What is SECTION 5310?

- Section 5310 refers to the federal section of law that authorizes this program. Created in 1975 by Congress, it provides capital-only funding for the transportation needs of elderly individuals and individuals with disabilities.
  
  IT IS A FEDERAL FUNDING PROGRAM!

- In New York State, the NYS Department of Transportation (NYSDOT) is the agency designated by the Governor to administer this federal funding program.

- Through the NYSDOT Section 5310 Grant Program, funds are used for the capital purposes of purchasing buses, primarily for not-for-profit organizations throughout the State of New York.
Because Section 5310 is a federal funding program, NYSDOT administers the Program with federal oversight by the Federal Transit Administration (FTA).

5310 Program is administered in accordance with federal laws and regulations, as stipulated by the FTA.
How much does it fund?

- The program funds 80% of the vehicle purchase cost, with the remaining 20% provided by the applicant organization as the required local match.
- There are no operating funds provided under this program, and recipients are responsible for 100% of their ongoing operating expenses for buses awarded through a 5310 program grant.
Federal Fiscal Year 2008 apportionment to NYS was $8.659 million

134 applications were submitted under the 2008 Application Program, totaling $16.2 million in vehicle purchase requests

Approximately 183 grant vehicles will be purchased with this federal funding amount

New York State’s FFY 2009 apportionment expected to increase slightly
Who is Eligible to Apply?

1. **Not-for-profit organizations** (incp. w/in NYS) which serve elderly individuals or individuals with disabilities. (Primary Applicant)

2. **Public bodies** (i.e. municipalities, County level governments) which can:
   
   (a.) certify that *no* not-for-profit organizations are available in their general area to provide these services; or that is
   
   (b.) approved by the State to coordinate services.
How many organizations actually receive a grant?

- Section 5310 is a competitive grant program. Historically, approximately 50% of applicant requests each year are funded under this grant program.
- Program grants are awarded competitively based upon such factors as:
  - The need for the vehicle, and the level of need for transportation service in the area
  - The ability of the applicant to operate, maintain and finance their transportation service
  - The actual vehicle usage for transporting elderly individuals and individuals with disabilities
  - Meeting the federal requirement that project vehicles proposed for funding are included as part of the strategy of a Locally Developed Coordinated Plan
Grantee Responsibilities

- Maintain collision and comprehensive insurance on awarded vehicle(s)
- Maintain financial, operating and maintenance records and report semi-annually to NYSDOT on the use of the vehicle(s) for the life of the Grant (average 6-8 years)
- Commit to coordinate with other transportation providers in area of proposed/existing service with awarded vehicle(s)
- Once grantees successfully operate vehicles for the life of the Grant and fulfill grant responsibilities, vehicle is released to grantee with no further obligations
How long is the 5310 grant Application process?

- Applications are solicited by the Dept. annually; released in January of the Federal Fiscal Year (FFY) that starts the preceding October
- May 1, 2009 due date for Applications
- December (2009) awards announced
- January – March (2010) contract agreements signed/approved; Vehicles ordered (20% local match will be required at this time)
- Fall (2010) grant Vehicle Deliveries begin
Application process (cont.)

- Applications available on the NYSDOT 5310 website or paper copy can be requested from the 5310 Office via mail.

- Application Workshops held throughout the State in March (One Workshop in NYC Webcast at the end of March).
# FFY 2009 Application

## Schedule of Workshops

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 2, 2009</td>
<td>10 am-12 pm</td>
<td>SCHENECTADY</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NYSDOT Region 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>328 State Street, St. Lawrence Room</td>
</tr>
<tr>
<td>March 3, 2009</td>
<td>10 am-12 pm</td>
<td>BINGHAMTON</td>
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<tr>
<td></td>
<td></td>
<td>NYSDOT Region 9</td>
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<tr>
<td></td>
<td></td>
<td>44 Hawley Street, 18th floor</td>
</tr>
<tr>
<td>March 4, 2009</td>
<td>10 am-12 pm</td>
<td>BUFFALO</td>
</tr>
<tr>
<td></td>
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<td>NYSDOT Region 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>100 Seneca Street, Salamanca Room</td>
</tr>
<tr>
<td>March 18, 2009</td>
<td>10 am-12 pm</td>
<td>KINGSTON</td>
</tr>
<tr>
<td></td>
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<td>Ulster County Transit Center</td>
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<tr>
<td></td>
<td></td>
<td>1 Danny Circle</td>
</tr>
<tr>
<td>March 19, 2009</td>
<td>10 am-12 pm</td>
<td>WHITE PLAINS</td>
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<td></td>
<td></td>
<td>Westchester County Center</td>
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<td></td>
<td></td>
<td>198 Central Avenue</td>
</tr>
<tr>
<td>March 24, 2009*</td>
<td>11 am-1 pm</td>
<td>NEW YORK CITY**</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NY Metropolitan Planning Council</td>
</tr>
<tr>
<td></td>
<td></td>
<td>199 Water Street, 22nd floor</td>
</tr>
</tbody>
</table>

* You must register by 3/19/2009 for security purposes by calling:
  Jennifer Murdza at 518-457-8335 (NYC workshop only)

| March 25, 2009  | 10 am-12 pm | HAUPPAUGE         |
|                 |            | Dennison Building Media Room |
|                 |            | 100 Veterans Memorial Highway |

** The workshop in New York City will be webcast live and also recorded for future viewing.
NYSDOT Vehicle Procurement

- Section 5310 Program procures vehicles in cooperation with OGS through an OGS State Contract, specific to the program needs for transporting elderly individuals and individuals with disabilities.
- OGS State Contract is used to purchase all Program vehicles for grantees.
- Maximizes the use of federal dollars to offer grant vehicles to as many organizations as possible.
- NYSDOT purchases all vehicles on behalf of the 5310 grantees using the OGS State Contract prices.

(Vehicles are titled to grantee and DOT records a lien against the vehicle)
Vehicles Offered under NYSDOT 5310 Grant Program

- **Type I** – 12 passenger Bus modified w/ wheelchair lift (seats maximum 8 ambulatory)
- **Type II** – 20 passenger Bus modified w/ wheelchair lift (seats maximum 14 ambulatory)
- **Type III** – 24 passenger Bus modified w/ wheelchair lift (seats maximum 18 ambulatory)
- **Type IV** – 40 passenger Bus modified w/ wheelchair lift (seats maximum 30 ambulatory)
NYSDOT only offers wheelchair equipped buses under the 5310 grant program.

All buses must be equipped with a wheelchair lift and minimum number of wheelchair spaces.
Grant Program cannot provide funding for school bus purchases; and further

5310 applicants are prohibited from using grant vehicles to transport children to and from school grounds, or for school purposes (i.e. day camp, child care)

*Title 49 USC 5323(f)*
What’s New This Year

- Up-to-date semi-annual reporting is being strongly emphasized, and organizations with 5310 program vehicles with missing reports will be penalized during the application evaluation process for FFY 2009.
- Application grant requests will be limited to four (4) vehicles or $325,000.
- Type IV vehicle will now be a conventional front engine style (instead of transit style).
- A Local Coordinated Plan referenced page number must be provided.
- All current/active 5310 program vehicles that are proposed to be replaced through the grant request must be identified.
What’s New This Year (cont.)

- Not-for-profit applicants must have a state tax exempt no. and charity registration no. as proof of eligibility to apply under the program.
- Federal IRS 501(c)(3) tax exemption determination letter & Dept. of State Certificate of Incorporation also acceptable as proof of eligibility.

(but state tax exempt no. and charity reg. no. or exemption documentation must be secured prior to funding award announcements)
SECTION 5310 Application FORMS

PART I
FFY 2009 SECTION 5310 PROGRAM
Application Form
PART I
(Application Cover Sheet)

(Please place "X" in only one)

For-Profit Applicant ☐ (must be provided; if not, a detailed description of the business and its operational structure must accompany this application form)
Public Body Applicant ☐ (public body; certification letter or memorandum must accompany this application form)

First Time Applicant? Yes ☐ No ☐ County: __________________

Is the applicant a Native American Indian Tribe? Yes ☐ No ☐

Legal Name of Applicant: __________________

dba: __________________

Address: __________________

Telephone No.: ____________

E-Mail: __________________

Coordinated Plan Lead Agency (name of MPO, County, or other): __________________
(Coordinated Plan Referenced Page # for Proposed Project Vehicle(s): ________)

Congressional District No.: __________________

Organization’s State Tax Exempt No.: __________________

Organization’s Federal Employer Identification No.: __________________

Organization’s Department of Law Charities Registration No.: __________________

(Before any other activity, the applicant must be registered as a charitable organization.)(It is important that your charitable registration is current. If exempt, please provide document that proves the exemption.)

If "Replacement of Services" for existing Section 5310 Program Vehicle(s) that are, or will be, eligible for retirement by the time grant vehicles are awarded and delivered, please list existing vehicle(s) below:

<table>
<thead>
<tr>
<th>PIN Number (Last 5 digits)</th>
<th>Vehicle Year</th>
<th>Current Odometer Mile</th>
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</tbody>
</table>

Estimated Total Cost of Project Vehicle(s): $ ________
(Copied from Part II.B.)

Federal Share (80%): __________
(Copied from Part II.B.)

Applicant Share (20%): __________
(Copied from Part II.B.)

*TOTAL COST OF PROJECT VEHICLE(S) BEING REQUESTED MAY NOT EXCEED $225,000
Office of the Attorney General Charities Website

For More information concerning the Charity Registration requirements visit:

http://www.oag.state.ny.us/bureaus/charities/charities.html
Explain the primary purpose of your organization (as stated in its articles of incorporation):


Provide the number and Type of Vehicle(s) and Related Equipment proposed to be purchased through this Grant Project Application. (The number of grant vehicles being requested may not exceed a total of four)


Certification by Chief Executive Officer of Applicant

I hereby certify that the accompanying data in this application are true and correct to the best of my knowledge and belief and are supported by our records.


Signature of Chief Executive Officer

Date of Signature: ______________

Name and Title of Chief Executive Officer (please print): ____________________________

FFY 2009 (Application Cover: Part 1)
A. DESCRIPTION OF PROJECT SERVICES AND NEED

1. How many consumers does your organization currently provide services to daily? (all services, not just transportation)

   Elderly Individuals and Individuals with Disabilities | Other | Total
   ┌────────┬────────┬──────┐
   │ on an average day │     │     │
   │        │     │     │

2. How many consumers does your organization currently provide transportation to daily? (either by organization vehicle(s) or other means)

   Elderly Individuals and Individuals with Disabilities | Other | Total
   ┌────────┬────────┬──────┐
   │ on an average day │     │     │
   │        │     │     │

3. If you receive approval of this grant, how many additional consumers will be provided transportation daily?

   Elderly Individuals and Individuals with Disabilities | Other | Total
   ┌────────┬────────┬──────┐
   │ on an average day │     │     │
   │        │     │     │

4. Explain the requirements necessary for people to participate in your organization's programs (attach additional page if necessary, clearly labeled Part I.A.4).

   Is membership or registration required?  Yes ☐  No ☐

5. Explain your organization's method for deciding who may receive transportation, how often, and when they are to receive it (attach additional page if necessary, clearly labeled Part I.A.5).

6. Describe the geographic areas that will be served by the vehicle(s) you propose to acquire through this grant application (attach additional page if necessary, clearly labeled Part I.A.6).
7. For your proposed transportation service only, provide the number of minority and non-minority individuals to be served. The following definitions are to be used:

a. African American - A person having origins in the racial groups of Africa.

b. Hispanic American - A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

c. Asian or Pacific Islander American - A person having origins in any of the countries of the Far East, Southwestern Asia, and the Indian subcontinent, or the Pacific Islands. This area includes, for example: China, Japan, Korea, the Philippine Islands, and Samoas.

d. American Indian or Alaskan Native American - A person having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

e. Non-Minorities - All persons not included in any of the above definitions.

7a. African American
7b. Hispanics
7c. Asian or Pacific Islanders
7d. American Indians or Alaskan Natives
7e. Non-Minorities

TOTAL (should equal PART I.A. question 2 + question 3)

8. Attach a separate narrative page(s), clearly labeled Part I.A.8, on which you explain why the public transportation services in the above service area (public transit, private bus or taxi, etc.) cannot provide the transportation service you are proposing for the vehicle(s) requested in this application.

9. Attach a separate narrative page(s), clearly labeled Part I.A.9, on which you explain the services you propose to provide with the vehicle(s) you are requesting in this application and why they are necessary to provide transportation to the elderly and individuals with disabilities. (Include days of the week in service, hours of operation, and number of trips per day)

10. Is your organization, or is your organization's name, in anyway affiliated with a religious, religious institution, or religious organization?  
   Yes ☐  No ☐  
   (If the answer to this question is yes, please attach a separate page on which you explain this affiliation and that also includes a statement that your transportation services are open to every person, regardless of their religious preference)

11. Does your organization operate exclusive school transportation service?  
   Yes ☐  No ☐  
   (If the answer to this question is yes, please attach a separate page on which you explain this service)

12. Does your organization have an exemption to the school bus restrictions as permitted under 49 CFR 639?  
   Yes ☐  No ☐  
   (If the answer to this question is yes, a copy of the exemption must be attached to this application)
### B. PROPOSED SCHEDULE OF BUS OPERATIONS

Include all or sample of current vehicles you operate that transport multiple individuals by VIN # (omit staff vehicles, services trucks, etc.) and all proposed §316 grant vehicles by Type.

<table>
<thead>
<tr>
<th>VIN # (Last 5 digits only)</th>
<th>Area or Route Served</th>
<th>Day(s) of the Week</th>
<th>TIME OF DAY &amp; DESCRIPTION OF SERVICES PROVIDED (please enter beginning time and ending time for each type of service described; enter “IDLE” for idle time periods)</th>
<th>Total Hours of Actual Vehicle Use Per Day for Elderly &amp; Disabled Individuals</th>
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<tbody>
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</table>
## PROPOSED SCHEDULE OF BUS OPERATIONS

Include all or sample of current vehicles you operate that transport multiple individuals by VIN # (omit staff vehicles, services trucks, etc.) and all proposed 5310 grant vehicles by Type.

<table>
<thead>
<tr>
<th>VIN # (last 5 digits only)</th>
<th>Area or Route Served</th>
<th>Day(s) of the Week</th>
<th>TIME OF DAY &amp; DESCRIPTION OF SERVICES PROVIDED (please enter beginning time and ending time for each type of service described; enter “IDLE” for idle time periods)</th>
<th>Total Hours of Actual Vehicle Use Per Day for Elderly &amp; Disabled Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>51234</td>
<td>Northern Section of Albany County</td>
<td>M-F</td>
<td>Reg. Route (7am-9am), IDLE, Medical (11am-1pm), IDLE, Reg. Route (4pm-7pm)</td>
<td>7</td>
</tr>
<tr>
<td>84216</td>
<td>All of Albany County</td>
<td>7 days</td>
<td>Demand Response (7am-10am), IDLE, Demand Response (12pm-6pm)</td>
<td>9</td>
</tr>
<tr>
<td>66342</td>
<td>Center of Albany County</td>
<td>M-F</td>
<td>Reg. Route (5am-9am), IDLE, Contract Nutrition (11am-3pm), IDLE, Reg. Route (4pm-8pm)</td>
<td>12</td>
</tr>
<tr>
<td>15401</td>
<td>Southern Section of Albany County</td>
<td>M-F</td>
<td>Reg. Route (6am-9am), IDLE, Reg. Route (11am-3pm)</td>
<td>7</td>
</tr>
<tr>
<td>Type I Proposed</td>
<td>Downtown Albany and Troy Areas</td>
<td>M-F</td>
<td>Reg. Route (8am-11am), IDLE, Demand Response (12pm-2pm), IDLE, Reg. Route (3pm-6pm)</td>
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<tr>
<td>Type I Proposed</td>
<td>Guilderland and Schenectady Areas</td>
<td>M-Sat.</td>
<td>Reg. Route (7am-12pm), IDLE, Reg. Route (3pm-7pm)</td>
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<tr>
<td>Type III Proposed</td>
<td>Bethlehem Area</td>
<td>M-F</td>
<td>Reg. Route (5am-8am), IDLE, Demand Response (11am-1pm), IDLE, Reg. Route (3pm-6pm)</td>
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<tr>
<td>Type IV Proposed</td>
<td>All of Albany County</td>
<td>7 days</td>
<td>Reg. Route (5am-9am), IDLE, Demand Response (10am-2pm), IDLE, Reg. Route (3pm-7pm)</td>
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### C1. VEHICLE INVENTORY for EXISTING VEHICLES

<table>
<thead>
<tr>
<th>Vehicle Inventory</th>
<th>Current Service</th>
<th>Proposed Service*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AVG. NO. OF ON-WAY PASS. TRIPS PER DAY</td>
<td>AVG. NO. OF ON-WAY PASS. TRIPS PER DAY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VIN # (10 digits)</th>
<th>MODEL YEAR</th>
<th>CURRENT OR LEASED</th>
<th>FUNDING</th>
<th>ORGANIZATION</th>
<th>GASOLINE (G)</th>
<th>OR DIESO (D)</th>
<th>AMBULATORY</th>
<th>WHOM ELIGIBLE</th>
<th>ELD &amp; DISAB.</th>
<th>ELD &amp; DISAB.</th>
<th>OTHER</th>
<th>ELD &amp; DISAB.</th>
<th>OTHER</th>
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</tbody>
</table>

*If vehicle being retired, enter "To Be Retired".

FFY 2009 (Part I)
### VEHICLE INVENTORY for EXISTING VEHICLES

<table>
<thead>
<tr>
<th>Vehicle Inventory</th>
<th>Current Service</th>
<th>Proposed Service</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Avg. No. of Hours &amp; Miles Vehicle Carries Elderly &amp; Disabled Passengers Per Day</td>
<td>Avg. No. of One-Way Passenger Trips Per Day</td>
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<tr>
<td></td>
<td>Elderly &amp; Disabled</td>
<td>Other</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>VIN #</th>
<th>Model Year</th>
<th>Current Reading</th>
<th>Current Fleet ID</th>
<th>Agency Owned?</th>
<th>Leased?</th>
<th>Gasoline (G) or Diesel (D)</th>
<th>Ambulance/Chair/Lift</th>
<th>Wheelchair Access</th>
<th>Avg. No. of Hours &amp; Miles Vehicle Carries Elderly &amp; Disabled Passengers Per Day</th>
<th>Avg. No. of One-Way Passenger Trips Per Day</th>
<th>Elderly &amp; Disabled</th>
<th>Other</th>
<th>Elderly &amp; Disabled</th>
<th>Other</th>
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<td>2006</td>
<td>29,000</td>
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<td>G</td>
<td>10/2</td>
<td>9.5 hours/75 miles</td>
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<td>5</td>
<td>10/80</td>
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<tr>
<td>43062</td>
<td>2005</td>
<td>65,000</td>
<td>Y</td>
<td>G</td>
<td>24/4</td>
<td>8 hours/60 miles</td>
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<td></td>
<td>65</td>
<td>8/60</td>
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<td>12345</td>
<td>2004</td>
<td>58,000</td>
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<td>5 hours/50 miles</td>
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<td>8/60</td>
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<td>63429</td>
<td>2004</td>
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<td>16/4</td>
<td>7.5 hours/35 miles</td>
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<td>54012</td>
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<td>84,000</td>
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<td>D</td>
<td>32/2</td>
<td>5.5 hours/20 miles</td>
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<td>G</td>
<td>10/2</td>
<td>6 hours/30 miles</td>
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<td></td>
<td>60</td>
<td>3/20</td>
<td>30</td>
<td>2</td>
<td></td>
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<tr>
<td>36144</td>
<td>2000</td>
<td>124,000</td>
<td>Y</td>
<td>G</td>
<td>6/1</td>
<td>2 hours/10 miles</td>
<td></td>
<td></td>
<td>15</td>
<td>To be Retired</td>
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<tr>
<td>28106</td>
<td>1998</td>
<td>134,000</td>
<td>Y</td>
<td>D</td>
<td>30/2</td>
<td>4 hours/52 miles</td>
<td></td>
<td></td>
<td>20</td>
<td>To be Retired</td>
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</tbody>
</table>
## C2. VEHICLE INVENTORY for PROPOSED SECTION 5310 VEHICLES

Please list all vehicles being requested under this grant application – not to exceed 4 total

<table>
<thead>
<tr>
<th>Vehicle Inventory</th>
<th>Proposed Service</th>
<th>Avg. No. of One-Way Passenger Trips Per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vehicle Type</td>
<td></td>
<td>Avg. No. of Hours &amp; Miles Vehicle to Transport Elderly &amp; Disabled Passengers Per Day</td>
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</table>
### VEHICLE INVENTORY for PROPOSED 5310 VEHICLES

Please list vehicles being requested under this grant application – not to exceed 4 total

<table>
<thead>
<tr>
<th>Vehicle Inventory</th>
<th>Proposed Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vehicle Type (Type I, II, III or IV)</td>
<td>Avg. No. of Hours &amp; Miles Vehicle to Transport Elderly &amp; Disabled Passengers Per Day</td>
</tr>
<tr>
<td></td>
<td>Avg. No. of One-Way Passenger Trips Per Day</td>
</tr>
<tr>
<td>Type I R G 6/1</td>
<td>8 hours/50 miles</td>
</tr>
<tr>
<td>Type I E G 8/1</td>
<td>9 hours/45 miles</td>
</tr>
<tr>
<td>Type III E G 14/2</td>
<td>9 hours/75 miles</td>
</tr>
<tr>
<td>Type IV R D 30/2</td>
<td>12 hours/80 miles</td>
</tr>
</tbody>
</table>
D. PARTICIPATION IN A LOCALLY DEVELOPED HUMAN SERVICE PUBLIC TRANSIT COORDINATED TRANSPORTATION PLAN

Has your organization been involved in the process and included the vehicle(s) you are applying for through this grant submission proposal in the development (as part of the strategy) of the local coordinated plan in your area?

Yes ☐  No ☐

(IF No, your application will be deemed ineligible for funding)

Attach a separate narrative page(s), clearly labeled PART LD, Narrative, and certification letter provided by the Metropolitan Planning Organization (MPO), County Planning Office, (or other lead coordinator for the plan in your area) as is required and described under Part LD, of the application manual.

E. INVOLVEMENT OF PRIVATE FOR PROFIT OPERATORS

Did your organization receive any responses to the public notice requirement stipulated under Part LE, of the application manual?

Yes ☐  No ☐

(IF Yes, you must explain how you addressed the inquiries as is outlined in the application manual)

Attach a copy of the various items required, as described under Part LE, of the application manual, relating to the notice to private for-profit operators of your grant application for federally funded vehicle(s).

F. INVOLVEMENT OF SERVICES WITH OTHER PRIVATE NON-PROFIT OPERATORS (optional)

Attach copies of agreements that exist for your organization, if any, and a description of these arrangements on a separate page clearly labeled Part LF, that have been established to coordinate existing transportation services for elderly individuals and individuals with disabilities.

Please do not submit copies of letters from other private non-profit operators indicating support or approval of your application for Section 3510 grant funding. Part LF is requesting specific agreements your organization may have established with other agencies/organizations to coordinate existing transportation services. This is separate from the locally developed coordinated plan requirement, and is optional.
The Coordinated Plan is a plan that identifies the transportation needs of individuals with disabilities, older adults, and people with low incomes, and provides strategies for meeting those local needs. The intended purpose of “The Coordinated Plan” is to make the most efficient use of Federal resources through Federally-assisted programs (to minimize duplication of services) and to improve current services.
Who develops The Coordinated Plan locally?

- Metropolitan Planning Organization’s (MPOs) in urbanized areas, and typically County level governments in nonurbanized areas (see application manual pages 26-30)
- Applicants must participate in the ongoing development of the plan in their area
- Proposed Vehicles for 5310 grant funding (FFY 2009) must be considered as part of the strategy of The “Coordinated Plan” in the area from where the application is being submitted
1. Certification Letter provided to applicant by the lead coordinator of the plan in their area for applicants application submission (see page 17 of application manual for example)

2. Narrative detailing applicants efforts to include proposed grant vehicles in the coordinated strategies of the local plan
   - Required under Part I.D. of the Application Form (must be submitted with application package)
“Coordinated Plan” (cont.)

- Currently drafted Coordinated Plans may be used (on file at DOT and on 5310 website), with amendment for new participation; potential new strategies in the consideration of new federally funded grant vehicles.

- Application Forms requesting more specific information concerning plan strategies that are specific to 5310 grant vehicles being requested (i.e. page number of plan/Part I Application Form Cover Page).
SECTION 5310 Application FORMS

PART II
Legal Name of Applicant:

### A. EQUIPMENT CATALOG

#### DESCRIPTION

**Type I bus** – Conventional Front Engine (minimum 6 adult ambulatory, 1 wheelchair position) passenger bus, 11,500 lbs. GVWR, approximately 21 feet in length, with 76" high-headroom, rear emergency door, 5.4 L V-8 engine, 4-speed automatic transmission, 155 amp alternator and rear heater.

- □ Replacement Vehicle(s) and/or □ Expansion Vehicle(s) (select one or both)

<table>
<thead>
<tr>
<th>Estimated Unit Price</th>
<th>Number Requested</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>$39,000</td>
<td>$</td>
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</table>

#### Options & Prices

- Adjustable Wheelchair
- Tie Down System (see wheelchair impact chart in application manual)
  - 0,000 per w/c space, minimum of 3
    - $2,200
    - $2,200
    - $550
    - $550

**Total Cost $**

#### DESCRIPTION

**Type II bus** – Conventional Front Engine (minimum 10 adult ambulatory, 2 wheelchair position) passenger bus, 14,500 lbs. GVWR, approximately 23 feet in length, with 79" high-headroom, rear emergency door, 6.8 L V-10 engine, 5 speed automatic transmission, 155 amp alternator and rear heater.

- □ Replacement Vehicle(s) and/or □ Expansion Vehicle(s) (select one or both)

<table>
<thead>
<tr>
<th>Estimated Unit Price</th>
<th>Number Requested</th>
<th>Cost</th>
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<tbody>
<tr>
<td>$42,000</td>
<td>$</td>
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</tbody>
</table>

#### Options & Prices

- Adjustable Wheelchair
- Tie Down System (see wheelchair impact chart in application manual)
  - 0,000 per w/c space, minimum of 3
    - $2,900
    - $2,900
    - $550
    - $550

**Total Cost $**

---

1. If A/C Roof Mounted selected, do not carry over both A/C price and roof mounted price

*Base Price includes mandatory wheelchair lift*
### A. EQUIPMENT CATALOG (CONT.)

**(Requests may not exceed a total amount of $325,000 or a total of four (4) vehicles, regardless of Type)**

#### DESCRIPTION

**Type III bus** – Conventional Front Engine (minimum 14-adult ambulatory, 2 wheelchair positions)

- Passenger bus, 14,500 lbs. GVWR, approximately 23 feet in length, with 81" high-headroom, rear emergency door, 6.8 L V10 engine, 5-speed automatic transmission, 195 amp alternator and rear heater.

- **Replacement Vehicle(s)** and/or **Expansion Vehicle(s)** (select one or both)

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<thead>
<tr>
<th>Estimated Unit Price</th>
<th>Number</th>
<th>Requested</th>
<th>Cost</th>
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<tbody>
<tr>
<td>$43,000</td>
<td>x</td>
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</table>

#### Options & Prices

- **Adjustable Wheelchair**
  - Tie Down System (see wheelchair impact chart in application manual)
  - C pm w/c-specy - minimum of 2 $ -500 $ 

- **Air Conditioning** $6,600 $

- **Roof Mounted** $7,300 $

- **Engine**: Gasoline $m/c $
  - Diesel $7,100 $

- **Flip Seat/seat 2 (1 pm w/c spec) $550 $

- **Raised Floor (mandatory)** $350 $

- **ADA Transit Package** $2,300 $

**Total Cost** $5,400

#### DESCRIPTION

**Type IV bus** – Conventional Front Engine (minimum 39-adult ambulatory, 2-wheelchair position)

- Passenger bus, 26,500 lbs. GVWR, approximately 35 feet in length, with 78" high-headroom, rear emergency door, 6.7 L V-6 diesel engine, automatic transmission, 200 amp alternator and rear heater.

- **Replacement Vehicle(s)** and/or **Expansion Vehicle(s)** (select one or both)

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<tr>
<th>Estimated Unit Price</th>
<th>Number</th>
<th>Requested</th>
<th>Cost</th>
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<tbody>
<tr>
<td>$100,000</td>
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</table>

#### Options & Prices

- **Adjustable Wheelchair**
  - Tie Down System (see wheelchair impact chart in application manual)
  - C pm w/c-specy - minimum of 2 $ -1200 $ 

- **Air Conditioning** $5,700 $

- **Roof Mounted** $7,300 $

- **Flip Seat/seat 2 (1 pm w/c spec) $600 $

- **ADA Transit Package** $3,400 $

- **32-Passenger Bus** $32,200 $

- **Retractable Low Floor step** $75 $

- **Fiberglass Transit Seats** $4,500 $

**Total Cost** $32,275

1 If A/C Roof Mounted selected, do not carry over both A/C price and roof mount price

2 Includes front and side lettered destination signs, interior/exterior PA system, channel grub rails, two-way radio pre-wires, etc.

3 Option would offer minimum 50 adult ambulatory, 2 wheelchair position capacity

---

Footnote:

1. Base Price includes mandatory wheelchair lift.
Type I
Floor Plan
Comparison
TYPE II
APPROVED FLOOR PLANS

10 AMBULATORY
2 WHEELCHAIRS

6 AMBULATORY
3 WHEELCHAIRS

2 AMBULATORY
4 WHEELCHAIRS

0 AMBULATORY
5 WHEELCHAIRS

Type II
Floor Plan
Comparison
Type III
Floor Plan
Comparison
NEW
Type IV
Floor Plan
Example
PART II.B. and PART II.C.

B. SUMMARY OF PROJECT COSTS (total costs for all requested grant vehicle(s) — not to exceed four (4) grant vehicles)

a. Total Project Cost Estimate (all vehicles requested from Part II.A) $_________
   (Total Project Cost may not exceed $235,000)

b. Federal Share (80% of a.) $________

c. Local Share (20% of a.) $________

C. ESTIMATED TRANSPORTATION OPERATING BUDGET - Section 5310 Program service, plus all other elderly and/or disabled transportation service. (This should cover the initial fiscal year immediately following vehicle delivery)

   Annual Cost

   a. Salary $________

   b. Overhead $________

   c. Insurance $________

   d. Maintenance and Repairs $________

   e. Fuel, Oil, Tires, etc.
      Fuel estimate: Miles × M.P.G. × Cost per Gallon
      (Fill in Blanks) _______ × _______ × $2.25
      $________

   f. Administration and Reporting Costs $________

   g. Cost for Leasing Vehicle(s) and/or Contract Carrier Service $________

   h. Other Costs (specify) $____

   i. TOTAL ESTIMATED ANNUAL COST: (sum of a through h) $________

   j. PER PASSENGER TRIP COST $________

   k. Lowest PER PASSENGER TRIP COST of service obtained from Private For-Profit Operator (if applicable - see Part I.E) $________

   l. SELECTED PER PASSENGER TRIP COST (If private for-profit operator will provide service, place “X” Mark: ☐) $________
D. **FINANCIAL RESOURCES**

1. Specify the sources and **amounts** for the non-federal 20% local share for this project:

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<tr>
<th>Source</th>
<th>Amount</th>
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   **TOTAL** $________

2. Specify the sources and **amounts** you will use to pay for your entire transportation operation:

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<tr>
<th>Source</th>
<th>Amount</th>
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   **TOTAL** $________

3. For your most recent fiscal year list the major sources and **amounts** of income for all purposes:

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
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   **TOTAL** $________
E. JUSTIFICATION FOR PROPOSED SECTION 5310 VEHICLE(S) AND DESCRIPTION OF CAPABILITIES

Attach a separate page(s), clearly labeled PART II.E., that provides answers to each of the 5 items listed below. Please use complete sentences and respond to each item individually.

1. Explain why you are asking for this size vehicle(s).

2. If you are requesting a replacement vehicle(s), provide a justification for the replacement, and explain any maintenance problems and major repairs, and provide the odometer readings.

3. Describe the arrangements you will make for preventive maintenance and garaging for the proposed grant vehicle(s), including the washing of vehicles.

4. Describe the administrative and managerial capabilities of your organization to manage and operate this service.

5. Describe your financial capabilities to pay for the operation and maintenance of the vehicle(s) proposed in this application.

F. TITLE VI CIVIL RIGHTS GENERAL REPORTING REQUIREMENTS

Attach a separate page(s), clearly labeled PART II.F., that provides answers to the 3 items below. Please use complete sentences and respond to each item individually.

1. A concise description of any lawsuits or complaints alleging discrimination in service delivery (only for transportation service).

2. The status or outcome of these lawsuits or complaints.

3. A summary of all civil rights compliance review activities conducted in the last three years relating to transportation service delivery. (If applicable, this should include the purpose or reason for the review, the name of the organization or agency that performed the review, and a summary of the findings and recommendations of the review).
PART II.G. & PART II.H.

G. **GRANT VEHICLE INTEREST & PERFORMANCE INFORMATION (optional)**

Attach a separate page(s), clearly labeled PART II.G, when responding to this section.

At the applicant’s option and discretion, provide a narrative detailing your level of interest in smaller size (smaller than Type 1 vehicle currently offered) and/or hybrid/alternative fuel grant vehicles under the Section 5310 Grant Program.

For previous Section 5310 grantees, explain any particular problems you have experienced with Section 5310 Program vehicles. Please make a separate entry for each make/model/year of vehicle as appropriate.

H. **FEDERAL FISCAL YEAR 2009 CERTIFICATIONS AND ASSURANCES FOR FEDERAL TRANSIT ADMINISTRATION ASSISTANCE PROGRAMS**

Federal Fiscal Year 2009 Certifications and Assurances for Federal Transit Administration (FTA) Assistance Programs may be found on the NYSDOT Section 5310 Grant Program website through the following link:


- If you do not have internet access, please call this office at (518) 457-8335 to request a hard copy of this document.
- You are responsible for reviewing the content of the FTA Certifications and Assurances.
- The following certification and signature pages must be completed once you have reviewed these FTA Certification and Assurance documents.

**PART II.H. Certification and Signature Page(s) follow on pages 7 & 8.**
Name of Applicant: ____________________________

The Applicant agrees to comply with applicable provisions of Categories 01 – 24.

Yes ☐ No ☐ Initials: __________

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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<tbody>
<tr>
<td>01.</td>
<td>Assurances Required For Each Applicant.</td>
</tr>
<tr>
<td>02.</td>
<td>Lobbying.</td>
</tr>
<tr>
<td>03.</td>
<td>Procurement Compliance.</td>
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<tr>
<td>04.</td>
<td>Protection for Private Providers of Public Transportation.</td>
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<tr>
<td>05.</td>
<td>Public Hearing.</td>
</tr>
<tr>
<td>06.</td>
<td>Acquisition of Rolling Stock for Use in Revenue Service.</td>
</tr>
<tr>
<td>07.</td>
<td>Acquisition of Capital Assets by Lease.</td>
</tr>
<tr>
<td>08.</td>
<td>Bus Testing.</td>
</tr>
<tr>
<td>09.</td>
<td>Charter Service Agreement.</td>
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<tr>
<td>10.</td>
<td>School Transportation Agreement.</td>
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<td>11.</td>
<td>Demand Responsive Service.</td>
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<tr>
<td>12.</td>
<td>Alcohol Misuse and Prohibited Drug Use.</td>
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<tr>
<td>13.</td>
<td>Interest and Other Financing Costs.</td>
</tr>
<tr>
<td>15.</td>
<td>Urbanized Area Formula Program.</td>
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<tr>
<td>16.</td>
<td>Clean Fuels Grant Program.</td>
</tr>
<tr>
<td>17.</td>
<td>Elderly Individuals and Individuals with Disabilities Formula Program and Pilot Program.</td>
</tr>
<tr>
<td>18.</td>
<td>Nonurbanized Area Formula Program for Stairs.</td>
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<tr>
<td>22.</td>
<td>Tribal Transit Program.</td>
</tr>
<tr>
<td>23.</td>
<td>Infrastructure Finance Projects.</td>
</tr>
</tbody>
</table>
PART H (cont.)

FEDERAL FISCAL YEAR 2009 FTA CERTIFICATIONS AND ASSURANCES SIGNATURE PAGE
(Required of all Applicants for FTA assistance and all FTA grantees with an active capital or formula project)

AFFIRMATION OF APPLICANT

Name of Applicant: ________________________________

Name and Relationship of Authorized Representative: ________________________________

BY SIGNED BELOW, on behalf of the Applicant, I declare that the Applicant has duly authorized me to make these certifications and assurances and bind the Applicant’s compliance. Thus, the Applicant agrees to comply with all Federal statutes and regulations, and follow applicable Federal directives, and comply with the certifications and assurances as indicated on the following pages applicable to each application it makes to the Federal Transit Administration (FTA) in Federal Fiscal Year 2009.

FTA means that the certifications and assurances the Applicant selects on the other side of this document, as representative of the certifications and assurances in this document, should apply, as provided, to each project for which the Applicant seeks now, or may later, seek FTA assistance during Federal Fiscal Year 2009.

The Applicant affirms the truthfulness and accuracy of the certifications and assurances it has made in the statement submitted herein with this document and any other submission made to FTA, and acknowledges that the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. 3801 et seq., and implementing U.S. DOT regulations, "Program Fraud Civil Remedies", 49 CFR part 31 apply to any certification, assurance or submission made to FTA. The criminal fraud provisions of 18 U.S.C. 1001 apply to any certification, assurance, or submission made in connection with a Federal public transportation program authorized in 49 U.S.C. chapters 53 or any other statute.

In signing this document, I declare under penalties of perjury that the foregoing certifications and assurances, and any other statements made by me on behalf of the Applicant are true and correct.

Signature: ________________________________ Date: ________________________________

Name: ________________________________ Date: ________________________________

Authorized Representative of Applicant

AFFIRMATION OF APPLICANT’S ATTORNEY

Per (Name of Applicant): ________________________________

As the undersigned Attorney for the above named Applicant, I hereby affirms to the Applicant that it has authority under State, local, or tribal government law, as applicable, to make and comply with the certifications and assurances as indicated on the foregoing pages. I further affirm that, in my opinion, the certifications and assurances have been legally made and constitute legal and binding obligations on the Applicant.

I further affirm to the Applicant that, to the best of my knowledge, there is no legislation or litigation pending or imminent that might adversely affect the validity of these certifications and assurances, or of the performance of the project.

Signature: ________________________________ Date: ________________________________

Name: ________________________________ Date: ________________________________

Attorney for Applicant

Each Applicant for FTA financial assistance and each FTA Grantee with an active capital or formula project must provide an Affirmation of Applicant’s Attorney pertaining to the Applicant’s legal capacity. The Applicant must have its signature in line of the Attorney’s signature, preceded by the Applicant’s name on this Affirmation, signed by the attorney and dated this Federal Fiscal Year.

FFY 2009 (Part II) PAGE 5
I. QUESTIONNAIRE FOR COMMON CARRIER, CONTRACT CARRIER OR SCHOOL BUS DETERMINATION

Questionnaire on Use of Section 8310 Vehicles

Applicant Name: ____________________________

County: _________________________

Phone No.: _________________________

Person Completing Form: __________________________

Signature: _________________________ Date: _________________________

______ [“X” Mark One]:

1. Is your agency currently regulated by NYSDOT as a “Contract or Common Carrier”? If Yes, enter your NYSDOT number: __________ 
   (If you answer Yes, you do not need to answer the remainder of this questionnaire)

   Yes ☐ No ☐

   Article 7 of the New York State Transportation Law governing the regulation of Passenger Transportation Service for the transportation of consumers permits exemptions for certain not-for-profit enterprises that are not open to the general public.

Section 131(1) of the New York State Transportation Law permits these exemptions for transportation services that are: “Incidental to or in furtherance of any non-transportation commercial or not-for-profit enterprise of the provider of the transportation when such transportation is not open to the general public.”

[“X” Mark One]:

2. Will your agency be serving members of the General Public?
   (If Yes, please explain on separate page labeled Part E.13.)

   Yes ☐ No ☐

   New York State Law governing the transportation of consumers under the age of 21 to or from a school, as defined below, requires that the transportation be provided with a school bus meeting New York State inspection requirements.

   Section 2(6) of the New York State Transportation Law defines school as: “every place of academic, vocational or religious service or instruction for persons under the age of 21, except places of higher education. It shall include every child care center, every institution for the care or training of the mentally or physically disabled, and every day camp.”

[“X” Mark One]:

3. Will the requested vehicle(s) ever transport consumers under the age of 21 to or from a school?
   (If Yes, please explain on separate page labeled Part E.13.)

   Yes ☐ No ☐
J. CERTIFICATION APPLYING TO SUBMITAL OF APPLICATION FORMS

I hereby certify that no changes have been made to the Section 5310 Grant Application Forms that my agency is submitting to the New York State Department of Transportation for consideration. It is also understood that any applications submitted on Application Forms not produced by the Department for the FFY 2009 Section 5310 Grant Program will not be accepted for evaluation.

Signature: ____________________________

Date of Signature: ______________

Name and Title (please type/print): ____________________________
SECTION 5310 Program

NYSDOT Main Office

- Address: 50 Wolf Road, POD 54
  Albany, NY 12232
- Phone: (518) 457-8335

- 5310 website:
  www.nysdot.gov/public-transportation - follow the link
  “Federal Transit Funding Programs” to the “Section
  5310 Elderly & Disabled Program” site

- Email: mhaas@dot.state.ny.us
  jsimpson@dot.state.ny.us