

Competitive Grant Application

for

Enhanced Mobility for Seniors and Individuals with Disabilities

Federal Transit Administration (FTA) Section 5310

FFY 2024 & FFY 2025

*Indian Nations Council of Governments
Transportation Division*

March 2025





Application Checklist

The following information must be included in the application packet to be considered complete. **Incomplete applications will not be considered.**

- Checklist
- Cover Letter
- Form 1: Applicant Information
- Form 2: Project Narrative
 - Maps
 - Letters of Support
- Form 3: If requesting vehicles
- Form 4: Project Budget
- Resolution for Matching Funds Commitment
- Proof of:
 - Private, non-profit status, or
 - State or Local Governmental Authority, or
 - Operator of public transportation service, including private operators of public transportation services
 - W-9 Form
 - State of Oklahoma Certificate of Good Standing (dated within 6 months of application date)
 - Bylaws
 - IRS Tax Exempt Status (501(c)(3), 501(c)(4), or Section 905) – all pages, including signature page
 - Organizational Chart



- Board Roster
- Most recent organization Audit and Current Balance Sheet
- Conflict of Interest Policy
- Short-Term Coordination Strategies Commitment Form
- Federal Certifications and Assurances
 - Assurance of Authority of Applicant and Representatives
 - General Assurances
 - Certification of Civil Rights Complaint Status
 - Certification of Drug-Free Workplace



Enhanced Mobility for Seniors and Individuals with Disabilities
Federal Transit Administration Section 5310

Application for Funding (FFY 2024 & FFY 2025)

FORM 1

APPLICATION PART 1: Applicant Information

Legal Name: _____

Contact Person: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Fax: _____

E-mail: _____

Primary Service Area: _____

Is your organization a recipient under any of the following programs?

Section 5307 Section 5310 Section 5311 N/A

Applicant Status: Private, non-profit organization
 City or County government body
 Tribal Government
 Operator of public transportation services, including private operators of public transportation services

Attach documentation/proof of organization status.



**Enhanced Mobility for Seniors and Individuals with Disabilities
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Form 2

APPLICATION PART 2: Project Narrative

Instructions: In your narrative, please use the headings listed below. Limit total document length to eight (8) pages. The project description (item #4) should be no more than one (1) page. The remaining seven (7) pages, include maps, graphs, and charts. Letters of support are included separately. Use 8 ½ x 11" paper, single-spaced, 10-point font, and one-inch margins. Please use a commonly accepted font such as Arial or Times New Roman.

1. Title: _____

2. Project Type: ADA Vehicle (85/15) Operating (50/50) Non-ADA vehicle / Other Capital (80/20) Maintenance (80/20)

3. Complete description of project. Use a separate sheet to write the summary. Add maps of service area or any other maps to the support documentation section.

1. Describe how your project will impact new transportation service areas (project goals and objectives)
2. The project should directly address the strategies identified in the [Coordinated Plan \(https://www.incog.org/Transportation/Documents/Coordinated%20Plan/2020PlanUpdate.pdf\)](https://www.incog.org/Transportation/Documents/Coordinated%20Plan/2020PlanUpdate.pdf). Project application should clearly state the overall program goals and objectives and demonstrate how the project is consistent with the Coordinated Plan strategies and with the objectives of Section 5310 grant program. Project application should indicate the number of persons expected to be served and the identified target population group, and the number of trips (or other units of services) expected to be provided.



4. Project Benefits.

1. Describe how the project will benefit the target population.

5. Coordination and Program Outreach.

1. Describe how the project will be coordinated with public and/or private transportation and social service agencies serving elderly populations and individuals with disabilities¹.
2. Describe how project sponsor will continue to involve key stakeholders throughout the project. Describe efforts to market the project, and ways to promote public awareness of the program. Letters of support should be obtained from key stakeholders and attached to the grant application.

6. Cost-Effectiveness.

1. Project application should demonstrate that the proposed project is the most appropriate match of service delivery to the need. Identify performance measures to track the effectiveness of the service in meeting the identified goals. For capital-related projects, project sponsor is responsible to establish milestones and report on the status of project delivery.
2. Describe a plan for monitoring and evaluation of the service, and steps to be taken if original goals are not achieved.

7. Innovation.

1. Describe any proposed use of innovative ideas, new technologies, and creative sources of financing that have the potential for improving access and mobility for the target populations and may have replicability by other jurisdictions and agencies.

¹ An individual who, because of illness, injury, age, congenital malfunction, or other incapacity or temporary or permanent disability (including an individual who is a wheelchair user or has semi-ambulatory capability), cannot use effectively, without special facilities, planning, or design, public transportation service or a public transportation facility.



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Form 3

APPLICATION PART 3: Need for Vehicles (one form for each vehicle)

If you are requesting a vehicle(s), please provide the following information:

1. How many annual passenger trips are provided by your agency?

2. Describe how many days per week service is operated, along with any important seasonal differences in service

3. Please list the vehicle service hours and vehicle service miles your agency provides

Daily Service Hours: _____

Daily Service Miles: _____

Weekly Service Hours: _____

Annual Service Miles: _____

4. Do you operate your vans on: Check all that apply

Weekdays Weeknights after 6pm Weekends

5. Please describe why the transit service provided by existing public or private transit operators is unavailable, insufficient, or inappropriate to meet the transportation needs proposed to be served through this application

How will the requested vehicle be used? _____

6. Is the vehicle a replacement or service expansion? _____



Replace Existing – vehicle being replaced is a ____ year with ____ miles
Vehicle Identification Number _____
vehicle being replaced is a ____ year with ____ miles
Vehicle Identification Number _____

Does the vehicle being replaced have a wheelchair lift? _____

Service expansion -

Does the vehicle(s) requested have a wheelchair lift? _____

8. Describe the service that will be provided with the vehicle(s) requested in this application. Include information on where the vehicle will serve and the schedule, including hours per day and how many days per week the service will operate

8. What is the number of passenger trips expected on the vehicle requested?

Daily _____

Annually _____



**Enhanced Mobility for Seniors and Individuals with Disabilities
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Application for Funding (FFY 2024 & FFY 2025)

Form 4

APPLICATION PART 4: Project Funding Overview

Non-Federal matching funds will be required for all application submittals. For projects requiring operating funds, the required match is 50%+ from non-federal transportation funds. For capital projects the required match is 20%+ from non-federal transportation funds. For vehicles, the required match is 15%+ from non-federal transportation funds.

Project Name _____

Applicant Name _____

Total Annual Project Budget \$ _____

Capital Federal Share (vehicles) \$ _____ %

Capital Non-Federal Match (vehicles) \$ _____ %

Capital Federal Share (non-vehicles) \$ _____ %

Capital Non-Federal Match (non-vehicles) \$ _____ %

Operating Federal Share \$ _____ %

Operating Non-Federal Match \$ _____ %

Non-Federal Match Funding Source _____

Note: The applicant is required to demonstrate a commitment to providing non-federal match funds. This can be a notarized copy of the Governing Body meeting minutes.

Will there be a commitment of funds beyond the grant period?

_____ Yes _____ No

Describe: _____



Form 5

APPLICATION PART 4: Capital Cost Budget (vehicles)

List capital expenses for all requested items. If the application is requesting a vehicle(s) and is a Section 5310 agency, it must conform to 5310 procurement guidelines regarding vehicle type and procurement procedures. Attach a copy of State of Oklahoma purchasing system pricing sheet for each vehicle.

Capital Expenses

Whole \$ only

Requested Item	Quantity	Unit Price	Subtotal
Total Capital Cost:			

Matching Funds Ratio

Federal (FTA) Share (85% of Total Capital Cost) \$ _____

Non-Federal Share (15% of Total Capital Cost) \$ _____

Non-Federal Funding Sources - See page 4 for eligible matching funds

Funding Source	Funding
Total Non-Federal Match:	



Form 6

APPLICATION PART 4: Capital Cost Budget (non-vehicle)

List capital expenses for all requested items. Mobility management projects are considered a capital cost and should be included on this request.

Capital Expenses

Whole \$ only

Requested Item	Quantity	Unit Price	Subtotal
Tires, Parts, Maintenance (Preventive Maintenance)			
Total Capital Cost:			

Matching Funds Ratio

Federal (FTA) Share (80% of Total Capital Cost) \$ _____

Non-federal Share (20% of Total Capital Cost) \$ _____

Non-Federal Funding Sources - See page 5 for eligible matching funds

Funding Source	Funding
Total Non-Federal Match:	



Form 7

APPLICATION PART 4: Operating Cost Budget

Operating Expenses

Whole \$ Only

PERSONNEL/VOUCHER PROGRAM	
Expenses related to voucher program (excluding salaries)	
Driver Costs (Salaries, Fringe, Benefits, etc.)	
Other Personnel Costs (Salaries, Fringe, Benefits, etc. - specify below)	
OTHER OPERATING EXPENSES	
Fuel and Oil	
Vehicle License(s)	
Vehicle Insurance	
Other Expenses (specify below)	
Operating Expense Subtotal	

Operating Expenses

Whole \$ Only

Fare Revenues	
Other Operating Revenues (including advertising - specify below)	
Operating Revenue Subtotal	
NET OPERATING COSTS (Operating Expense minus Operating Revenue)	

Operating Expenses

Whole \$ Only

Federal share - no more than 50% of Net Operating Costs/ \$0	
Non-federal Share - no less than 50% of Net Operating Costs/ \$0	
Non-federal Funding Source (List each source and amount. In-kind contributions allowed pursuant to 49CFR18.24 or 49CFR19.23 as appropriate)	Funding

Total Non-federal Match:



MATCHING FUNDS COMMITMENT

Resolved that _____ is
(applicant)

recognized by the state of Oklahoma as a

- Private, non-profit organization
State or local governmental authority
Tribal Government
Operator of public transportation services, including private operators of public transportation services

enters into an Agreement with the Indian Nations Council of Governments (INCOG) to receive Federal Transit Administration Section 5310 grant 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.

Further resolved that _____
(applicant)

agrees to provide the required minimum non-federal matching share for Section 5310 grant projects.

Further resolved that _____
(applicant)

authorizes the _____ and/or the
(title)

_____ to execute the aforementioned
(title)

agreement and any amendments thereto.

CERTIFICATION

I hereby certify that the foregoing resolution is a true and correct copy of the resolution presented

and adopted by _____
(applicant's governing body)

at a duly authorized meeting held on the _____ day of _____ as shown by the minutes

of the meeting in my possession.

(Name) / (Title)



SHORT-TERM COORDINATION STRATEGIES COMMITMENT FORM

Federal regulations require that agencies improve human services transportation by coordinating with each other. The following short-term strategies are part of the Coordinated Public Transit – Human Services Transportation Plan for the Tulsa Transportation Management Area which was developed in compliance with new Federal Transit Administration regulations. All agencies applying for Section 5310 grant funds are expected to comply with the coordination efforts. Recipients of this funding will commit to these strategies and demonstrate compliance throughout the grant term.

- a. Provide information about current coordination activities in the grant applications for Section 5310 funds. These activities will be monitored in order to identify local best practices to be included as examples in the update to the Plan.
- b. Attend meetings throughout the year and an annual meeting at the end of the grant year with other human services public and private providers to facilitate communication and collaboration. These meetings will be incorporated as much as possible into groups that exist already to avoid duplication of effort. Participants in the meetings will be asked to work actively on elements of the Plan and report on their progress at an annual meeting. Notification about the meeting dates will be sent from the applicant distribution lists. Information will also be posted on the INCOG website at www.incog.org.
- c. Support the development of a resource containing information about public and private agencies that provide transportation services. Agencies will be asked to keep their information up to date in order to maintain current and accurate data for public dissemination.

If you have questions about these strategies at any time during your grant term, please contact Mahathi Akella at (918) 579-9411 or by email makella@incog.org

I do hereby agree, on behalf of my organization, that we will actively participate in the above named strategies in compliance with the Coordinated Public Transit – Human Services Transportation Plan for the Tulsa Transportation Management Area. Our participation will continue throughout the term of the grant.

Printed Name

Title

Signature

Organization

**Federal Fiscal Year 2025 Certifications and Assurances for
FTA Assistance Programs**

(Signature pages alternate to providing Certifications and Assurances TrAMS.)

Name of Applicant: _____

The Applicant certifies to the applicable provisions of all categories: (check here) _____

Category	Certification
01 Certifications and Assurances Required of Every Applicant	_____
02 Public Transportation Agency Safety Plans	_____
03 Tax Liability and Felony Convictions	_____
04 Lobbying	_____
05 Private Sector Protections	_____
06 Transit Asset Management Plan	_____
07 Rolling Stock Buy America Reviews and Bus Testing	_____
08 Urbanized Area Formula Grants Program	_____
09 Formula Grants for Rural Areas	_____
10 Fixed Guideway Capital Investment Grants and the Expedited Project Delivery for Capital Investment Grants Pilot Program	_____
11 Grants for Buses and Bus Facilities and Low or No Emission Vehicle Deployment Grant Programs	_____
12 Enhanced Mobility of Seniors and Individuals with Disabilities Programs	_____
13 State of Good Repair Grants	_____
14 Infrastructure Finance Programs	_____
15 Alcohol and Controlled Substances Testing	_____
16 Rail Safety Training and Oversight	_____
17 Demand Response Service	_____

- 18 Interest and Financing Costs _____
- 19 Cybersecurity Certification for Rail Rolling Stock and Operations _____
- 20 Tribal Transit Programs _____
- 21 Emergency Relief Program _____

FEDERAL FISCAL YEAR 2025 FTA CERTIFICATIONS AND ASSURANCES SIGNATURE PAGE

(Required of all Applicants for federal assistance to be awarded by FTA in FY 2022)

CERTIFICATIONS AND ASSURANCES SIGNATURE PAGE

AFFIRMATION OF APPLICANT

Name of the Applicant: _____

BY SIGNING BELOW on behalf of the Applicant, I declare that it has duly authorized me to make these Certifications and Assurances and bind its compliance. Thus, it agrees to comply with all federal laws, regulations, and requirements, follow applicable federal guidance, and comply with the Certifications and Assurances as indicated on the foregoing page applicable to each application its Authorized Representative makes to the Federal Transit Administration (FTA) in the federal fiscal year, irrespective of whether the individual that acted on his or her Applicant’s behalf continues to represent it.

The Certifications and Assurances the Applicant selects apply to each Award for which it now seeks or may later seek federal assistance to be awarded by FTA during the federal fiscal year.

The Applicant affirms the truthfulness and accuracy of the Certifications and Assurances it has selected in the statements submitted 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 provisions of 18 U.S.C. § 1001 apply to any certification, assurance, or submission made in connection with a federal public transportation program authorized by 49 U.S.C. chapter 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 accurate.

Signature _____ Date _____

Name _____ Authorized Representative of Applicant

AFFIRMATION OF APPLICANT’S ATTORNEY

For (Name of Applicant): _____

As the undersigned Attorney for the above-named Applicant, I hereby affirm 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 it.

I further affirm 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 its FTA assisted Award.

Signature _____

Date _____

Name _____

Attorney for Applicant

Each Applicant for federal assistance to be awarded by FTA must provide an Affirmation of Applicant’s Attorney pertaining to the Applicant’s legal capacity. The Applicant may enter its electronic signature in lie of the Attorney’s signature within TrAMS, provided the Applicant has on file and uploaded to TrAMS this hard-copy Affirmation, signed by the attorney, and dated this federal fiscal year.