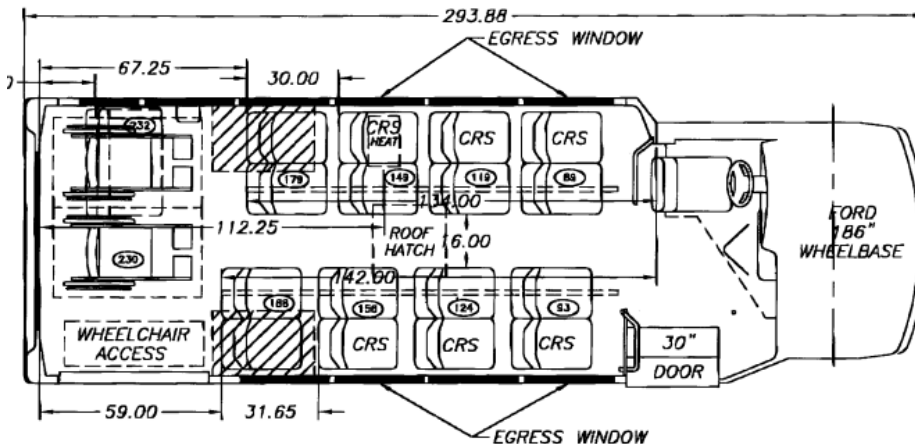
\*Note: Vehicle Order Types 13 & 14 each use the PT XX-06 Item 3 State Bid Number (SBN) and are differentiated by configuration.

Vehicle Order Type 14: Medium Cutaway-24-ft, SBN: PT XX-06 Item 3

16/2 WC Bus

Base Price: \$57,000

(Agency's 20% local match - \$11,400)





## GENERAL VEHICLE OPTION DESCRIPTIONS

1. **Alternate Child Restraint Systems:** This option is for additional seat tethers for infant seats. **The Department requires three be installed in all vehicles.** This allows an agency to install more if this fits their clientele.
2. **Backup Camera:** A rear view camera that has an LED display either in the rearview mirror or one mounted near the rear view mirror that helps the driver see behind the vehicle when backing up.
3. **Caution Lighting:** Rear yellow caution lights that flash when you have the side or rear doors open to alert other drivers that you are loading or unloading passengers.
4. **Child Alert System:** A system designed to require the driver to inspect interior of vehicle for children before the vehicle can be shut down for any length of time. The system usually has a button placed in the rear of the vehicle that must be pushed before the vehicle can be shut off or an alarm and vehicle horn will sound.
5. **Double Fold Away Seat:** A two person seat which folds up and out of the way when not in use. This allows for additional seating when there is not a wheelchair passenger on board. This option is usually installed on vehicles that have a wheelchair lift and restraint system.
6. **Double Fold Away Seat Reduction:** This reduction is for lowered floor minivans and executive top vans. It allows the agency that mainly transports wheelchair clients, to take out the double fold away seats that are standard in these vehicles with the wheelchair option to allow more room for their drivers to restrain wheelchair clients.
7. **Floor Covering Altro Upgrade:** An upgrade floor covering from the standard rubber floor that is usually installed in transit vehicles. It is normally more durable and a better grade rubber than the normal flooring.
8. **LED Destination Sign:** This is an electronic sign that is on both the front and passenger side of the vehicle. It can be programmed electronically to show the destination stops. THIS OPTION IS FOR PUBLIC TRANSIT AGENCIES ONLY!
9. **Mor/Ryde Rear Suspension Enhancement:** A rear suspension enhancement that utilizes rubber mounts which makes the vehicle ride smoother on rough pavement especially when the vehicle is loaded.
10. **Passenger Seats 3 Point GO Seats:** A premium mid back seat with a 3 point shoulder seat belt system. On cutaway buses this seat can be ordered to replace the standard mid back seats with lap seat belts.
11. **Plush Fabric Upholstery:** This allows the agency to upgrade to cloth type fabric instead of the standard vinyl.
12. **Raised Flat Floor:** This option allows the vehicle to have a flat floor instead of having wheel well intrusions. THIS OPTION IS FOR **PUBLIC TRANSIT AGENCIES ONLY** WHO ORDER MORE THAN TWO WHEELCHAIR POSITIONS!
13. **Safety Bumper Rear:** An optional rear bumper that allows multiple impacts of 5 mph or less without damage to bumper or vehicle.
14. **Safety Exit Ventilator:** This is a vent that is installed in the roof of the vehicle that also can be used as an emergency exit in case of a rollover.
15. **Seat Belt Extensions:** This option is for passengers requiring additional length to safely and comfortably secure their seat belts.
16. **Wheelchair Lift:** A lift designed to aide wheelchair passengers, passengers requiring a walker, or passengers who are not able to board the vehicle by utilizing the ambulatory entry.
17. **1000lb Wheelchair Lift:** A larger capacity lift designed to aide wheelchair passengers, passengers requiring a walker, or passengers who are not able to board the vehicle by utilizing the ambulatory entry.
18. **Wheelchair Restraint System:** A system of restraints designed to hold a wheelchair securely in position while the vehicle is in motion.