

New York Metropolitan Transportation Council Region

Job Access and Reverse Commute  
&  
New Freedom  
Programs

2010 Proposal Format  
For  
Federal Fiscal Year 2008 &  
2009 Funding

Submission  
Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Funding Program:

JARC

New Freedom

Combined JARC/New Freedom

## Proposal Checklist / Required Documents<sup>1</sup>

Description List	Checkmark	Original	Instructions
Organization Cover Letter		1	Provide a cover letter on the official letter head of the agency applying for funding with signature of Executive/(CEO)
Completed Application Form		1	Complete all items in each section of the application; each will be scored.
Application - Certification Authorized Signature Page		1	The authorized signatory of the Executive/(CEO) to sign the agreement, with all FTA regulations/laws.
Detailed Project Budget		1	Provide a complete detailed budget, with a description of project costs for each line item as part of the application (Section F. Question 3).
Letters of commitment, funding agreement or other funding documentation.		1	Provide letters of commitment, funding agreement or other documentation to support sources of matching funds.
Map of Service Area		1	Provide Location Maps (preferably 8.5x11 inches). For route service, provide map of outlined bus route.

<sup>1</sup> All proposing entities lacking items noted or found not in good standing or compliance with Federal, State, or Local Government will not be considered.

## SUBMITTAL INSTRUCTIONS:

Projects will be evaluated according to responses to the following questions. Proposers submitting for funding for a number of projects, such as metro-wide applicants, should provide the following information for each JARC/ New Freedom project. A project is a service or a set of services or innovative/ flexible programs addressing transportation needs of individuals with disabilities, elderly individuals, and low-income individuals located in a specific geographic area.

The propOser can either use this application directly and attach and label the appropriate documentation or download the application as a Microsoft Word document and insert any necessary documentation into the application.

When filling out this proposal format, please attach the appropriate supplemental information requested and clearly label and number it in accordance with the categories and questions.

Proposers must also complete the attached **Certification by Chief Executive Officer of Applicant** portion to insure they will be able to comply with the FTA's master agreement, as well as state and local municipal requirements. All proposers which are not designated recipients under 49 USC 5303, 5304 and 5306 will be considered to become sub-recipients under New York State Department of Transportation. Sub-Recipients will be subject to FTA federal rules and requirements. Non-compliance will jeopardize federal participation in the project. **These Programs are reimbursement programs.** Approved Sub-Recipients will be required to pay all project expenses first, and then apply for reimbursement through your local designated recipient, which is the New York State Department of Transportation. Sub Recipients must enter into a formal Contractual agreement with the designated recipient to be eligible for reimbursement. Expenses incurred prior to execution of this agreement may not be reimbursable.

**Please complete and return by 4:00pm on Friday, March 12<sup>th</sup>, 2010 to:**

Jaeki Min, Project Coordinator  
New York Metropolitan Transportation Council  
199 Water Street, 22 Floor  
New York, New York 10000

Please submit **BOTH** a paper copy and an electronic copy (CD, DVD, etc.). If you need assistance creating an electronic copy contact Jaeki Min at NYMTC, Phone: (212) 383-7248, email [jmin@dot.state.ny.us](mailto:jmin@dot.state.ny.us).

**JOB ACCESS AND REVERSE COMMUTE & NEW FREEDOM PROGRAMS  
PROPOSAL FORMAT  
New York Metropolitan Transportation Council Region**

**PROPOSER DATA:**

DUNS Number <sup>2</sup> :	
NYS Charitable Registration Number <sup>3</sup> :	
Legal Name :	
Executive Officer:	
Contact Person:	
Address:	
City, State, Zip:	
Telephone:	
Fax:	
E- mail:	
Congressional District(s):	

**LOCAL TRANSIT UNION(S)** (if applicable – Attach listing if necessary):

Union Name:	
Local :	
Contact Person:	
Address:	
City, State, Zip:	
Telephone:	
Fax:	
E- mail:	

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**Funding Program:** JARC  New Freedom  Combined JARC/New Freedom

**Project Type:** Capital  Capital & Operating  Operating Only  Mobility Management

**Organization Type:** Educational Institution  Local Government  Private Non-Profit   
Transportation Service Provider (Public or Private)  Other

**Project History:** New Project  Continuation of an Existing Project   
Expansion of an Existing Project

**Environmental Classification<sup>4</sup> (for Capital projects only):**

Class I (EIS)  Class II (CE)  Class III (EA)

<sup>2</sup> Data Universal Numbering System

<sup>3</sup> NYS requires for non-profit organizations register with the New York State, Attorney General’s Charities Bureau.

<sup>4</sup> See Appendix E (Environmental Classifications) of the “Overview of Grant Programs” document.

**A. PROJECT DESCRIPTION:**

1. Project Name:
2. What is the proposed project period? Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
3. Provide a clear project description that includes goals, objectives, target population, and operation-specific data (i.e. route mileage, service frequency, hours of operation, new routes, route extensions, termini, reduced travel times for new or improved transportation service; and/or details on proposed project if you are proposing accessibility improvements or mobility management/training programs).
4. Define the proposed project service area; identifying geographic boundaries (attach map/s).
5. Provide the number and percentage of individuals with disabilities, elderly individuals, low-income and minority individuals within the project service area (provide information for those categories applicable to your project service area).

Population of the Project Service Area	Number of Individuals	Percentage of Total Population
Individuals with disabilities		
Elderly individuals		
Low-income individuals		
Minority Population		
Total Population		

Cite the source used: (i.e. U.S. Census 2000) \_\_\_\_\_

6. Estimate the number of individuals and the percentage of individuals that will be served by your project. How were the estimates determined?
7. Describe target origins and destinations:
  - a. Origins: For vehicle services describe routes, for non vehicle services describe the location where services will be offered.
  - b. Destinations: List the major employment and/or other necessary destinations the project will provide transportation to (medical, educational, recreational, shopping, social services, etc).

**B. COORDINATION:**

*(Project will be evaluated on coordination with other community, transportation/ and or social service resources.)*

1. Briefly describe the existing transportation network, including human services, private and public transportation providers in your service area.
2. Explain how this project will coordinate and be integrated with human services and/or transportation services providers serving low-income or persons with disability. For example, describe any agreements (either currently in place or anticipated), arrangements to coordinate services, pooling resources, or any other coordination efforts.
3. In the Table below provide what area or population targeted by the Coordinated Plan will this project cover. Cite the page and area of the Plan. (Applicants should review and utilize the latest New York Metropolitan Area-Wide Coordinated Plan at <http://www.nymtc.org/>)

Coordinated Planning			
Identified Gap(s)	Identified Strategy	Area of the Plan	Cite the Page Number

**C. PLANNING:**

1. Explain in your own words the transportation gaps between existing services and key destinations (employment, medical, educational, recreational, shopping, social services, etc) for individuals with disabilities, elderly individuals and low-income individuals in the project service area(s). Describe how your project addresses one or more of the identified transportation service gaps, barriers or unmet needs identified in the Coordinated Plan or other regional study.
  - a. For New Freedom Projects such as projects applying to operate a taxi service or escorts door to door clearly document the need. In addition document how the New Freedom project is new and goes above and beyond ADA requirements.
  - b. For JARC projects, describe the need for additional transportation services.
2. Provide key milestones and estimated completion date to be used in evaluating the project following the life of the project award.

Provide Milestone (s)	Estimated: Start Date - Completion Date

3. Describe how you would promote public awareness of the project and describe outreach efforts to the community being served.
4. Describe what measures will be taken to monitor the effectiveness of the project.

**D. BUDGET:**

If you are applying for more than one project type (Capital, Operation or MM) within this application you must fill out a budget page for each project type.

1. Total Federal JARC/ New Freedom Funding Requested for this Project (*Fill out as applicable*).

Federal Funding Requested	JARC Funds	New Freedom Funds	Local Match	Total Cost
Capital (20% Match Requirement)				
Operating (50% Match Requirement)				
Mobility Management (20% Match Requirement)				
<b>TOTAL</b>				

2. Briefly document sources of matching funds and the expected amount of commitment for this project. If you are using an in-kind match, justify the in-kind cost estimate by detailing the methodology used to compute it.<sup>5</sup> *Provide letters of commitment, funding agreement, or other documentation for matching funds to ensure funds are in place.*

3. Provide a detailed budget for the project period that includes personnel, operating and capital costs. *As appropriate, attach a staffing table of positions to be funded fully or partially by this grant. Indicate position, title, description, annual number of hours, estimated annual cost per title, an estimate of when the position will be needed and for how long in terms of months/years.*

*Below is a sample project budget.*

Project Budget Breakdown		Personnel Costs			Operating Cost			Capital Cost		
Tasks		Grant Reimbursed	Grantee Reimbursed	Other Source	Grant Reimbursed	Grantee Reimbursed	Other Source	Grant Reimbursed	Grantee Reimbursed	Other Source
1	Project Management									
2	Purchase/Lease Equip.									
3	Etc.									
<b>Total</b>										

4. Identify the long-term financing sources to support a continuation of the proposed project or other aspects of the regional plan, including continued transit, human service, and employer provided financial resources and amount.

5. Was the project previously funded by the FTA? Yes  No   
*If Yes, fill out the following information and summarize what has been accomplished to date:*  
 Grant number(s): \_\_\_\_\_ Or, Grant amendment number(s): \_\_\_\_\_  
 Total amount of funds approved for this project in previous year(s): \_\_\_\_\_  
 Total amount of funds (from all previous years) disbursed to date: \_\_\_\_\_  
 Have you met your milestones, to date: Yes  No  If no, document why.

<sup>5</sup> Non-profit organizations should determine cost in compliance with OMB Circular A-122 and 2 CFR Part 230. [http://www.whitehouse.gov/omb/circulars\\_index-education/](http://www.whitehouse.gov/omb/circulars_index-education/)

JOB ACCESS AND REVERSE COMMUTE & NEW FREEDOM PROGRAMS  
2010 PROPOSAL CERTIFICATION  
New York Metropolitan Transportation Council Region

**Certification by Chief Executive Officer of Applicant**

The information in this proposal is public record. Therefore, proposers should not include information regarded as confidential.

To the best of my knowledge and belief, all data in this proposal is true and correct. The undersigned proposer certifies that they have read and understood the FTA circulars for these programs, and should they receive funding from the Job Access/Reverse Commute program (5316) or the New Freedom program (5317) they will abide by these regulations or any updates to these regulations as well as any other Federal regulations associated with the management and oversight of the use of these funds including but not limited to Third Party Contracting Guidance (**C 4220.1F**) and other Management Requirements (**C 5010.1D**). The proposer also certifies that they understand the contents of the Master Agreement from FTA and will comply with the necessary FFY 2010 Certifications and Assurances if assistance is awarded.

\_\_\_\_\_  
Name of Chief Executive Officer (Print)

\_\_\_\_\_  
Signature of Chief Executive Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Date