Enhanced Mobility of Seniors and Individuals with Disabilities

Section 5310

Grand Strand Area Transportation Study MPO
1230 Highmarket St.
Georgetown, SC 29440

The GSATS Metropolitan Planning Organization (MPO) provides services without regard to race, color, gender, religion, national origin, age or disability, according to the provisions contained in SDCL 20-13, Title VI of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, as amended, the Americans With Disabilities Act of 1990 and Executive Order 12898, Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations, 1994. Any person who has questions concerning this policy or who believes they have been discriminated against should contact GSATS MPO at 843-546-8502.
Large Urban Section 5310
Enhanced Mobility of Seniors and Individuals with Disabilities Program
Application Form

Name of Applicant: ________________________________________________

Amount Requested: $______________________________________________

Type of Request: $______________________________________________

Operations $______________________________________________
(Must be tailored to New Freedom Services)

Capital $______________________________________________
If Capital, Replacement or Expansion

VEIN, Make, Model

Mileage

Agency DUNS Number: ________________________________________________

Return To: Grand Strand Area Transportation Study (GSATS)
1230 Highmarket Street
Georgetown, South Carolina 29440
843-546-8502
www.gsats.org

Full Application Deadline: October 2, 2020
PROJECT APPLICATION PROCEDURES

This is the program application for the Enhanced Mobility of Seniors and Individuals with Disabilities (Section 5310) funds to be used in the Grand Strand Urbanized Area. The initial project application consists of the program-specific requirements detailed in this package of forms and instructions. After a project application has been selected for funding, the applicant will be required to submit appropriate background Certifications and Assurances, and other documentation necessary to meet the requirements under FTA’s Enhanced Mobility of Seniors and Individuals with Disabilities (49 U.S.C. §5310) grant program.

APPLICATION INSTRUCTIONS

Application will be reviewed, evaluated and scored by the GSATS’s Technical Coordinating Committee to ensure that all required information has been provided and that the application is complete. Incomplete applications or those submitted after the application deadline will not be considered for funding. If requesting funding for multiple projects, complete separate application.

The rankings and final selection recommendations from the GSATS’s Technical Coordinating Committee will be presented to the GSATS’s Policy Committee and also submitted to SCDOT Office of Public Transit for their records. Submit one original (by mail) and one copy (electronically) of the completed application, including the attachments. Application must be in this order:

- Part I-Applicant
- Part II-Project Budget
- Part III- Certifications and Assurances
- Standard Form 424: Application for Federal Assistance
- Submit one original (by mail) and one electronic (by email) Completed Application, including attachments to:

  Waccamaw Regional Council of Governments
  1230 Highmarket Street
  Georgetown, SC 29440
  Attn: Elizabeth Tucker
  email: etucker@wrcog.org

Applicants seeking funding Federal Assistance must submit a 424 form. This is a standard used form to obtain and review comments on the application from other state and local agencies. Complete Form 424 as directed and send the original to GSATS. Attached is a copy of the 424 form.
APPLICATION CHECKLIST

The following checklist represents the information and attachments required. Incomplete applications, or those submitted after the deadline, will not be considered for funding.

☐ Cover Letter- include name, address and phone number of applicant as well as contact person. The letter should be signed by the individual(s) with authority to execute contracts on your organization’s behalf.

☐ Application (Parts I)
☐ Project Budget (Part II)
☐ Certification and Assurances (Part III)
☐ Copy of the organization’s Section 501(c) (3) certification (if it is not a public entity)
☐ Standard Form 424: Application for Federal Assistance

☐ Letter of commitment (if applicable) - a letter of commitment is required if matching funds are coming from a source other than the applicant’s own budget. This letter must be signed by the official of the agency authorized to grant matching funds, and it must state the amount of matching funds available to the applicant.

☐ Submit (1) hardcopy (Original) and (1) electronic copy to etucker@wcrog.org
GENERAL INFORMATION

Introduction
The Grand Strand Area Transportation Study (GSATS) is pleased to announce the Federal Transit Administration (FTA) Section 5310 (Enhanced Mobility of Seniors and Individuals with Disabilities Program) Program call for projects. In order to be considered for funding applicants must submit a Letter of Intent as well as a full Application.

The full Application is due no later than October 2, 2020

Your agency will not be considered for funding if you do not submit the full application. If you would like to be considered for funding for Capital Projects and Operation Projects, the agency must submit separate documents which support the project in that specific area.

This Program Announcement utilizes the Federal Transit Administration’s funding authorized under the Fixing America’s Surface Transportation Act (FAST Act) and as appropriated by the United States Congress. This announcement reflects an amount to be determined not to exceed the remaining amount of the funding that was publicized in the Federal Register released by FTA. The amount shown below will support Enhanced Mobility of Seniors and Individuals with Disabilities Program, and will be allocated for new and existing transit related projects in the Grand Strand urbanized area:

Myrtle Beach-Socastee SC/NC Urbanized Area: TBD

Authority for the Program
The Federal Transit Administration (FTA) has designated GSATS, as the MPO for the Myrtle Beach-Socastee SC/NC area of all FTA funds. As the designated recipient GSATS has authorization to administer funds in accordance with state and federal laws, statutes, and regulations. This Program is authorized under the provisions set forth in the FAST Act, which authorizes $305 billion over fiscal years 2016 through 2020 for highway, highway and motor vehicle safety, public transportation, motor carrier safety, hazardous materials safety, rail, and research, technology, and statistics programs.

Section 3006B of the FAST Act created a discretionary program for innovative coordinated access and mobility to assist in financing projects for the transportation disadvantaged that improve the coordination of transportation services and non-emergency medical transportation (NEMT) services. This funding is open to Section 5310 Recipients.

Any agency requesting operational funds must provide additional information supporting the need for these funds and must also justify that the project meets the New Freedom criteria of going above and beyond what the American’s with Disability Act of 1990 requires.

Program Goal
As stated in the FTA Circular 9070.1G, the goal of the Section 5310 program is to improve mobility for seniors and individuals with disabilities throughout the country by removing barriers to transportation services and expanding the transportation mobility options available. Toward this goal, FTA provides financial assistance for transportation services planned, designed, and carried
out to meet the special transportation needs of seniors and individuals with disabilities in all areas—large urbanized, small urbanized, and rural. The program requires coordination with other federally assisted programs and services in order to make the most efficient use of federal resources.

**Eligible Expenses**
Fifty-five (55) percent of the funds available for this program must be used for 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, typically carried out by non-profit agencies. The fifty-five (55) percent is a floor. Applicants may utilize more or all of the Section 5310 Program funds for these types of projects. Remaining funds may be used for:

- Public transportation projects that exceed the requirements of the Americans with Disabilities Act (ADA);
- Public transportation projects that improve access to fixed route service and decrease reliance by individuals with disabilities on complementary paratransit;
- Alternatives to public transportation that assist and individuals with disabilities;
- The acquisition of public transportation services (Purchase of Service – POS) and vehicles remain eligible capital expenses; or
- Until the Circular is revised all former Section 5310 and 5317 projects are considered eligible.

**Eligible Applicants**
There are three categories of eligible subrecipients of Section 5310 Program funds:

1) Private non-profit organizations. A non-profit organization is a corporation or association determined by the U. S. Department of Treasury to be an organization described by 26 U.S.C. 501(c) which is exempt from taxation under 26 U.S.C. 501(a) 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 non-profit organization;

2) Governmental authorities that certify to the Governor of South Carolina and North Carolina that no non-profit corporations or associations are readily available in an area to provide the service; and

3) Governmental authorities approved by the state to coordinate services for Enhanced Mobility of Seniors and Individuals with Disabilities Program.

Local governmental authorities eligible to apply for Section 5310 Program funds, as coordinators of services for Enhanced Mobility of Seniors and Individuals and individuals with disabilities, are those designated by the state to coordinate human service activities in a particular area. Examples of such eligible governmental authorities are area agencies for aging or public transit providers, which the state has identified as lead agencies to coordinate transportation services funded by multiple federal or state human service programs.
**Federal/Local Match Requirements**
The matching requirements remain the same; capital assistance is provided on an 80 percent federal share, 20 percent local share. The federal share is 85 percent for the acquisition of vehicles for purposes of complying with or maintaining compliance with ADA (42 U.S.C. 12101 et seq.) or the CAA. Operating assistance is provided on a 50 federal share, 50 percent local share. MAP-21 eliminated the provision for the sliding scale match under FHWA programs to be used in this program. Funds provided under other federal programs (other than those of the Department of Transportation, with the exception of the Federal Lands Transportation Program and Tribal Transportation Program established by Sections 202 and 203 of title 23 U.S.C.) may be used for local match for funds provided under Section 5310, and revenue from service contracts may be used as local match. Please list the name of the matching source.

**Project Selection Criteria and Process**
GSATS’s staff shall prioritize the applications based on: a) the standards set forth within the regional coordination plans; b) the percentage of elderly and disabled individuals served; and c) the following Section 5310 Program criteria approved in the 2015 Program Management Plan.
### Selection Criteria

<table>
<thead>
<tr>
<th>Description of Project</th>
<th>Evaluation Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Statement of Need and Organizational Capacity (20 Points)</strong></td>
<td>• Does the project address a recognized need in the community?</td>
</tr>
<tr>
<td>• Describe the unmet transportation need that the proposed project seeks to address. Relate this to the Coordination Plan.</td>
<td>• What unmet need(s) are identified in relation to the regional Coordinated Public Transit-Human Services Transportation Plan?</td>
</tr>
<tr>
<td>• Describe the specific population this project will serve. As appropriate, add tables, charts, maps and data to support this project. Will the project also help meet transportation needs outside this population? (Explain how)</td>
<td>• Which strategy or strategies does the project focus on from the Plan?</td>
</tr>
<tr>
<td>• Estimate the number of people within the target population the project will serve and briefly describe the rationale for the projection – total number of individuals to be served and average number of one-way trips provided (if applicable) per month. If this is building upon an existing service, provide the current number of passenger trips served.</td>
<td>• Does the project increase or enhance availability of transportation of the targeted population?</td>
</tr>
<tr>
<td>• Does the project address a recognized need in the community?</td>
<td>• Does the project help meet transportation needs outside this population?</td>
</tr>
<tr>
<td>• What unmet need(s) are identified in relation to the regional Coordinated Public Transit-Human Services Transportation Plan?</td>
<td></td>
</tr>
<tr>
<td>• Which strategy or strategies does the project focus on from the Plan?</td>
<td></td>
</tr>
<tr>
<td>• Does the project increase or enhance availability of transportation of the targeted population?</td>
<td></td>
</tr>
<tr>
<td>• Does the project help meet transportation needs outside this population?</td>
<td></td>
</tr>
</tbody>
</table>

| **2. Project Budget and Cost Effectiveness (20 Points)** | • Was a clearly defined budget submitted for each of the proposed projects? |
| • Provide a budget for the proposed project. Clearly indicate all funding sources, especially the local share for the project. | • Does the project budget list the source(s) of local share? Is the local share stable? |
| • Provide evidence of financial capability and the stability of the local share. | • Does the applicant report a long-term commitment to the project to continue the effort beyond the availability of the requested grant resources? |
| • Identify reasonable sources for on-going funding – clearly indicate all funding sources if there is more than one. | |

| **3. Coordination and Program Outreach (20 Points)** | • What coordination efforts did the project employ? (More points should be awarded for multiple shared activities – program planning, operations, communications and/or planning) |
| • Coordination among agencies is very important, describe how the project will be coordinated with other social service programs and/or transit providers in the area. This could include: | • Does the project involve multiple partners? (More points awarded for greater partnership) |
| • Share vehicles with other agencies; | • Was private sector involvement explored? |
| • Share dispatching or scheduling duties; | • Does the project indicate how stakeholders will be involved throughout the project? |
| • Share in maintenance costs; | |
| • Coordinate client trips; | |
| • Coordinate staff training programs; | |
| • Other strategies. | |
| • Were private sector providers included in developing the project? If so, how? | |
| • In addition to the Coordinated Public Transit-Human Services Transportation Plan, provide ways which will continue to involve key stakeholders on a consistent basis. | |
### 4. Implementation Plan (20 Points)

- Provide an operational plan for providing service. Include time tables and route maps (if applicable) showing the service coverage from the project.
- Provide a description on how the agency intends to implement the project – describe process. Include a timeline for project implementation.
- Explain how the project relates to other services or programs provided by the agency and demonstrate how it can be achieved within the agency’s technical ability.
- Description on how the agency will market the project to the target population and promote public awareness of the program.

- Does the operational plan correspond with the project goals/objectives?
- Does the implementation plan seem feasible?
- Does the timeline seem feasible?

### 5. Customer Service and Accessibility (20 Points)

- Provide the number of years the applicant has provided services for its targeted clientele (elderly, low-income populations, and/or individuals with disabilities).
- Provide information on the number of personnel – existing drivers and administrative staff to support the project. Will the agency hire additional personnel to support the project?
- List the training courses and the drivers who have completed these courses.
- Describe the agency’s vehicle maintenance program (if applicable), addressing the following:
  - Pre-trip inspections
  - Preventive maintenance
  - Routine maintenance
  - Contingency plan for when equipment is out of service

- Does the applicant display sufficient experience in providing services for the targeted clientele?
- Does the agency have adequate staff resources to handle the project?
- If applicable, are drivers properly trained?
- If applicable, does the agency display the ability to maintain vehicles?

---

**Award Requirements**

Applicants selected for funding under the Enhanced Mobility of Seniors and Individuals with Disabilities Program shall enter into an agreement with GSATS. **No funds may be drawn down by successful applicants until a signed and executed contract is in place.** Purchase of Service or Vehicle procurement information must be approved by GSATS prior to starting the service or ordering the vehicle:

**Public Notice/Public Hearing**

Agencies applying for Section 5310 Program funds must provide an adequate opportunity for public review and comment on a proposed Section 5310 Purchase of Service or Vehicle Purchase project. Notice shall include a concise description of the proposed project and shall be published in a newspaper of general circulation in the geographic area the project will serve. A public hearing must be held only if requested of the applicant during the public comment period (10 days). A
sample Public Notice is included in this document as Appendix A. If a public hearing is requested, minutes from that hearing must be included with the application for funding.

**Certifications and Assurances/Authorizing Resolution**

Subrecipients of Section 5310 Program funds are required to comply with all FTA requirements. Specifically, the applicant is required to sign FTA’s “Certifications and Assurances” for the specific funding programs for which its organization is applying after receiving notification of award. An authorizing resolution between the governing body and GSATS is also required following notification of award.

The “Certifications and Assurances” are based on federal and state requirements, and may not be altered in any way. Therefore, these documents shall be submitted by the applicant as originally signed in hardcopy only. In addition and where noted, the “Certifications and Assurances” must be signed and dated by the local attorney and the agency’s authorized official.

*Organizations unable to complete these certifications and assurances will not receive funding and should not apply for funding.*

**Pre-Award and Post-Delivery Reviews**

Successful applicants, who are eligible to acquire vehicles, are encouraged to purchase vehicles through the applicable state contract following receipt of an executed subrecipient agreement and notice to proceed from GSATS. GSATS shall conduct a pre-award review of all vehicles purchased using federal funds, as well as an on-site, post-delivery review of all vehicles received. The review will include inspection of complete certifications, compliance with bid specifications, Buy America, and the Federal Motor Vehicle Safety Standards (FMVSS) requirements.

**Vehicle Maintenance and Disposal**

Successful applicants are required to certify that equipment purchased under the Section 5310 Program shall be used for transportation services-related activities only. In addition, subrecipients are required by GSATS to have a comprehensive maintenance plan detailing the agency’s maintenance procedures. All vehicles used for services beyond ADA must meet requirements set forth in the former Section 5317 circular. At the end of a vehicle’s useful life, Section 5310 Program subrecipients may dispose of the equipment, after notifying and receiving disposition instructions from GSATS and Federal Transit Administration.
This page was intentionally left blank
PART I: APPLICATION

(Original due to GSATS by **October 2, 2020**)

Please submit **NARRATIVE REQUIREMENTS** part of the application in narrative proposal format. Each applicant must provide information for each area listed below. Please provide detailed, clear and concise information not exceeding 3 pages (this does not include actual announcement pages). Information should be directly related to the Section 5310 project and the proposed clients served. Do not forget to complete the front of the application including Agency name and other important information. The completed application, the **ORIGINAL** and one electronic copy is due to GSATS by close of business on **October 2, 2020**.

MPO Region:

Primary Service Area: ☐ Large Urban

**This funding source is specifically for services in the Large Urban area.**

1. **Agency Name:**

   Agency DUNS:

   **Point of Contact:**

   **Title:**

   **Address:**

   City: ___________________________ 9-digit Zip Code: ___________________________

   Phone: ___________________________ FAX: ___________________________

   E-mail: ___________________________

   Web Site Address (if any): ___________________________
2. **Agency Type:**
   - [ ] Private Non-Profit (501(c)(3))
   - [ ] Public
   - [ ] Tribal Government or Community
   - [ ] Other Agency (Specify):

3. **Application Status:**
   - [ ] New Applicant
   - [ ] Continuing Applicant
   
   List Contract Number
   
   ___________________________

4. **This application contains funding request for:**
   - [ ] Purchase of Service (POS)
   - [ ] Expansion Capital Equipment
     - [ ] ADA Accessible Cut-A-Way
   - [ ] Replacement Capital Equipment (must complete this information)
     - [ ] ADA Accessible Cut-A-Way
     - [ ] Please provide information regarding the vehicle that’s being replaced
       - [ ] Make of Vehicle: ________________________________
       - [ ] Model of Vehicle: _______________________________
       - [ ] VIN: ________________________________
       - [ ] Current Mileage: _______________________________
       - [ ] Who holds title to vehicle? ________________________________
         (SCDOT or Provide Name of Agency)
Operations: Must Provide Justification regarding type of service:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Other: Briefly describe:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

5. Eligibility: (Briefly describe the individuals the agency serves and whether they are elderly and or have disabilities). Please include the county or counties served.
NARRATIVE REQUIREMENTS

Applicant Overview
Provide specific information related to the agency, its mission and how this request will impact the region to include service area. Add any information related to how this project(s) will meet the needs of the applicants' clients.

Detailed Project Narrative/Scope
Clearly define the project, including as much detail as possible. Identify the service area and type of services provided. Provide factors or data validating the number of clients served based on large urban boundaries. These measures will assist with distribution of funds upon GSATS’s subrecipients and identify the number of clients being impacted by this funding source. If you serve multiple counties, please identify the type of services and number of clients to be served per county. If the area you are serving is outside the UZA, please state that in your application.

If you are requesting funds to manage services only, please provide outcome measurements that will be tracked and on which will be reported over the course of the grant period. The outcome measurements must demonstrate the results made in the service area and indicate direct correlation between the output (actual activity) and the outcome (difference made). These measurements are not required for studies or equipment purchases.

If you are requesting any type of equipment other than a vehicle please provide product information and pictures if necessary of the item(s). Please be advised that any item exceeding $2,500.00 requires procurement documentation and prior approval from GSATS.

Project Budget
Please insert your budget including the local match amounts. Please provide specific information regarding the actual source of the Local Match. If you are requesting operations and capital, please show a break out of the overall project amount. An excel budget is available on our website under forms. Please make sure to include the source of your match.

Application Requirements
- Submit (1) ORIGINAL and (1) ELECTRONIC copy to GSATS Office.
- An applicant can only apply for a project within the large urbanized area. If an applicant is applying for a project outside of the large urbanized area, they should contact the applicable department of transportation for application guidance.
- If the project is located in urbanized area the project must be included in the local Transportation Improvement Plan (TIP).
- Public Notice-This document is a federal requirement. If the notice has not been published at the time of submittal, please include proof of advertisement. A receipt or copy of submittal will suffice. Please send copy of original document with your Certification and Assurances. All agencies are required to fulfill this requirement.
- The ORIGINAL HARD COPY of the application with original signatures is required.
LOCAL MATCH REQUIREMENT

An applicant is required to provide a local match for the Project and agrees as follows:

a. **Restrictions on the Source of the Local Share.** The applicant agrees to provide sufficient funds or approved in-kind resources, together with the Federal assistance awarded and/or other State funds that may be awarded, that will assure payment of the actual cost of each Project activity covered by the Project Scope. The applicant agrees that no local share funds provided will be derived from receipts from the use of Project facilities or equipment, revenues of the public transportation system in which such facilities or equipment are used, or other Federal funds, except as permitted by Federal law or regulation.

b. **Duty to Obtain the Local Match.** The applicant agrees to complete all proceedings necessary to provide the local match of the Project costs at or before the time the local match is needed for Project costs, except to the extent that GSATS determines otherwise in writing.

c. **Prompt Payment of the Local Match.** The applicant agrees to provide the proportionate amount of the local match promptly as Project costs are incurred or become due, except to the extent that GSATS determines in writing that the local match may be deferred.

d. **Reduction of the Local Match.** The applicant agrees that no reduction of the local match may be made unless, at the same time, a reduction of the proportional amount of the Federal and/or State assistance provided is made.
**LOCAL MATCH IDENTIFICATION**

*(Legal Name of Applicant)*

Requested Section 5310 Program Funding Amounts:

<table>
<thead>
<tr>
<th>Project</th>
<th>Total Amount</th>
<th>Local Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital</td>
<td>$ ____</td>
<td>$ ____ (20%)</td>
</tr>
<tr>
<td>Purchase of ADA Vehicle</td>
<td>$ ____</td>
<td>$ ____ (15%)</td>
</tr>
</tbody>
</table>

| TOTAL                    | $ ____       | $ ____      |
| Total Funding Requests   | Total Local Match Required |

The Local Match for the Section 5310 Program funds will be available from the following sources:

**Source of Funds**

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ ____</td>
</tr>
<tr>
<td></td>
<td>$ ____</td>
</tr>
<tr>
<td></td>
<td>$ ____</td>
</tr>
<tr>
<td></td>
<td>$ ____</td>
</tr>
<tr>
<td></td>
<td>$ ____</td>
</tr>
</tbody>
</table>

TOTAL $ ____

I, the undersigned representing *(legal name of agency)* do hereby certify to the Grand Strand Area Transportation Study that the required local match for the Section 5310 Program, which has a three (3) year period of performance. The period of performance dates will be established by FTA at the time of the award.

________________________________________
Name/Title of Authorized Official

________________________________________
Signature of Authorized Official

________________________________________
Date

*Attach all available copies of local match source commitments (e.g., county resolution, independent local agency letter, budget ledger, etc.)*
Check GSATS.ORG for
Part II Project Budget Excel Spreadsheet
Part III Certifications & Assurances
&
Federal Assistance Standard 424 Form
Appendix A - Sample Public Notice

This is to inform the public of the opportunity to attend a public hearing on the proposed Section 5310, Enhanced Mobility of Seniors and Individuals with Disabilities Program Application to be submitted to the Grand Strand Area Transportation Study no later than **October 2, 2020**.

Those interested in attending a public hearing on this application should contact (name, title) in writing on or before. The public hearing will be held on (date) before the (body hosting public hearing). The contact address is:______________________________.

The Enhanced Mobility of Seniors and Individuals with Disabilities Program provides capital assistance for transportation options and services for the communities operating in (name of large urban area). These services are currently provided using (types of vehicles). Services are rendered by (agency name).

The total estimated amount requested for the three (2) period of performance.

<table>
<thead>
<tr>
<th>Project Category</th>
<th>Total Amount</th>
<th>Minimum Local Match</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchase of Service</td>
<td>$__________</td>
<td>$________ (20%)</td>
</tr>
<tr>
<td><strong>OR</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vehicle Purchase</td>
<td>$__________</td>
<td>$________ (15%)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$__________</td>
<td>$________</td>
</tr>
</tbody>
</table>

Total Federal Funding Request Total Local Share

This application may be inspected at (location) from (dates/times) to (dates/times). Written comments should be directed to (name and address) before (date).

Please provide proof of publication.
END OF APPLICATION