

**FEDERAL TRANSIT ADMINISTRATION (FTA)**

**SECTION 5310**

**ENHANCED MOBILITY OF SENIORS AND INDIVIDUALS  
WITH DISABILITIES PROGRAM**

**PROJECT APPLICATION  
FOR  
The Indianapolis Urban Area  
Call for Projects**

**Calendar Year 2019**

**DESIGNATED GRANT RECIPIENT  
AND  
PROGRAM ADMINISTRATOR**



**Indianapolis Public Transportation Corporation  
1501 West Washington Street  
Indianapolis, Indiana 46222**

## NOTES FOR 2019

### **THIS APPLICATION IS FOR “TRADITIONAL” CAPITAL ASSISTANCE**

The emphasis of Section 5310 funding is to improve the mobility for transportation of seniors and individuals with disabilities. IPTC will evaluate grant applications based on their ability to address the transportation needs of seniors and individuals with disabilities. Section 5310 vehicles are to be used first for program-related needs for which a Section 5310 grant is made and then to meet other federal programs or project needs, providing these uses do not interfere with the project activities originally funded.

**Transit Asset Management Plans** – The Federal Transit Administration issued guidance in July 2016 regarding development of Transit Asset Management (TAM) Plans. TAM plans must include an asset inventory, condition assessments of inventoried assets, and a prioritized list of investments to improve the state of good repair of their capital assets.

A nonprofit subrecipient under the Section 5310 program that operates closed-door service (e.g. for members of a specific senior center or for participants in a specific sheltered workshop program only), is **not** subject to this rule.

However, a subrecipient under the formula program for elderly persons and persons with disabilities (49 U.S.C. 5310) that operates any service **open to the general public** must comply with the Transit Asset Management Plan rules. This includes private pay medical transportation services operated by the subrecipient open to the public. If your agency is a Section 5310-only recipient, and provide any transportation services to the public, please contact IPTC as soon as possible.

All Section 5311 rural public transit systems are covered under this TAM rule.

### **Recent Financial Audit**

**Not for profit applicants** must provide a copy of your agency’s most recent financial audit/statement, or a Waiver of Audit Requirement from the State Board of Accounts.

**Eligible public bodies** must provide a copy of your most recent State Board of Accounts audit.

### **Title VI Civil Rights**

All applicants must have or will provide a Title VI (Civil Rights) Plan. If your agency already has an FTA approved Title VI plan, you must submit a copy with this grant application.

If your agency does not have a Title VI Civil Rights Plan, your agency must complete a plan prior to any grant approval. See Title VI Compliance for further information.

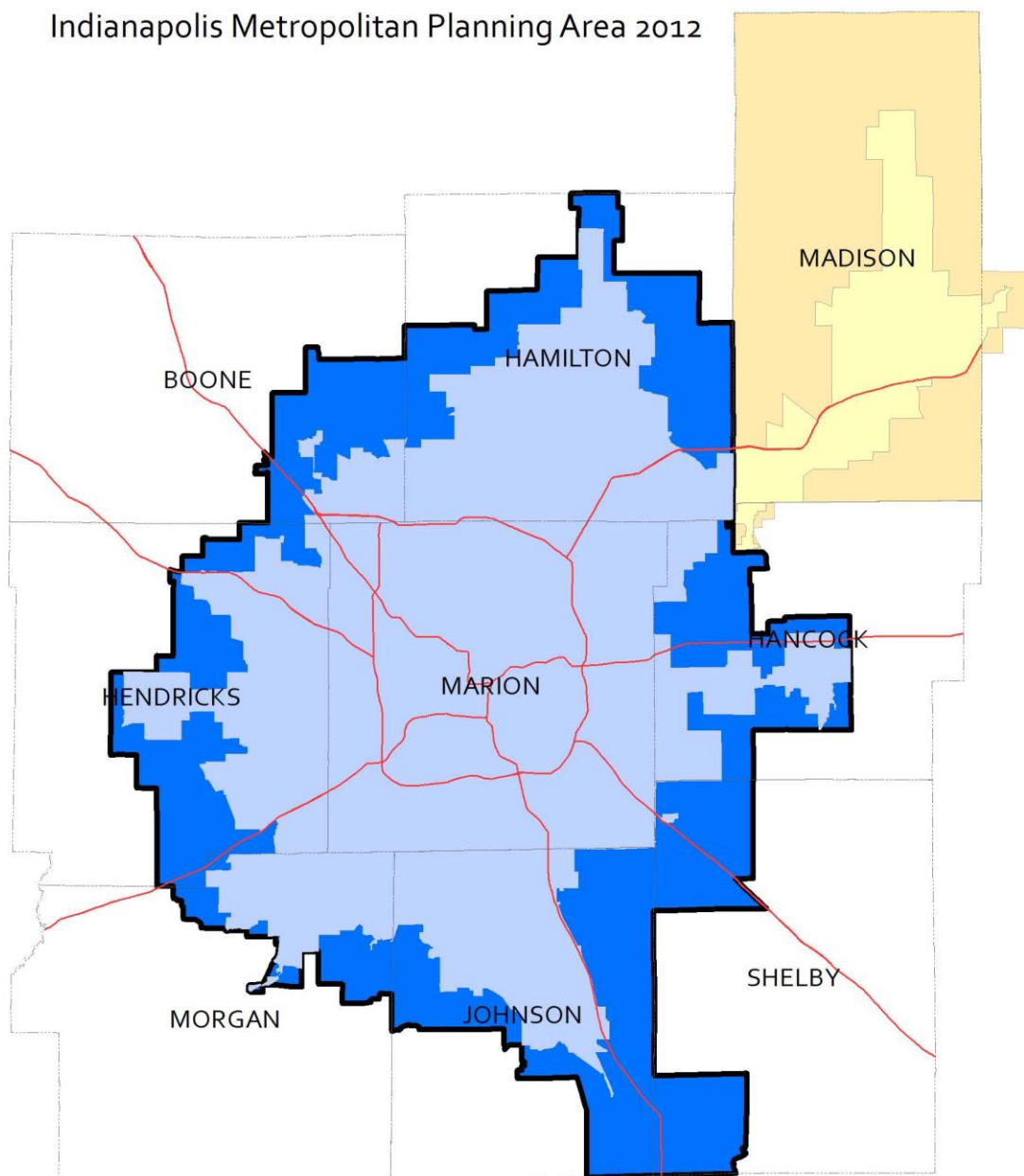
## **Other**

- Applicants may now use e-mail for provider notification letters.
- The Indianapolis Public Transportation Corporation (IPTC) is responsible for administering Section 5310 grant funds for the Indianapolis Urban Area. **See map on the following page for the Indianapolis Urban Area jurisdiction.** An applicant must primarily offer transportation services in the areas shown on the map.
- A declaration/certificate of insurance listing Indianapolis Public Transportation Corporation as additionally insured is required for delivery of any capital vehicles awarded through this grant program.
- **All applicants must provide a DUNS number.** Dun & Bradstreet (D&B) provides a D-U-N-S Number, a unique nine-digit identification number, for each physical location of your business.

D-U-N-S Number assignment is FREE for all businesses required to register with the US Federal government for contracts or grants.

If one does not exist for your business location, it can be created within 1 business day by going to the following link - <http://fedgov.dnb.com/webform/pages/CCRSearch.jsp>

## Indianapolis Metropolitan Planning Area 2012



### Legend

- Indianapolis Urbanized Area
- Indianapolis Metropolitan Planning Area
- Anderson Urbanized Area
- Anderson Metropolitan Planning Area

0 4.5 9 18 Miles



This map was created by the Indianapolis MPO for graphic display purposes and does not represent a legal document.

## SECTION 5310 TRADITIONAL CAPITAL VEHICLE GRANT PROGRAM

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# **SUBMIT ONE BOUND, ORIGINAL APPLICATION POSTMARKED BY FRIDAY, June 21, 2019.**

## **I. INTRODUCTION**

The purpose of this application package is to provide information, guidance and a format for completing a Section 5310 (Enhanced Mobility of Seniors and Individuals with Disabilities) grant application request.

The Indianapolis Public Transportation Corporation (IPTC) is the designated recipient of Federal Transit Administration (FTA) Section 5310 grant funds for the Indianapolis Urban Area.

IPTC requires applicants to use this format when developing an application. **Applicants must submit one grant application with original signatures. Please put the application in a three-ring binder.**

Answers should be clear, complete and concise. Applicants that need assistance in completing the application may request help from IPTC by contacting Ryan Gallagher, Senior Transit Planner at (317) 614-9334 or by email at [RGallagher@IPTC.net](mailto:RGallagher@IPTC.net).

### **A. Description of Section 5310 Program**

The FTA Section 5310 program provides federal funding assistance for programs that improve mobility for seniors and individuals with disabilities by removing barriers to transportation services and expanding the transportation mobility options available.

IPTC will award Section 5310 grants to help agencies provide transportation services targeted for these populations where accessible public transit is not available, insufficient or inappropriate.

There are two categories of sub recipients eligible to receive Section 5310 funding:

1. Private, non-profit corporations (incorporated in Indiana through the Secretary of State).
2. Eligible local public bodies (defined as a “municipal corporation” in Indiana Code 36-1-2-10) that either 1) are approved by IPTC to coordinate services for seniors and individuals with disabilities, or 2) certify to IPTC that no non-profit corporations are readily available to provide the proposed service. ***Public bodies interested in submitting a grant application must request certification of their eligibility to IPTC by June 11, 2019 (see Attachment #4).***

## **THIS APPLICATION IS FOR A CAPITAL ASSISTANCE GRANT**

IPTC will not be soliciting for grant requests seeking operating assistance through the Section 5310 Program in 2019. IPTC will only be soliciting requests for capital assistance in this Call for Projects.

Eligible capital equipment includes vans, modified vans, and small/medium/large transit vehicles. The Indianapolis Public Transportation Corporation (IPTC) will procure all vehicles on behalf of grant recipients. Approximate delivery time of vehicles is from June through September 2020. Section 5310 funds cover 80% of equipment cost. The remaining 20% of the projects’ capital cost comes from the grantee.

Your agency must assure that local matching funds (cash) are available to cover 20% of the cost of the equipment you are requesting. The applicant may provide the local match from other federal programs

that are eligible to be expended for transportation, with the exception of USDOT/FTA programs.

The *IPTC Section 5310 Program Management Plan (PMP)* discusses in further detail program application, operating and reporting requirements. Applicants may obtain copies from IPTC.

B. Application Timeline

To participate in the Section 5310 grant process, your organization must submit one complete bound (three-ring binder) and signed application to IPTC. **APPLICATIONS MUST BE POSTMARKED BY June 21, 2019** No consideration will be given to applications received or postmarked after the due date.

Please send/deliver applications to:

Indianapolis Public Transportation Corporation  
ATTN: Ryan Gallagher  
Senior Transit Planner  
1501 West Washington Street  
Indianapolis, IN 46222

ACTIVITY	RESPONSIBILITY	TIME FRAME
<b>IPTC posts applications on-line</b>	IPTC	May 30, 2019
<b>Meet with local TACs</b>	All Applicants	Ongoing
<b>Request Local Public Body Cert. from IPTC</b>	Local Public Body	by June 11, 2019
<b>Send provider notification letter (via email)</b>	All Applicants	by June 11, 2019
<b>Application postmarked by</b>	All Applicants	June 21, 2019
<b>Application review</b>	IPTC	July 2019
<b>Award notification</b>	IPTC	July 2019
<b>Federal approval</b>	FTA	By Sept 2019
<b>Execute contracts</b>	IPTC/Grantee	Sept/Oct 2019
<b>Send local share to IPTC</b>	Grantee	October 2019
<b>Place orders for vehicles</b>	IPTC	December 2019
<b>Vehicle delivery</b>	Vendors	June- December 2020
<b>Send Project Progress/Vehicle Reports</b>	Grantee	Monthly following delivery
<b>Grantee site visit/compliance reviews</b>	IPTC	Annually

### C. Evaluation Criteria

IPTC awards grants on a competitive basis.

IPTC staff and the Indianapolis Transportation Advisory Committee (ITAC) review all applications. The ITAC consists of local stakeholders and representatives from various agencies involved in senior and disabled transportation funding and planning. IPTC and the ITAC will rank applications according to the evaluation criteria stated below. Project applicants will receive notice of their funding status during **July 2019**.

IPTC will use the following criteria for the evaluation and selection of applications for Section 5310 assistance. Carefully plan the development of your application based on the following criteria. Describe efforts to meet these criteria in as much detail as possible. Statistics, pictures, charts or graphs will help IPTC determine your agency's degree of coordination, project need and fiscal/managerial capability.

<b><u>Weight Factor</u></b>	<b><u>Evaluation Criteria</u></b>
0 - 10 points	<u>Coordination:</u> Current and active participation in local Transportation Advisory Committee, notification of providers, and prioritization of applications. Provide evidence of other coordination efforts, such as service agreements, resource sharing, referral arrangements, coordinated vehicle dispatch, memorandum of understanding, coordination action plans, joint training, etc., with other transportation providers. Application is derived from a local Coordinated Public Transit – Human Services Transportation Plan.
0 - 10 points	<u>Project Need:</u> Extent and urgency of need for requested capital equipment. Provide an overview of agency programs and service area, and description of proposed services. Provide age/miles/condition of vehicle(s) to be replaced, fleet condition, accessibility needs & availability of alternative vehicle funding sources. Documentation of need for expansion vehicles (waiting lists, trip denials, estimated trips, ability to pay for expanded services). Demonstration of how the proposed project equipment helps address identified senior/disabled transportation service gaps/needs in proposed service area.
0 – 10 points	<u>Fiscal and managerial capability:</u> Capability to provide responsive transportation to senior & disabled public within service area. Ability to comply with contract provisions, provide local capital match (20%), vehicle operation and maintenance funding. Ability to develop and implement a preventative maintenance plan, provide driver training, advertise service, and provide administrative oversight and organizational stability. Grantee has included and fully executed all application certifications.

**Total possible points: 30**

An applicant must score a minimum of 5 points in each category for grant award consideration.

IPTC awards funds to the top-ranked applications until available funding runs out.

IPTC will use the above criteria to evaluate each vehicle requested from applicants. IPTC may grant partial awards to applicants requesting two or more vehicles.

IPTC and the review committee will base evaluations on the information included in the application. Insufficient documentation will merit a "0" poor/incomplete rating.



## II. GENERAL INFORMATION

### A. Application Checklist (Exhibit A)

Applications must include the completed **Application Checklist Form (Exhibit A)** and organize the application materials in the order listed. IPTC requires all organizations filing coordinated applications to submit EACH application item for their agency INDIVIDUALLY. The TAC minutes/evaluation, Provider Notification Letter and Coordination Plan can reflect the coordinated nature of the application.

### B. Applicant Information (Exhibit B)

IPTC requires the submission of the Applicant Information Form (Exhibit B) for each organization submitting a Section 5310 application. Guidance for completing this form is provided below:

#### Item

- 1 – 4. General information: name of applicant organization, address, contact person, telephone number, e-mail address and DUNS number. The DUNS # is not the same as your Federal Tax ID number.
5. Applicant type - check one.
6. Agency service area (large urban, rural/small urban) - check one.
7. Service area for requested equipment – List name(s) of cities, towns and counties that will be served by the requested equipment.
8. Number and type of vehicles requested – summary of Estimated Capital Budget (Exhibit D). Example: 2 Transit Vehicles – one each, Large Transit Vehicle and Small Transit Vehicle.
9. Total project cost – total cost from Est. Capital Budget (Exhibit D)
10. Type of service – Demand Response includes dial-a-ride, advance registration ad door-to-door specialized service. Fixed Route refers to service following a set route or schedule.
11. Vehicle use - Applicants may request vehicles to replace existing equipment, for the expansion of services, or to start new service.
12. One-way passenger trips - total number of one-way passenger trips provided during the past calendar year. IPTC defines a one-way trip as one origin to destination trip for each passenger riding in a vehicle. *For example: taking a van with six passengers to the grocery and back to their homes counts as 12 one-way passenger trips.*
13. Total Vehicle Miles -The total distance traveled by active passenger vehicles (during the provision of passenger transportation service) during the past calendar year.
14. Total Operating Expenses - The total of all transportation operating costs incurred during the past calendar year, excluding expenses associated with capital grants. Expense figures may be unaudited.
15. Ridership characteristics - estimate the percentage, within each group, that your agency serves.

16. Background – Provide brief agency/organization background (include agency/organization mission).
17. Service Delivery - Briefly describe transportation services that your agency/organization provides. Include any coordination activities and efforts with other service providers.
18. Need/Service Gaps -- Describe the transportation hardship relative to your delivery of service. Describe your current fleet of vehicles.
19. Administrative/Operational Capacity - Describe your administrative/operational staffing capacity, driver training program, and insurance coverage.
20. Maintenance -Describe your vehicle preventive maintenance plan (attach if necessary), and your fleet storage plans.

### III. PROJECT NEED

#### A. Project Need for Capital Assistance:

Extent and urgency of need for requested capital equipment. Each applicant must describe its need to replace or expand transportation capacity.

**Answer the following questions thoroughly, but briefly (4-8 pages). Answer the questions in order and re-state the question you are answering.** Attach vehicle repair history, vehicle pictures or other evidence of vehicle need.

1. Provide a brief overview of your agency programs and service area. If contracting for service, also provide an explanation of the service provider arrangement.
2. Describe the service your agency will provide with the requested equipment (type of service, service hours, days of service, trip purpose, rider eligibility, service area, number of trips, etc.).
3. **IF REQUESTING REPLACEMENT VEHICLES** - Demonstrate urgency of need for equipment requested: age/condition/mileage of vehicle(s) to be replaced, condition of active vehicle fleet, availability of backup vehicles, accessibility needs (refer to Vehicle Inventory - Exhibit C). Attach repair history of major expenses (engine, transmission, cooling, etc.), photos and other information as appropriate.
4. **IF REQUESTING EXPANSION VEHICLES** - Provide the following information:
  - a. Provide documentation of how need was identified. If applicable, provide the number of trip denials during the past year, or persons on waiting list. How many of these trip denials are individuals with disabilities?
  - b. How many annual one-way trips will the additional vehicle(s) provide?
  - c. How will your agency pay for the cost (driver wages, fuel, maintenance) of operating the additional vehicle(s)?
5. Briefly describe how the proposed equipment helps to address any identified senior/disabled transportation service gaps/needs in your service area.
6. **To assist IPTC, please provide the last six (6) digits of the Vehicle Serial Number for**

**each vehicle your agency wants to replace.** These numbers must match the vehicle serial numbers on your Vehicle Inventory (Exhibit C).

7. If requesting a Small/Medium/Large Transit vehicle without a lift, *provide a brief explanation why your agency is requesting a non-lift vehicle.*

**B. Vehicle Inventory (Exhibit C):**

For fleets larger than 10 vehicles, copy the form and continue the inventory.

1. Include all active passenger transportation vehicles in your fleet. Do not include vehicles that are inappropriate for passenger transportation, or are not in service.
2. **Mark vehicle(s) that this request would replace with an asterisk\*.** Make sure to include the vehicle identification number in your Project Need.
3. Identify mileage on the odometer as of December 31, 2018.
4. Report current condition of the vehicle using the scale provided. Your application can discuss “potential” condition at time of replacement in question 3 under Project Need.
5. Total seating capacity should reflect **active** vehicles. Do not include vehicles that are inappropriate for passenger transportation, or are not in service.

**IV. FISCAL/MANAGERIAL CAPABILITY**

This section gives your agency the opportunity to explain your ability to comply with contract provisions, provide local capital match (20%), vehicle operation and maintenance funding, driver training, administrative oversight and organizational stability.

**Answer the following questions thoroughly, but briefly (4-8 pages). Answer the questions in order and re-state the question you are answering.** Attach other documentation as necessary.

**A. Fiscal/Managerial Documentation:**

1. Provide the following calendar year 2018 transportation service data:
  - Total one-way passenger trips
  - Total vehicle miles
  - Total operating expenses

**Passenger Trip** – Defined as one person making a one-way trip from origin to destination. One round trip equals two passenger trips.

**Total Vehicle Miles** - The total distance traveled by active passenger vehicles during the past calendar year, during the provision of passenger transportation service (excludes miles for driver training and vehicle maintenance).

**Total Operating Expenses** - The total of all transportation operating costs incurred during the past calendar year, excluding expenses associated with capital grants. Expense figures may be unaudited.

2. **Using the above information, calculate and include operating cost per mile, as well as operating cost per one-way passenger trip.** You may also include other data that reflects the quality and effectiveness of your transportation services.

*To calculate cost per mile: Divide the total cost of providing transportation service last*

*year by the total vehicle miles traveled by the passenger vehicles in your fleet.*

*To calculate cost per one-way passenger trip: Divide the total cost of providing transportation service last year by the number of one-way passenger trips provided last year. Be sure to use passenger trip data (each time a person enters a vehicle to go somewhere) not the unduplicated client roster for this calculation.*

3. List the number and type of personnel involved in operating and managing your transportation service. This includes all full/part time/volunteer managers, drivers, dispatchers and mechanics that are employees of your organization or contracted to provide your transportation service.
4. Describe provisions made to assure proper maintenance of vehicles. Identify the person(s) or business responsible for providing vehicle maintenance. Describe your agency's preventative maintenance program or measures (attach preventative maintenance plan if available).
5. Describe provisions made to insure safe operation of vehicles: Driver selection and training policies, recent driver training, safety standards, transportation service policies, insurance coverage, etc.
6. How does your agency advertise availability of vehicle for transportation?
7. Provide documentation of written policies regarding transporting of service animals, personal care attendants and portable oxygen.
8. Identify source, amount and status of 20% match for the requested equipment. Are other requests for this equipment pending?
9. Identify current/anticipated sources of operating funding available to support the operation of the requested equipment throughout its useful life.

#### B. Estimated Capital Budget (Exhibit D)

1. Eligible equipment under IPTC's Section 5310 program includes low floor mini vans and small/medium/large transit vehicles, including accessibility modifications, such as raised roof, lowered step, wheelchair lift and wheelchair securement devices.
2. To help you in estimating your capital costs, we have provided you with estimates for each available vehicle type. This estimate is for model year 2019 vehicles. IPTC staff will review estimated equipment costs. IPTC will inform approved applicants of any budget alterations resulting from this review. *Local share payments are based on actual costs.*
3. Vehicle choices reflect an effort to meet applicant needs, given federal procurement guidelines. There might be other equipment more suited for your specific type of service. However, given the need to find a reasonable compromise, the vehicles described in Attachment 6 are the ONLY items available. Please use the considerations discussed in Attachment 6 to select the vehicle that will best meet your agency needs.
4. Presently, IPTC does not offer any diesel or alternative-fuel vehicles.
5. IPTC will provide information on any available vehicle options prior to ordering the vehicles.

6. Small/Medium/Large Transit Vehicles **without** lifts are available, if the applicant meets all requirements of the Americans with Disabilities Act (Exhibit G attachment).
7. The local share will be 20% of the TOTAL capital budget. Organizations must document their ability to provide that dollar amount by listing the source(s) of these funds. The applicant must certify in the Authorizing Resolution (Exhibit F) that local funds are available to purchase the requested equipment.
8. Successful applicants must send their local match to IPTC before the purchase of equipment. **IPTC will request local match funds by October 2019.**
9. The local share may be derived from Federal programs that are eligible to be expended for transportation (*other than DOT/FTA programs*). Examples of types of federal programs that are potential sources of local match include: employment, training, aging, medical, community services, and rehabilitation services.

C. Estimated Operating Budget (Exhibit E)

**This should reflect all estimated total transportation operating costs incurred by your agency for ONE year.**

*This estimate of operating costs is not a request for funds.* Operating expenses are not an eligible item under this portion of the Section 5310 program. Your organization will be operating this equipment for longer than one year. Therefore, your organization will need to plan for long-term (5+ years) operation as well.

D. Recent Agency Financial Audit

**Not for profit applicants** must provide a copy of your agency's most recent financial audit/statement, or a *Waiver of Audit Requirement* from the State Board of Accounts.

**Eligible public bodies** must provide a copy of your most recent State Board of Accounts audit.

V. **CERTIFICATIONS**

A. Certificate of Incorporation

Private non-profit corporations must submit a Certificate of Incorporation to prove private non-profit status. **Send only the page containing the Indiana Secretary of State Seal and approval date.** Do not send amendment pages unless the amendment affects the official name or status of your organization.

A copy of your agency's Certificate of Incorporation may be obtained at <https://bsd.sos.in.gov/publicbusinesssearch>.

**Other forms (e.g., IRS) are not acceptable.**

B. Authorizing Resolution (Exhibit F)

This resolution serves as formal authorization by the governing body of your organization. It certifies the following items.

1. That sufficient funds are available to provide for the local match requirement (20% of capital costs). Applicants may provide local match from other federal programs that are eligible to be expended for transportation, other than USDOT/FTA programs.

2. The individual signing the application forms has the authority to act for the applicant organization.
3. The Board President or Chairperson must sign the Authorizing Resolution.
4. A public hearing is not required for any applicant.

A **public body** must also certify compliance with the FTA Section 13c Labor Protection requirements if it receives federal financial assistance under FTA Sections 5309, 5307 or 5311.

For Public Bodies, the following signatures are required (for the Authorizing Resolution):

<u>Public Body</u>	<u>Signatures</u>	<u>Attest</u>
County	Commissioners (majority)	Auditor
City	Mayor and Board (majority)	Clerk-Treasurer
Town	Pres. and Board of Trustees (majority)	Clerk-Treasurer
Public Trans. Corp.	Board President	Board Secretary

#### C. Standard Assurances (Exhibit G)

1. IPTC has combined all assurances associated with the Section 5310 application into one form. **Please read each item carefully before signing.** In addition, we recommend that your agency's legal counsel review these assurances.
2. Federal regulations require the IPTC and each applicant follow the requirements of Exhibit G. Individuals who desire more information about these requirements may contact IPTC.

For Public Bodies, the following signatures are required for the Standard Assurances:

<u>Public Body</u>	<u>Signatures</u>	<u>Attest</u>
County	Commissioners (majority)	Auditor
City	Mayor and Board (majority)	Clerk-Treasurer
Town	Pres. and Board of Trustees (majority)	Clerk-Treasurer
Public Transp. Corp.	Board President	Board Secretary

#### D. Bankruptcy/Litigation Certification (Exhibit H)

1. Federal regulations require the Indianapolis Public Transportation Corporation to ask each applicant the questions in Exhibit H. **Please read each item carefully before signing.**
2. Provide a brief explanation if your agency answers "yes" to any question. Answering "yes" will not automatically disqualify your application. IPTC will review each situation to gauge its relevance to your application.

For Public Bodies, the following signatures are required for Exhibit H:

<u>Public Body</u>	<u>Signatures</u>	<u>Attest</u>
County	Commissioners (majority)	Auditor
City	Mayor and Board (majority)	Clerk-Treasurer
Town	Pres. and Board of Trustees (majority)	Clerk-Treasurer
Public Transp. Corp.	Board President	Board Secretary

#### E. Inclusion in Local Coordinated Transportation Plan

A locally developed, coordinated public transit-human services transportation plan

(“Coordinated Plan”) identifies the transportation needs of individuals with disabilities, older adults, and people with low incomes, provides strategies for meeting those local needs, and prioritizes transportation services for funding and implementation.

A coordinated plan should maximize public transit/human services transportation services collective coverage by minimizing duplication of services. Further, a coordinated plan shall be developed through a process that includes representatives of public and private and non-profit transportation and human services transportation providers, and participation by members of the public.

Indianapolis Urban Area applicants seeking Section 5310 grant funds assistance must demonstrate that their project has been or is derived from the Coordinated Public Transit Human Services Transportation Plan for the Indianapolis Urbanized Area (available on the IPTC website at <https://www.IPTC.net/about-IPTC/transit-planning/>).

Applicants must cite specific needs and service gaps (including section and/or page references) that their project addresses.

## VI. LOCAL COORDINATION EFFORTS

This section is your opportunity to demonstrate a strong working relationship with local public and private transportation providers in your service area. Applicants must work together with local transit and paratransit operators in developing a comprehensive transportation network in the project area. Applicants should also seek to coordinate services with other programs for seniors and individuals with disabilities.

### A. Transportation Advisory Committee

IPTC requires all applicants to actively participate in their local transportation advisory committees (TACs). **Your area's TAC must meet - at a minimum - on a quarterly basis.**

The TAC should focus on the transportation needs of the seniors, disabled, low income, and other mobility-impaired individuals. In most instances, the TAC will perform in an advisory function, making recommendations to improve transportation services.

1. The primary tasks of the TAC are:
  - a. To serve as a forum for the ongoing dialogue with community representatives on key issues, strategies, and plans for implementation as identified in the local Coordination Plan;
  - b. Engaging in outreach efforts that enhance the coordinated process and identifying the opportunities that are available in building a coordinated system.
  - c. Reviewing, commenting and prioritizing on the proposed Section 5310 grant application's ability to address any identified senior/disabled transportation service gaps/needs in your service area, or to achieve efficiencies in service delivery, as identified in the local Coordination Plan.
2. Broad-based representation is important to the credibility of the TAC. Suggested membership is as follows:
  - Private for-profit transportation operators (nursing home, taxi, paratransit, ambulance, etc.)

- Private non-profit transportation operators (aging, rehabilitation, mental health, Head Start, Red Cross, schools, community centers, religious organizations, etc.)
  - Public transportation operators
  - Human service agencies
  - Local and regional planners
  - Local elected officials
  - Seniors and disabled transportation consumers
3. All Section 5310 applicants, as a requirement for receiving grant approval, must coordinate transportation services in their area to the fullest extent possible. IPTC expects grantee agencies to play a key role in the development and maintenance of their area's Transportation Advisory Committee.
  5. **All previous Section 5310 recipients must document recent committee accomplishments and provide minutes from their quarterly meetings.** New applicants must join or organize their TAC before submitting an application and use their local TAC to begin the coordination of services.
  5. To demonstrate TAC involvement, applicants must submit the following documentation:
    - A list of all TAC members including their **name, title** and the **organization/group** they represent.
    - Minutes from all recent TAC meetings detailing the discussion of transportation issues - including coordination, evaluation and prioritization of any Section 5310 grant application(s).
    - Minutes from quarterly TAC meetings conducted during the past year.

#### B. Other Evidence of Coordinated Effort

As part of a coordinated effort, two or more non-profit organizations from the same service area may coordinate applications for Section 5310 funding. IPTC requires each agency to submit individual grant applications, but the TAC minutes/evaluation, Provider Notification Letter and Project Justification should reflect the coordinated nature of the applications.

Transportation providers may also enter into operational agreements with other agencies (that primarily serve seniors and individuals with disabilities) to maximize the use of project equipment. IPTC will give priority to applications that demonstrate a coordinated transportation network.

IPTC encourages maximum use of vehicles funded under the Section 5310 program. Consistent with the requirements of 49 CFR parts 18 and 19, vehicles are to be used first for program related needs and, beyond the purposes for which a Section 5310 grant are made (e.g. providing service to older adults and people with disabilities not affiliated with their agency), to meet other transportation needs of seniors and individuals with disabilities, to meet other Federal program or project needs, and finally for other local transportation needs.

During the period the vehicle is used to serve the project or program needs for which it was acquired, the subrecipient shall make it available for use on other projects or programs, as long as such other use does not interfere with the service for which the vehicle was originally acquired.



First preference for such other use will be given to other projects or programs sponsored by the Federal Transit Administration Sections 5311, and second preference will be given to projects or programs sponsored by other Federal agencies.

*Finally, vehicles may be used by non-Federally funded providers, first to meet the needs of older adults and people with disabilities, and then to serve the transportation needs of the public on an incidental basis as long as such service does not interfere with transportation services for older adults and people with disabilities.*

Applicants should submit evidence of coordination with other non-profit, for-profit and public transportation providers. This includes service agreements, resource sharing, referral arrangements, coordinated vehicle dispatch, memorandums of understanding, coordination action plans, joint training, etc. (refer to these attachments in the coordination section of your Project Justification).

You may also include any other significant information that describes your community's transportation needs and concerns, such as public hearings, surveys, council meetings, news articles, etc. (refer to these attachments in Section III – Project Need).

#### C. Provider Notification (Attachments #2A and #2B)

All applicants (non-profit and public bodies) must notify all public and private transit and paratransit providers in their service area. This application package contains a sample notification letter (**see Attachment 2A**).

**Your application must include all negative comments or service proposal received as a result of this notification. YOUR AGENCY MUST SEND THESE LETTERS/E-MAILS TO TRANSPORTATION PROVIDERS BY June 11, 2019.** This will allow enough time any response. You may send correspondence received after submitting your application to the IPTC. Organizations filing a coordinated application should send out one letter that details each agency's funding request. Your agency must submit the following documentation with your application:

- Copy (ONE ONLY) of the notification letter/e-mail sent to providers.
- **Attachment 2B – Notification of Providers Form.** List all private non-for-profit, private for-profit and public transportation providers in your service area. County government, social service organizations, internet search engines and school systems are sources of information about transportation providers. Other providers include school bus operators, taxi companies, public agencies, other private, non-profit organizations, mass transit systems, etc. Check whether your agency received any comments (negative comments or service proposals) back.
- Include with the application, any written negative comments or service proposals.
- Your agency must respond to any written negative comments or service proposals, and include these response(s) in your grant application.

Your agency can include support letters. The solicitation of support letters is separate from the notification letters mailed out to area providers. Support letters have a minimal role in IPTC's decision to award a grant.

#### D. Prioritizing Applications (if necessary)

IPTC requires all Transportation Advisory Committees (TACs) to prioritize applications submitted by two or more non-profit organizations/public bodies from their service area.

TACs are responsible for developing their own prioritization criteria. The criteria can include coordination with other providers, community needs, other available funding sources, service hours, service area, vehicle utilization, vehicle mileage, vehicle repair history, vehicle age, average fleet age, vehicle maintenance program, thoroughness and quality of application, fiscal & managerial capacity, etc. TACs should evaluate their criteria on an annual basis to ensure consistency with the transportation needs of seniors and individuals with disabilities.

IPTC will use the TAC prioritization, in conjunction with the evaluation criteria contained within this application package, to make funding decisions.

This prioritizing of applications reflects IPTC's desire to target Section 5310 funds to projects of highest need at the local level.

## **VII. TITLE VI COMPLIANCE**

As of October 1, 2012, the Federal Transit Administration (FTA) Title VI (Civil Rights) Circular 4702.1B Requirements and Guidelines for Federal Transit Administration Recipients went into effect. **This guidance affects all Section 5310 applicants and grantees.**

Title VI of the Civil Rights Act of 1964 addressed discrimination in most areas of public life in the United States. Title VI states that: "No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance." Title VI is important because it ensures that public services, including transportation, are provided in a non-discriminatory manner.

The U.S. Department of Transportation (DOT) regulations implementing Title VI requires the collection of data and other information to enforce the statute. Further, the Federal Transit Administration (FTA) as part of DOT has established a program of grantee reviews assessing compliance with all Title VI regulations. The review includes an evaluation of each agency's policies, procedures and recordkeeping. Title VI applies institution-wide, not solely to those operations or projects that receive the federal funding.

Since IPTC supports its grantees with federal funds, IPTC must ensure that all subrecipients also comply with the applicable parts of Title VI. Noncompliance with Title VI can cause federal funding to be conditioned or withheld. IPTC has to document the compliance of all subrecipients with Title VI a minimum of once every 3 years.

Applicants must include their Title VI Civil Rights Plan as a part of their application. First time Section 5310 applicants (that do not have a Title VI Civil Rights Plan) must complete a plan before IPTC is able to execute a grant agreement. First time subrecipients are required to submit their Title VI Program documentation to IPTC by no later than August 1, 2019

The following contents are required for a Title VI plan:

1. A copy of the subrecipient's notice to the public that it complies with Title VI and informs members of the public of the protections against discrimination afforded to them by Title VI. Include a list of locations where the notice is posted.
2. A copy of the subrecipient's instructions to the public on how to file a discrimination complaint, including a copy of the complaint form.

3. A list of any Title VI investigations, complaints, or lawsuits filed with the subrecipient. This list should include only those investigations, complaints, or lawsuits that pertain to allegations of discrimination on the basis of race, color, and/or national origin in transit-related activities and programs and that pertain to the subrecipient submitting the report, not necessarily the larger agency or department of which the entity is a part.
4. A public participation plan that includes an outreach plan to engage minority and limited English proficient populations, as well as a summary of outreach efforts made since the last Title VI Program submission.
5. A copy of the subrecipient's plan for providing language assistance for persons with limited English proficiency that was based on the DOT LEP Guidance.
6. A table depicting the racial breakdown of the membership of those transit-related non-elected planning boards, advisory councils or committees, or similar bodies, in which the membership is selected by the subrecipient, and a description of efforts made to encourage the participation of minorities on such committees or councils.
7. The Title VI Program must be approved by the agency's board of director or appropriate governing entity or official(s) responsible for policy decisions prior to submission to IPTC. Recipients shall submit a copy of the Board resolution, meeting minutes, or similar documentation with the Title VI Program as evidence that the board of directors or appropriate governing entity or official(s) has approved the Title VI Program.

IPTC will complete a compliance review of each subrecipient and issue a review letter advising the subrecipient that they are either in compliance or that follow up is needed. Subrecipients are also monitored for Title VI compliance during site visits and are required to submit Title VI complaint summaries and a summary of public outreach and involvement activities on an annual basis. Title VI Program requirements are detailed in FTA Circular 4702.1B located online at <https://www.transit.dot.gov/regulations-and-guidance/fta-circulars/title-vi-requirements-and-guidelines-federal-transit>.

For further information, please contact: Marilyn Sadler, IPTC Director of Compliance and Civil Rights at (317) 614-9272 or by email ([MSadler@IPTC.net](mailto:MSadler@IPTC.net)).

## EXHIBIT A: APPLICATION CHECKLIST

*(Organize grant material in this order)*

Complete?	<b>Part I - General Information</b>
<input type="checkbox"/>	Application checklist (Exhibit A)
<input type="checkbox"/>	Applicant Information Form (Exhibit B)
	<b>Part II – Project Need</b>
<input type="checkbox"/>	Project Need questions
<input type="checkbox"/>	Additional support materials <i>(maintenance records, pictures of vehicles to replace)</i>
<input type="checkbox"/>	Vehicle Inventory (Exhibit C)
	<b>Part III - Fiscal/Managerial Capability</b>
<input type="checkbox"/>	Fiscal/Managerial questions
<input type="checkbox"/>	Estimated Capital Budget (Exhibit D)
<input type="checkbox"/>	Estimated Annual Transportation Operating Cost (Exhibit E)
<input type="checkbox"/>	Most recent audit <i>(or Waiver of Audit Requirement from State Board of Accounts)</i>
	<b>Part IV - Certifications</b>
<input type="checkbox"/>	Certificate of Incorporation from Indiana Secretary of State (1 <sup>st</sup> page only)
<input type="checkbox"/>	Authorizing Resolution (Exhibit F)
<input type="checkbox"/>	Standard Assurances (Exhibit G)
<input type="checkbox"/>	Bankruptcy & Litigation Certification (Exhibit H)
	<b>Part V – Section 1: Coordination Efforts</b>
<input type="checkbox"/>	TAC membership list (organization name/address)
<input type="checkbox"/>	TAC minutes (last four quarterly meetings)
<input type="checkbox"/>	Other documented evidence of coordinated effort
<input type="checkbox"/>	Prioritization of multiple applications (if applicable)
	<b>Part V – Section 2: Provider Notification</b>
<input type="checkbox"/>	Provider notification letter (Attachment 2A)
<input type="checkbox"/>	Notification Provider list (Attachment 2B)
<input type="checkbox"/>	Copies of any negative comments and/or service proposals
<input type="checkbox"/>	Applicant response to any negative comments and/or service proposals
<input type="checkbox"/>	Opportunity for public hearing (eligible public bodies only)
	<b>Part VI – Other documents</b>
<input type="checkbox"/>	Title VI Civil Rights Plan on file with IPTC (if applicable)
<input type="checkbox"/>	Completed federal W9 - all applicants

**One bound application package (compiled in this order) must be postmarked by June 21, 2019.**

## EXHIBIT B: APPLICANT INFORMATION

<b>1. Applicant:</b>	
<b>2. Address:</b>	
<b>3. Contact Person:</b>	
<b>4. Telephone</b>	
<b>E-mail address</b>	
<b>4.5 DUNS #:</b>	(not the same as your Federal Taxpayer ID #)

<b>5. Applicant Type:</b>	<b>6. Applicant Service Area:</b>
<input type="checkbox"/> Non-Profit Corporation	<input type="checkbox"/> Marion County Only
<input type="checkbox"/> Eligible Public Body	<input type="checkbox"/> Indianapolis Urban Area

<b>7. Geographical area(s) served by requested equipment:</b>
<b>8. Number and type of vehicles requested:</b>
<b>9. Total Project Cost \$</b> (capital only)

<b>10. The type of service provided:</b>	<b>11. Requested vehicle(s) will:</b>
<input type="checkbox"/> Demand Response	<input type="checkbox"/> Replace existing service
<input type="checkbox"/> Fixed Route	<input type="checkbox"/> Expand existing service
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Start new service

<b>12. Total number of one-way passenger trips provided by your agency in 2018:</b> _____
<b>13. Total Vehicle Miles traveled by your active vehicle fleet in 2018</b> _____ <i>The total distance traveled by active passenger vehicles (during the provision of _____ passenger transportation service)</i>
<b>14. Total Operating Expenses</b> (cost of providing transportation services) <b>in 2018:</b> \$ _____ <i>(excludes cost of purchasing vehicles)</i>

<b>15. Ridership characteristics (%)</b>	
White	Seniors (age 65 and up)
African American	Disabled (under age 65)
Hispanic	Other (specify)
American Indian	<b><u>100% Total</u></b>
Asian/Pacific Islander	
Other (including multi-racial)	
<b><u>100% Total</u></b>	

## EXHIBIT B (con't.)

In addition to the Applicant Information above, each application for FTA Section 5310 grant funds must include the following profile summary (no more than two pages, less attachments). The summary shall include the following:

**16. Background**

Provide brief agency/organization background (include agency/organization mission).

**17. Service Delivery**

Briefly describe transportation services that your agency/organization provides. Include any coordination activities and efforts with other service providers.

**18. Need/Service Gaps**

Describe the transportation hardship relative to your delivery of service. Describe your current fleet of vehicles.

**19. Administrative/Operational Capacity**

Describe your administrative/operational staffing capacity, driver training program, and insurance coverage. ***NOTE: A declaration/certificate of insurance listing Indianapolis Public Transportation Corporation as additionally insured is required for delivery of any capital vehicles awarded through this grant program.***

**20. Maintenance**

Describe your vehicle preventive maintenance plan (attach if necessary), and your fleet storage plans.

## EXHIBIT C: VEHICLE INVENTORY

### VEHICLE INVENTORY

Mark vehicle(s) this request would replace with an asterisk (\*)

Year/Model	Vehicle Type	Vehicle Identification Number	Lift/Ramp ?	Seating	Capital Funding Source	Odometer as of 12/31/18	Vehicle Condition	Location (City)
'11 Example	BOVC	12345678901234567	Yes	12	Section 5310	157,239	Poor	Orson

(For vehicle fleets larger than 10 vehicles, copy form and continue)

#### Vehicle Type Abbreviations

CAR	Sedan/Station Wagon
MV	Minivan unmodified
LFMV	Low floor minivan (modified)
A	Standard Van (unmodified)
MOD	High Top Van (modified)
BOVC	Body on Van Chassis

#### Please use the following scale to indication Condition of Vehicle

Good	Requires standard maintenance
Fair	Minor problems
Poor	Major problems
Bad	Chronic major problems

## EXHIBIT D: ESTIMATED CAPITAL BUDGET

## EXHIBIT D: ESTIMATED CAPITAL BUDGET

### 1. Estimated Vehicle Cost

	<u>Quantity</u>	<u>Unit Cost</u>	<u>Total</u>
4 passenger Low floor mini van	*	\$40,000	=
8 passenger Small Transit Vehicle with lift	*	\$50,000	=
12 passenger Medium Transit Vehicle with lift	*	\$53,000	=
16 passenger Large Transit Vehicle with lift	*	\$55,000	=
TOTAL ESTIMATED VEHICLE COSTS			

### 2. Vehicle Options

Delete lift on small, medium or large transit vehicle \_\_\_\_\_ \* -(call IPTC) \_\_\_\_\_

Small, Medium and Large transit vehicles without lifts are available, as long as the applicant meets all the requirements of the Americans with Disabilities Act (Exhibit G attachment).

### 3. TOTAL CAPITAL REQUEST

### 4. REVENUE

a. Federal Request (80% of TOTAL)

b. Local Cash Contribution (20% of TOTAL)

*(Local share must be secured by October 2019)*

Identify the specific sources of funds (public and private) used as local contribution. Applicants may provide local match from other federal programs that are eligible to be expended for transportation, with the exception of USDOT/FTA programs:

### 5. TOTAL REVENUE (must equal total capital request, line 3)

\_\_\_\_\_  
Prepared by

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## EXHIBIT E: ESTIMATED ANNUAL TRANSPORTATION OPERATING BUDGET\*

(Not a request for operating funds)

### 1. Expense

### Expected Cost

Driver Salaries and Fringe Benefits \_\_\_\_\_



Other Staff Salaries and Fringe Benefits (Supervisor, Administrative, Dispatch, etc.)	_____
Vehicle Operation (fuel, oil, tires, maintenance, repair, etc.)	_____
Vehicle Insurance	_____
Other	_____

**2. TOTAL EXPENSE** \_\_\_\_\_

**3. Revenue**

Show whether your organization will cover any of these costs by charging fares or collecting donations from passengers. If yes, specify amount of fare or donation requested for a one-way trip.

<u>Fare/Donation Revenue</u>	<u>Amount</u>
_____	_____

**4.** List and identify other specific sources and amounts of funds that will be available to cover operating costs. The total amount listed below - plus fare revenue - should equal the total operating costs estimated above.

<u>Source(s) of Funds</u>	<u>Amount</u>
_____	_____

**5. TOTAL REVENUE** (must equal total expenses, line 2): \_\_\_\_\_

_____ Prepared by	_____ Title	_____ Date
----------------------	----------------	---------------

\* Estimated total operating cost for all of your agency’s transportation services (excluding vehicle purchases) for ONE year.

## EXHIBIT F: AUTHORIZING RESOLUTION FOR NON-PROFIT ORGANIZATIONS

A resolution of  (Name of Organization)  recommending approval of an application to the Indianapolis Public Transportation Corporation for assistance (federal Section 5310) in purchasing equipment to provide transportation services to seniors and individuals with disabilities in  (Service Area) .

WHEREAS, the  (name of organization)  is submitting an application to Indianapolis Public Transportation Corporation for assistance in purchasing  Brief Description of Equipment Requested .

WHEREAS, the contract for financial assistance requires that the  (name of organization)  obligate local funding equal to twenty percent (20%) of the total project cost, being \$  (20% of Cost)  of \$  (100% of Cost) , to Indianapolis Public Transportation Corporation upon execution of the funding contract.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of  (name of organization)  that  (organization officer)  is authorized to commit organization resources, to execute and file an application for and to contract on behalf of the  (name of organization)  with Indianapolis Public Transportation Corporation to aid in the financing of capital equipment.

\_\_\_\_\_  
(Name of President, Governing Board)

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

\_\_\_\_\_  
(Date)

## EXHIBIT G: STANDARD SECTION 5310 ASSURANCES

### FFY 2019

1. The applicant has or will have by the time of delivery, sufficient funds to operate and maintain the vehicles and equipment financed with Federal assistance awarded for its project;
2. The applicant has coordinated or will coordinate to the maximum extent feasible with other transportation providers and users, including social service agencies authorized to purchase transit service;
3. The applicant has complied or will comply with all applicable civil rights requirements;
4. The applicant has complied or will comply with applicable requirements of U.S. DOT regulations regarding participation of disadvantaged business enterprises in U.S. DOT programs;
5. The applicant has complied or will comply with Federal requirements regarding transportation of seniors and individuals with disabilities;
6. The applicant has complied or will comply with applicable provisions of 49 CFR part 605 pertaining to school transportation operations;
7. Viewing its demand responsive service to the general public in its entirety, the applicant has complied or will comply with the requirement to provide demand responsive service to individuals with disabilities, including individuals who use wheelchairs, meeting the standards of equivalent service set forth in 49 CFR 37.77(c), before purchasing non-accessible vehicles for use in demand responsive service for the general public (see Exhibit G attachment);
8. The applicant has complied or will comply with the requirement that its project provide for the participation of private mass transportation companies to the maximum extent feasible;
9. The applicant has complied or will comply with all applicable lobbying requirements for each application (per 49 CFR 20.110) exceeding \$100,000;
10. The applicant has complied or will comply with all applicable non-procurement suspension and debarment requirements;
11. The applicant has complied or will comply with applicable FTA Intelligent Transportation Systems architecture requirements to the extent required by FTA.
12. Will comply with all applicable federal requirements per the FTA Federal Fiscal Year 2019 Annual List of Certifications and Assurances for Federal Transit Administration Grants and Cooperative Agreements, as referenced at [this link](#).

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Authorized Representative of Applicant

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Date

## **EXHIBIT G ATTACHMENT**

### **ADA TRANSPORTATION SERVICE PROVISIONS**

The Federal Transit Administration and IPTC expect all Section 5310 grantees to meet the following transportation-related provisions of the Americans with Disabilities act:

- Transit providers must carry a wheelchair and occupant if the lift and vehicle can physically accommodate them, unless doing so is inconsistent with legitimate safety requirements.

“Legitimate safety requirements” includes such circumstances as a wheelchair of such size that it would block an aisle, or would be too large to fully enter a railcar, would block the vestibule, or would interfere with the safe evacuation of passengers in an emergency.

This does not apply to securement; a transit provider cannot impose a limitation on the transportation of wheelchairs and other mobility aids based on the inability of the securement system to secure the device to the satisfaction of the transportation provider.

“Legitimate safety requirements” must be based on actual risks, not on mere speculation, stereotypes, or generalizations about individuals with disabilities or about the devices they use for mobility purposes.

- Wheelchair users must permit chairs to be secured. The Grantee must provide designated securement locations.
- The grantee may recommend to a user of a wheelchair that the individual transfer to a vehicle seat. However, the grantee may not require the individual to transfer.
- Where necessary, or upon request, the grantee’s personnel shall assist individuals with disabilities with the use of the securement systems, ramps and lifts. If it is necessary for the personnel to leave their seats to provide this assistance, they shall do so.
- The grantee shall permit individuals with disabilities who do not use wheelchairs, including standees, to use a vehicle’s lift or ramp to enter the vehicle.
- The grantee shall permit service animals and personal care attendants to accompany individuals with disabilities in vehicles and facilities.
- The grantee shall make available to individuals with disabilities adequate information concerning transportation services and schedules. This obligation includes making communications available in accessible formats "usable to" the individual.
- The grantee shall permit a passenger who uses a lift to exit a vehicle at any designated stop, unless; the lift cannot be deployed, the lift will be damaged if it is deployed, or temporary conditions at the stop (not under control of the grantee) preclude the safe use of the stop by all passengers.
- The grantee shall allow passengers to travel with a respirator or portable oxygen supply, consistent with the applicable Department of Transportation rules on the transportation of hazardous materials (49 CFR subtitle B, Chapter 1, Subchapter C).

- The Grantee shall ensure that adequate time is provided to allow individuals with disabilities to complete boarding or disembarking from the vehicle.
- The grantee shall maintain in operative condition those features of facilities and vehicles that are required to make them readily accessible to, and usable by, individuals with disabilities. These features include, but are not limited to, lifts (and other means of access to vehicles), securement devices, elevators, signage and systems to facilitate communications with individuals with impaired vision or hearing.
- Accessibility features shall be repaired promptly if they are damaged or out-of-order. When an accessibility feature is out-of-order, the grantee shall take reasonable steps to accommodate individuals with disabilities who would otherwise use the feature. This does not prohibit isolated or temporary interruptions in service or access due to maintenance or repairs.
- Grantees must treat individuals with disabilities with respect and courtesy, with appropriate attention to the differences among people and disabilities.
- All personnel must be "trained to proficiency", appropriate to their duties.

For further information regarding the Americans with Disabilities Act, please reference the Federal Transit Administration ADA Circular

[https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/Final\\_FTA\\_ADA\\_Circular\\_C\\_4710.1.pdf](https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/Final_FTA_ADA_Circular_C_4710.1.pdf)

## EXHIBIT H: BANKRUPTCY & LITIGATION CERTIFICATION

If your agency answers “Yes” to any of the questions, please provide a brief explanation. *Failure to answer these questions will delay processing of your grant application. Answering “N/A” is an insufficient answer for these questions.*

Yes	No	Question
<input type="checkbox"/>	<input type="checkbox"/>	Has your agency (or the contracted provider) ever declared bankruptcy?
<input type="checkbox"/>	<input type="checkbox"/>	Is your agency (or the contracted provider) in litigation or has any claims of violation of law or regulations filed against it (during the past three years)?
<input type="checkbox"/>	<input type="checkbox"/>	Is your agency (or the contracted provider) had been named in any lawsuits or complaints, with respect to service or other transportation benefits, which allege discrimination on the basis of disability (during the past three years)?
<input type="checkbox"/>	<input type="checkbox"/>	Is your agency (or the contracted provider) been named in any lawsuits or complaints, which allege discrimination on the basis of race, color, or national origin with respect to service or other transportation benefits (during the past three years)?
<input type="checkbox"/>	<input type="checkbox"/>	Has your agency (or the contracted provider) participated in a civil rights compliance review within the past three years?

If “yes” to any questions above, provide an explanation (use additional paper if necessary):

*Answering “yes” will not automatically disqualify your application. IPTC will review each situation to gauge its relevance to your application.*

\_\_\_\_\_  
Authorized Representative of Applicant

\_\_\_\_\_  
Date

# **APPLICATION ATTACHMENTS**

## **FEDERAL SECTION 5310 GRANT PROGRAM**

- 1. Definition of Terms**
- 2. Sample Notification Letter/  
Notification of Providers Form**
- 3. Demographic Information**
- 4. Local Public Body Certification**
- 5. Helpful tips**
- 6. Vehicle Selection Guide**

## ATTACHMENT 1: DEFINITION OF TERMS

*This attachment identifies some common terms and definitions used in the Section 5310 program.*

**Private non-profit corporation** - an organization incorporated as a private non-profit corporation with the Indiana Secretary of State.

**Eligible public body** - to be eligible, a public body must either:

- (a) Provide IPTC with letters from private non-profit organizations and for-profit providers (that transport seniors and individuals with disabilities) in the proposed service area stating that they do not have the necessary resources to provide the proposed transportation service, and/or
- (b) Must be already, or plan to, receive federal and/or state funds to carry out human service programs. An example would be a county department on aging that the State has identified as the lead human service agency to provide services funded by multiple Federal or State human service programs.

*The eligible public body must also meet the definition of a municipal corporation as defined in Indiana Code 36-1-2-10.*

**Senior** - an individual who is 65 years of age or older.

**Individual with a Disability** - means 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. 49 U.S.C. 5302(a)(5).

**Rural area** - any area outside an urbanized area with a population of less than 50,000.

**Operating cost/mile** - Ratio equating total transportation service operating cost to total number of passenger service miles. The ratio may be influenced by high repair costs and gas mileage.

**Operating cost/trip** - Ratio equating total transportation service operating cost to total one-way passenger trips (each time a person enters a vehicle to go somewhere). The ratio may be influenced by the type of trip (in-town trips versus long distance medical trips).

**Small urbanized area** - an area in the State specified as an Small urbanized Area by the U.S. Bureau of Census with a population between 50,000 to 199,999.



## ATTACHMENT 2A: SAMPLE PROVIDER NOTIFICATION LETTER

[Your agency must mail/e-mail this by June 11, 2019]

### SAMPLE PROVIDER NOTIFICATION LETTER

TO: All Public and Private Transit and Paratransit Providers Operating in Your Service Area

FROM: (your organization)

DATE: (date)

The Indianapolis Public Transportation Corporation has made available federal funds, through the Section 5310 Enhanced Mobility of Seniors & People with Disabilities, for the acquisition of equipment to provide specialized transportation to seniors and individuals with disabilities.

Our organization is submitting an application. We intend to request assistance to:

*(Describe number and type of equipment requested.)*

*(Describe need/justification for request.)*

*(Describe clients, type of service, route structure, number of trips, hours of day, days of week, etc.)*

For additional information, you may contact           (your name)           of           (your organization)           at           (telephone)          . A draft of the application package is available for review at           (your organization)          ,           (your address)          .

If you wish to comment or want additional information on this application, our agency must receive your written request **no later than June 18, 2019**.

Sincerely,

Agency Director

## ATTACHMENT 2B: NOTIFICATION OF PROVIDERS FORM

Letters/e-mails were sent on (date) to the following providers in (our service area). Indicate responses (if any) received. Provide copies of any negative comments or service proposals, and your agency response to them.

Agency Name	Agency contact	E-mail address	Physical Address	Response Received Yes/No	
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

### ATTACHMENT 3: DEMOGRAPHIC INFORMATION

Demographic information can be found at several websites. Below are links to the most useful:

- People age 65 and older
  - [SAVI](#)
  - [Stats Indiana](#)
- People with Disabilities
  - [SAVI](#)
  - [FactFinder \(U.S. Census products\)](#)
- General Demographic Data (population, housing, income)
  - [SAVI](#)
  - [FactFinder \(U.S. Census products\)](#)
  - [Stats Indiana](#)

## ATTACHMENT 4: LOCAL PUBLIC BODY ELIGIBILITY

In order to apply, a **Local Public Body** (defined as a “municipal corporation” in Indiana Code 36-1-2-10) **shall satisfy one of the following conditions [(a) or (b)]:**

(a) **LOCAL PUBLIC BODY - DESIGNATED TRANSPORTATION COORDINATOR (OF TRANSPORTATION SERVICES FOR SENIORS AND INDIVIDUALS WITH DISABILITIES)– By June 11, 2019** - Is approved by the Indianapolis Public Transportation Corporation (see Sample Letter Requesting Designation) to be the coordinator of transportation services to seniors and individuals with disabilities in the proposed service area, after first being approved by:

1. **Rural area less than 50,000 population** - A county or multi-county not-for profit agency involved in providing services to seniors and/or individuals with disabilities; or
2. **Small urbanized area 50,000 to 199,999 population** - A Metropolitan Planning Organization (MPO).

The Local Public Body must provide documentation showing that one of the above-mentioned agencies approved the Local Public Body as the coordinator of transportation services for seniors and individuals with disabilities in the proposed service area. A Local Public Body may not designate itself as the coordinator of these services.

(b) **LOCAL PUBLIC BODY - NO PRIVATE NON-PROFIT AVAILABLE – By June 11, 2019**, certify to the Indianapolis Public Transportation Corporation (see Sample Letter Requesting Certification of Eligibility) that no private, nonprofit organizations in the proposed service area are readily available to provide transportation services to seniors and individuals with disabilities in the proposed service area and provide all of the following documentation:

1. Copies of the Availability of Private Non-Profit Letter are sent to all known private, nonprofit organizations, both within the county wherein such organizations are situated and in adjacent counties, along with copies of any resulting correspondence. Mailing list and responses are recorded on the Availability of Private Non-Profit Responses Form.
2. A certified copy of a public notice (see Notice to Private Non-Profit Organizations of Intent to Apply) published in the appropriate official county newspaper, both within the county wherein such organizations are situated and in adjacent counties, along with copies of any resulting correspondence.

The Local Public Body must meet all other requirements of the Section 5310 grant program.

IPTC will review all requests and notify local public bodies by June 18, 2019.

**SAMPLE LETTER REQUESTING CERTIFICATION OF ELIGIBILITY  
LOCAL PUBLIC BODY – DESIGNATED AS TRANSPORTATION COORDINATOR**

Directions: Send for approval by June 11, 2019.

(Insert Date)

Section 5310 Program Manager  
c/o Ryan Gallagher  
Senior Transit Planner  
Indianapolis Public Transportation Corporation  
1501 West Washington Street  
Indianapolis, IN 46222

Dear Section 5310 Program Manager:

The (name of local public body), requests to be designated an Eligible Applicant for assistance under the federal section 5310 Program. Our (name of local public body) is approved as the coordinator of transportation services for seniors and individuals with disabilities by one of the following:

- A county or multi-county not-for profit agency involved in providing services to seniors and/or individuals with disabilities; or
- A Metropolitan Planning Organization (MPO)

Attached is a copy of documentation showing that one of the above-mentioned agencies approved the (name of Local Public Body) as the coordinator of transportation services for seniors and individuals with disabilities in the proposed service area.

If you have any questions, please call (name and telephone number of contact person).

Sincerely,

(Name of Public Official)  
(Title of Public Official)

*Attachment (from county or multi county not for profit, or MPO)*

**SAMPLE LETTER REQUESTING CERTIFICATION OF ELIGIBILITY  
LOCAL PUBLIC BODY – NO PRIVATE NONPROFIT AVAILABLE**

Directions: Send for approval by June 11, 2019.

(Insert Date)

Section 5310 Program Manager  
c/o Ryan Gallagher  
Senior Transit Planner  
Indianapolis Public Transportation Corporation  
1501 West Washington Street  
Indianapolis, IN 46222

Dear Section 5310 Program Manager:

The (name of local public body), a unit of Indiana government, requests to be designated an Eligible Applicant for assistance under the federal Section 5310 Program. We have met the eligibility conditions as noted in the Section 5310 grant application.

Attached is a copy of the letter sent to all known private, nonprofit organizations operating in (list service area), soliciting interest in providing transportation services for seniors and individuals with disabilities in (list service area). The letter was sent on (date). The following is attached:

- (a) A list of agencies receiving the letter;
- (b) Request(s) for further information we received;
- (c) Our response(s) to the request(s) for further information;
- (d) A statement that we received no responses in opposition to the (name of local public body) becoming eligible to receive assistance from Sec. 5310; and
- (e) Certified copies of the public notices published in the respective local newspaper(s) within the service area.

No responses were received as a result of these public notices.

If you have any questions, please call (name and telephone number of contact person).

Sincerely,

(Name of Public Official)  
(Title of Public Official)

## AVAILABILITY OF PRIVATE NON-PROFIT LETTER

(Date)

(Name)

(Address)

Dear \_\_\_\_\_:

The \_\_\_\_\_, an Indiana municipal corporation, is requesting approval by the Indianapolis Public Transportation Corporation as an eligible applicant in order to receive assistance under the federal Section 5310 Program for providing transportation services to seniors and individuals with disabilities in \_\_\_\_\_ (list service area). A notice of intent has been published.

A condition of eligibility is that no private, non-profit organizations as specified in the proposed service area (list service area) \_\_\_\_\_ are readily available to provide transportation services to seniors and individuals with disabilities in \_\_\_\_\_ (list service area). This letter is being sent to private, non-profit organizations providing services in \_\_\_\_\_ (list service area) to solicit interest in providing transportation services for seniors and individuals with disabilities in \_\_\_\_\_ (list service area).

Your written objections to this certification or requests to us for additional information must be received, or postmarked, no later than [\_\_\_\_\_, 20\_\_

If you have any questions, please feel free to call me at \_\_\_\_\_. You may also wish to contact the Indianapolis Public Transportation Corporation (Call Ryan Gallagher at 317- 614.9334).

Sincerely,

(Signature)

(Title)

## AVAILABILITY OF PRIVATE NON-PROFIT RESPONSES FORM

Letters/e-mails were sent on (date) to the following private, non-profit organizations in (county) and adjacent counties. Indicate responses (if any) received. Indicate any opposition to certification of (the local public body). Attach copies of any responses and related correspondence.

Agency Name	Contact Name	E-mail address	Physical Address	Response Received Yes/No	
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>



## **NOTICE TO PRIVATE NON-PROFIT ORGANIZATIONS OF INTENT TO APPLY**

Directions: Publish in official local newspaper.

The (local public body/municipal corporation), hereby provides notice that it is requesting from the Indianapolis Public Transportation Corporation certification as a local public body eligible for assistance under the federal Section 5310 Program for the purpose of providing transportation services for seniors and individuals with disabilities in \_\_\_\_\_ County.

Individuals or agencies wishing to comment, to request transportation service, to provide transportation service for the (local public body name), or to receive additional information concerning this certification, should contact (name of contact person, telephone number, address).

Formal requests for additional information must be made in writing by [\_\_\_\_\_, 20\_\_].

## ATTACHMENT 5: BEST PRACTICES

1. Make sure you submit a complete application. Use the checklist provided in the grant application package. Submit your materials in the order of the checklist (Exhibit A).
2. What is the best way to start filling out the grant application? By looking at a copy of your agency's (or another agency's) most recent grant application, as well as the approval/rejection letter received from IPTC regarding that application. This will also remind you which vehicle(s) your agency may have already replaced through the Section 5310 program.
3. Make sure you do not apply to replace an existing vehicle already replaced by a previous Section 5310/5311 grant.

If you are unsure, please call the Section 5310 Program Manager (317-614-9334) and request a check of IPTC's records. Applications that try to replace a vehicle replaced in a previous Section 5310/5311 grant award will be considered "incomplete" and will not receive funding for the requested vehicle.

4. Replacement of unsafe vehicles is a priority; however, the process is competitive.
5. IPTC will consider applications for expanded and new services, funds permitting.
6. Your local Transportation Advisory Committee (TAC) must meet on a quarterly basis. This means that 4 meetings in January & February do not meet this requirement. Send copies of minutes from all meetings that discuss this proposal AND evidence that the group met throughout the year.
7. "We hold TAC meetings but no one shows up!" Then document your efforts to establish a TAC and hold meetings. A summary of coordinated activity accomplished throughout the year is a helpful supplement to meeting minutes. Coordinated efforts may include; joint driver training, sharing vehicles, joint outreach efforts, transporting each other's clients, joint purchasing, making referrals to other providers, contracting with others to provide service, etc.
8. When can we expect vehicle delivery? Up to one and one-half years after your grant award (by December 2020). If you need a vehicle quickly, or want a specific make/model, you should seek another source of funding. IPTC can only award vehicle contracts to the lowest responsible bidder and cannot honor brand preferences.
9. You may also request a copy of the *Section 5310 Management Guide* that provides additional detail on the contractual obligations associated with the award of a Section 5310 capital assistance grant. These are available from IPTC.
10. If you're not sure what vehicle type is suitable for your agency, please read Attachment 6 – Vehicle Selection Guide.
11. IPTC conducts Section 5310 program review of every grantee annually. If you are interested, your agency may request a program review questionnaire from IPTC.

Our most common finding is the lack of a documented, daily vehicle pre-trip inspection and the lack of consistent preventive maintenance procedures. The [\*Indiana Preventive Maintenance Manual\*](#) is an excellent resource that addresses these issues.

If you have any questions, please contact Ryan Gallagher at 317-614-9334 ([RGallagher@IPTC.net](mailto:RGallagher@IPTC.net)).  
or the Central Indiana Regional Transportation Authority (CIRTA) at 317-327-7433.

## ATTACHMENT 6: VEHICLE SELECTION GUIDE

### MODEL YEAR 2019 VEHICLE FOR SECTION 5310 APPLICANTS

Selecting the proper vehicle to meet your unique service needs is an involved process and one that deserves considerable thought, whether this is your first vehicle, a replacement purchase, or a fleet expansion. There are many issues that your agency must consider, most of them involving tradeoffs of one kind or another. The relative importance of each issue will vary by agency.

There are five primary issues that require consideration in selecting the proper vehicle:

- Accessibility
- Capacity
- Road conditions
- Type of service
- Vehicle cost

There are also secondary issues that will further influence the selection of a vehicle:

- Commercial Driver's License
- Cost to operate the vehicle
- Level of comfort
- Vehicle storage

The following questions - through a process of elimination - are designed to help you decide which type of vehicle is appropriate. By answering the questions, you will be able to quickly eliminate from consideration those vehicles that are inconsistent with your agency's needs.

#### **AVAILABLE VEHICLES**

IPTC offers a wide variety of vehicle types and seating arrangements to meet most every need. Vehicles range from the low floor minivan configured to carry as few as four passengers, through the Large Transit Vehicle capable of carrying up to 16 adult passengers. This section offers a brief explanation of the vehicles offered by IPTC through the Section 5310 program. **The vehicles mentioned in this guide are for the 2019 model year.** Further descriptions and dimensions are available in the various tables contained within this document. Vehicles available through the Section 5310 program include:

- **Low floor minivan:** This vehicle has a capacity of three ambulatory passengers and one/two wheelchairs. A CDL is not required to operate this vehicle.
- **Small Transit Vehicle – (STV):** The Small Transit Vehicle (138 inch wheelbase) can accommodate up to 8 passengers, plus two wheelchair tie-downs. These vehicles are built on a body-on-van-chassis. The body is constructed using a steel cage and fiberglass panels. The STV **does not** require a CDL.

- **Medium Transit Vehicle (MTV):** The Medium Transit Vehicle (158 inch wheelbase) can accommodate up to 12 passengers, plus two wheelchair tiedowns. These vehicles are built on a body-on-van-chassis. The body is constructed using a steel cage and fiberglass panels. The MTV ***may or may not*** require a CDL, depending on the seating configuration.
- **Large Transit Vehicle – (LTV):** A Large Transit Vehicle (178 inch wheelbase) can accommodate up to 16 passengers, plus two wheelchair tie-downs. These vehicles are built on a body-on-van-chassis. The body is constructed using a steel cage and fiberglass panels. The LTV **does** require a CDL.

## **PRIMARY ISSUES**

1. **Do you need an accessible vehicle?** If your agency will use this vehicle to transport individuals with disabilities who use wheelchairs, your agency will need to purchase a vehicle with an accessible package including a lift or a ramp, wheelchair tiedowns, and other related equipment.

All Section 5310 applicants are required to purchase lift-equipped vehicles, unless the applicant can demonstrate that its system, when viewed in its entirety, provides equivalent levels of service to individuals with disabilities and other passengers. Standards for equivalent service include 1) response time, 2) fares, 3) geographic area of service, 4) hours and days of service, 5) trip purpose restrictions or priorities, 6) availability of information, 7) reservations capability, and 8) constraints on capacity or service availability.

Accessible vehicles purchased with federal Section 5310 funding must meet all ADA standards. This means a minimum of two forward-facing tie-down positions for vehicles in excess of 22 feet (*Medium and Large Transit Vehicles*) and one forward-facing tie-down for vehicles under 22 feet (*Low floor minivan and Small Transit Vehicle*).

The following vehicle types come standard with an accessibility package:

- ◆ Low floor mini van
- ◆ Small, Medium or Large Transit Vehicles

The following vehicle can be ordered **without** an accessibility package:

- ◆ Small, Medium or Large Transit Vehicles\*

*\* This vehicle appears on both lists because it can be ordered with or without the accessibility package.*

2. **What are your capacity needs?** You must consider a number of items regarding vehicle capacity needs. Table One provides a summary of the various capacity configurations for each vehicle type.

**Note:** Available floor plans are shown at the end of this document.

The following discussion will assist you in determining your capacity needs:

- *What is the maximum number of individuals this vehicle will transport at the same time on a regular basis?* It is important to determine what your routine needs are, rather than exceptions such as large group trips that occasionally occur. In most cases, alternatives are available to meet occasional large group needs. Options include: renting or leasing another vehicle; coordinating with or borrowing from another provider; contracting with a private provider; or using multiple smaller vehicles. Buying too large a vehicle can result in higher than necessary purchase price and fuel, maintenance and insurance costs.
- *What is the mix of clients this vehicle will transport?* You must determine how many ambulatory and non-ambulatory riders your agency will transport at the same time on a regular basis. Again, it is important to identify your standard needs, rather than occasional demands. Each accessible vehicle offers a variety of floor plans including single or multiple wheelchair tiedowns.
- *Will the vehicle I select constantly be loaded to capacity?* While selecting too large a vehicle can be wasteful and more expensive to operate, the increased wear and tear of vehicles loaded to capacity can diminish the useful life of the vehicle. Vehicles loaded to capacity may also be less safe, as they take longer to stop and tend to handle more sluggishly.
- *What are my future needs?* The period from initial investigation until vehicle delivery can be as long as a year and a half. Once you receive your vehicle, it will be used for a number of years. Therefore, your capacity needs should reflect the anticipated future demand and rider mix.

**TABLE ONE: ESTIMATED VEHICLE CAPACITIES**  
(ambulatory seating and wheelchair tie-down combinations)

	# of Wheelchair Tie-down Positions		
	0	1	2
	# of Ambulatory Seats		
Low floor mini van	4	3	2
Small transit vehicle	12	**	8
Medium transit vehicle	16	**	12
Large transit vehicle	20	**	16

**3. On what type and condition of roads will the vehicle operate?** There are a number of environmental factors that must be taken into account when determining which vehicle is right for your needs. Several scenarios are discussed below. While they are not all-inclusive, you should get an idea of how to determine which vehicles can handle your particular needs. Again, vehicle selection should be based on standard or recurring needs, not the occasional or potential occurrence.

- *Rural areas* - These areas are generally characterized by narrow, twisting roads and often involve travel on unimproved roads (i.e. gravel and dirt) surfaces. Travel distances tend to be greater and speeds higher than in other types of service areas. The largest vehicle - the *Large Transit Vehicle* - is probably not suited for these conditions, since they are wider than other vehicles, making them less maneuverable and more unwieldy on small roads.

*Small, Medium and Large Transit Vehicles* have high roofs (minimum 8 feet, 10 inches) which may preclude operation in areas where they are likely to encounter overhanging objects, such as tree limbs. The lowered floor height of the *Low floor minivan* reduces ground clearance and may inhibit the ability to use this vehicle on unimproved road surfaces.

Suggested vehicles to serve rural areas include:

- \* Low floor minivan\*
- \* *Not suggested where ground clearance must be considered.*
- *Residential Areas* - Residential neighborhoods often have narrow, dead end streets and cul-de-sacs. While height is general not a problem, width and length can make for difficult maneuvering in tight areas, especially where backing up is required or where parked vehicles may be present. The *Large Transit Vehicle* therefore, is not well suited for serving many residential neighborhoods. All other vehicles should be fine in these areas.

Vehicles suggested to serve residential areas include:

- \* Low floor mini van
- \* Small Transit Vehicle
- *Cities and towns* - These areas generally have through streets (i.e. not dead-ends or cul-de-sacs) of sufficient width to accommodate the vehicle mentioned in this guide. However, height may be a problem in accessing parking garages, apartment building entrance overhangs, and other similar structures. If height is not a problem, all vehicles should work well in these areas. If height needs to be restricted, the *Low floor minivan* is suggested.

Suggested vehicles for cities and towns include:

- \* All vehicle types, except where vehicle height is restricted to less than 8 feet, 10 inches.

**4. What type of service will the vehicle provide?** Generally speaking, there are two types of service are provided, though combinations are possible. The type of service provided and the vehicle selected are also inter-related with the clientele served (e.g. seniors, individuals with disabilities, etc.) and the nature of the service area (rural, residential, city/town).

- *Demand Response* - also known as paratransit, this service involves door-to-door or curb-to-curb transportation with routings that change daily in response to rider demands. For the most part, clientele served include seniors and individuals with disabilities in both urban and rural areas. Since most demand response transportation involves many different origins and destinations and/or service to riders with special needs, in-vehicle ride times can be quite long and unpredictable. To avoid excessive ride times, fewer individuals must be served at one time, thereby making large capacity vehicles unnecessary and potentially wasteful.

Suggested Vehicles for demand response service include:

- \* Low floor mini van
- \* Small Transit Vehicle
- *Repetitive Route* - This service operates over the same routes as long as the clientele is constant. A change in clients would mean a change in routes. Service involves many origins and one destination.

Suggested vehicles for repetitive route service include:

- \* Small, Medium and Large Transit Vehicles

5. **How much will the vehicle cost?** Most Section 5310 applicants have limited budgets, and are restricted in their spending to purchase new vehicles. Table Two shows the cost for each type, along with the grantee's local (20%) share.

**TABLE TWO: MODEL YEAR 2019 ESTIMATED  
VEHICLE COSTS  
(Total Cost/Grantee's Share)**

	<b>Total Cost</b>	<b>Grantee's Share</b>
Low floor mini van	\$40,000	\$8,000
Small Transit Vehicle	\$50,000	\$10,000
Medium Transit Vehicle	\$53,000	\$10,600
Large Transit Vehicle	\$55,000	\$11,000

## **SECONDARY ISSUES**

Depending on your situation, the secondary issues may prove to be the deciding factors regarding which vehicle you ultimately choose. Consequently, the implications of each issue should be given full consideration during the vehicle selection process.

6. **Will drivers need a Commercial Driver's License (CDL)?** Drivers must obtain a CDL whenever they operate a vehicle originally configured to transport more than 15 persons including the driver. Obtaining a CDL is a time-consuming and rigorous process. Applicants using volunteer drivers or experiencing high driver turnover should strongly consider their ability to use CDL drivers.

If you cannot hire CDL drivers, the following vehicles are suggested:

- \* Low floor mini van
- \* Small Transit Vehicle
- \* Medium Transit Vehicle (depending on configuration)



7. **How much will the vehicle cost to operate?** The heavier and higher the capacity of the vehicle, the more it will cost to operate. *Small, Medium and Large Transit Vehicles* tend to consume more fuel, have higher maintenance costs, and are more expensive to insure than small ones. Additionally, the *Medium and Large Transit Vehicle* requires drivers with CDLs, who may require higher wages.

If the lowest operating costs are an important issue, the following vehicles are suggested:

- \* Low floor mini van

8. **What level of comfort do your clients need?** Passenger comfort and interior mobility are important considerations. The type of clients you serve (e.g. seniors, individuals with disabilities, etc.) and the type of service you operate (demand response or fixed route) will have a large bearing on your selection. Elements to consider include:

- *Interior mobility* – Generally, the smaller the vehicle, the more difficult it will be to maneuver within the vehicle and the fewer seating options available. The standard interior dimensions of the *Low floor minivan* will often require passengers to disembark or climb over others to exit the vehicle in services where riders board and alight at different locations.

A passenger will also need to stoop inside the *Low floor minivan*.

For wheelchair users (especially those riders with large wheelchairs, or whose foot rests stick out), maneuverability is more restricted in *Low floor minivan* than in larger vehicles. This may necessitate unloading one rider before unloading another, then reloading the one taken off first.

- *Step Height* – The height of the first step is an important consideration, especially when dealing with frail individuals.
- *Ride Quality* – This factor will depend on the vehicle size and number of riders transported at any given time. Small vehicles (*Low floor minivan*) tend to provide a comfortable ride under most circumstances. Conversely, the *Small, Medium and Large Transit Vehicles* tend to provide a more jarring ride under light loads.
- *Flip Seats* – These are fold-down seats, usually forward-facing, installed at wheelchair tiedown locations. They can be used to increase the seating capacity of the vehicle when the wheelchair tie-downs are not needed. Generally, they are less comfortable than standard seats and should be considered for occasional use only. The more wheelchair tie-down positions ordered, the fewer standard seats are provided. Seniors may consider flip seats more uncomfortable than other clients.

If overall passenger comfort and interior mobility are essential to your vehicle selection, the *Small, Medium and Large Transit Vehicles* are suggested.

If overall passenger comfort and interior mobility are not essential to your vehicle selection, the *Low floor minivan*, is suggested.

The approximate vehicle interior dimensions and step height for each vehicle is show in Table Three.

**TABLE THREE****Estimated Vehicle Interior Dimensions and Step Height\***

	Interior Height	Interior Width	1 <sup>st</sup> Step Height
Low floor mini van	59"	62"	6"
Small Transit Vehicle	76"	82"	10.5"
Medium Transit Vehicle	81"	91"	11.5"
Large Transit Vehicle	81"	91"	11.5"

\* Dimensions are approximate and subject to change

9. **Can you store and clean a large vehicle?** Large vehicles require more storage room. If you are storing the vehicle outside, make sure your lot is large enough. In addition, outside storage in winter may cause problems for operating hydraulic equipment, such as a lift.

If storing in a garage, make sure the vehicle will clear the entrance on the top and sides, and that there is adequate room inside to store and maneuver the vehicle. The larger and higher vehicles will require a garage with a minimum of 10 feet high by 9 feet wide doors.

Also, consider how you will clean the vehicle. If you plan to order a *Small, Medium and Large Transit Vehicle*, washing the top may be a problem. Table Four shows approximate exterior vehicle dimensions.

If large vehicle storage is a problem, the applicant should consider any vehicle except the *Medium and Large Transit Vehicles*.

**TABLE FOUR****Estimated Vehicle Exterior Dimensions\***

	Overall Length	Overall Width	Overall Height
Low floor mini van	17'	79"	75"
Small Transit Vehicle	21'	94"	109"
Medium Transit Vehicle	23'	98"	114"
Large Transit Vehicle	25'	98"	114"

\* Dimensions are approximate and subject to change

## **FINALIZING THE SELECTION**

This guide has presented you with a significant amount of material to digest. We hope it has been helpful in selecting a vehicle that will match your specific service needs. As with any discussion that must address a broad audience with diverse needs and requirements, there may be other factors that influence your decision making that have not been presented. If, after completing the vehicle selection questions, you are unable to make a final selection, please contact the IPTC Section 5310 Program Manager.

## **VEHICLE PROCUREMENT AND DELIVERY**

As stated in the Section 5310 Program Guide and application, *IPTC is responsible for purchasing all equipment awarded through the Section 5310 program.* This vehicle purchasing process begins in late summer, when the Indiana Department of Administration, in cooperation with IPTC, solicits bids for a variety of vehicles for use by various state agencies and local units of government. The bids are awarded in late fall, and vehicle orders are then placed with the approved vendor. Depending on the type of vehicle ordered, vehicle delivery occurs during the following year.

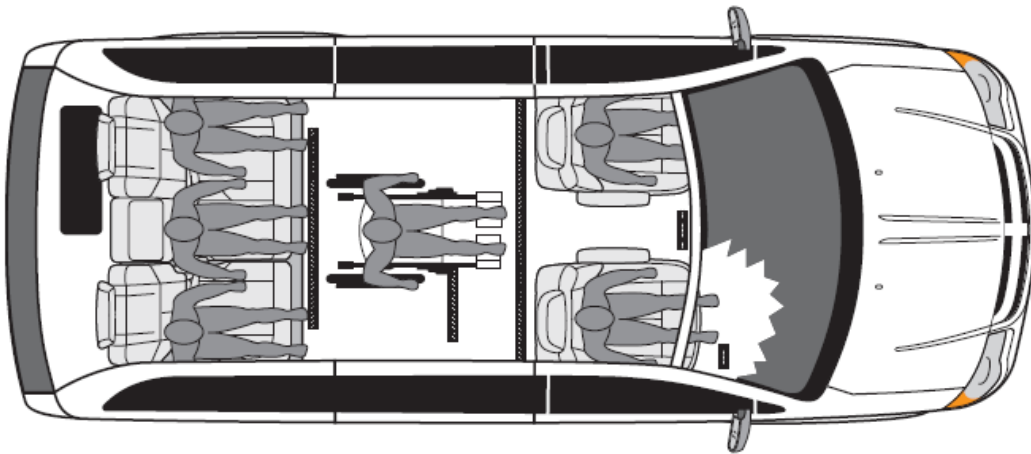
## VEHICLE SPECIFICATIONS AND FLOOR PLANS

### VEHICLE: Low floor mini van

The 4 passenger Low floor minivan specifications include the equipment listed below.

3.3L V6 Engine	730 CCA battery (min.)
122" wheelbase	Heat/air conditioning: front and rear
100 amp alternator (min.)	20 gallon gas tank (min.)
Intermittent windshield wipers	Inside hood release
Rear window defroster	Rear window washer/wiper
Dual side doors	Manufacturer's standard color (white)
Rear lift-gate with	Quick release seats/flip seats (vinyl)
Emergency equipment	AM/FM/CD
Automatic transmission	Backup alarm/beeper
Manual pull-out ramp	Wheelchair tie-down system

Typical Floor Plan *(does not show the optional center flip seat)*

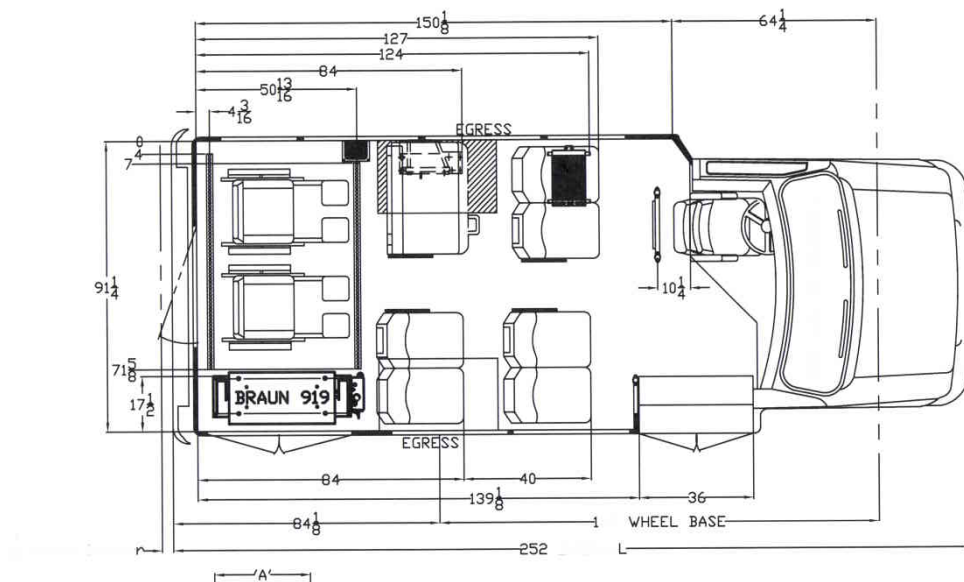


### VEHICLE: SMALL TRANSIT VEHICLE (with lift)

The 8 passenger Small Transit Vehicle specifications include the following:

Automatic transmission	Power steering and brakes
Eight cylinder engine	Heavy duty equipment
770 cca battery	(cooling system, springs, shock absorbers)
225 amp alternator	Backup warning beeper
30 gallon minimum fuel tank	AM/FM/CD
Transit flooring	
Tinted glass in windshield and all windows	Emergency equipment
Rust proofing	Fixed transit type seats
Radial tires	Seat belts (driver and all passengers)
Left and right hand outside mirrors with Vision Expansion System	Priority seating signs
138" minimum wheelbase	Automatic wheelchair lift
	Dual compressor heat/air conditioning (front/rear)

Typical Floor Plan for Small Transit Vehicle:

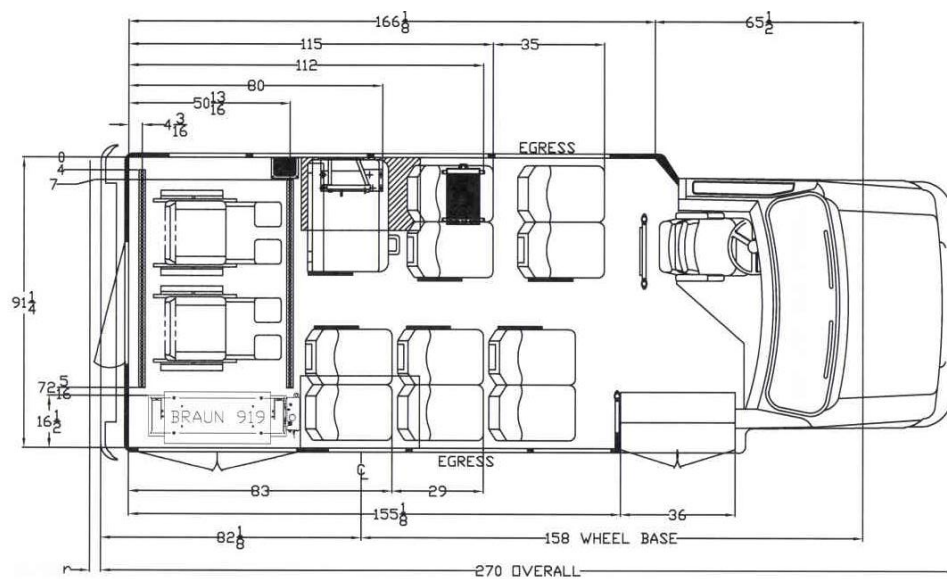


**VEHICLE: MEDIUM TRANSIT VEHICLE (with lift)**

The 12 passenger Small Transit Vehicle specifications include the following:

Automatic transmission	Power steering and brakes
Eight cylinder engine	Heavy duty equipment
770 cca battery	(cooling system, springs, shock absorbers)
225 amp alternator	Backup warning beeper
30 gallon minimum fuel tank	AM/FM/CD
Tinted glass in windshield	Emergency equipment
and all windows	Fixed or flip transit type seats
Rust proofing	Seat belts (driver and all passengers)
Radial tires	Priority seating signs
Left and right hand	Automatic wheelchair lift
outside mirrors with	Dual compressor heat/air conditioning (front/rear)
Vision Expansion System	Transit flooring
158" minimum wheelbase	

### Typical Floor Plan for Medium Transit Vehicle:

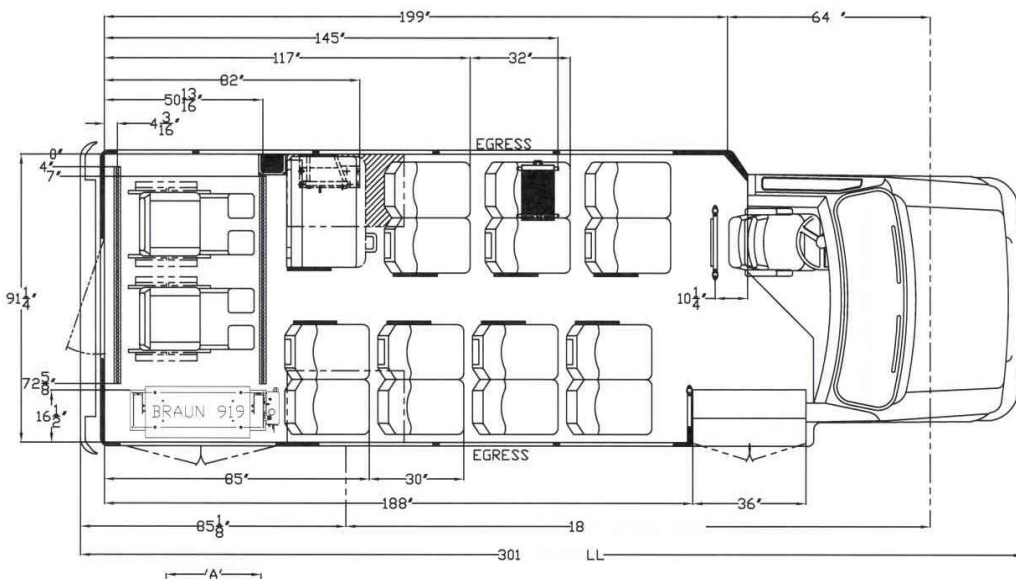


## VEHICLE: LARGE TRANSIT VEHICLE (with lift)

The 16 passenger Large Transit vehicle specifications include the following:

Automatic transmission	Power steering and brakes
Eight cylinder engine	Heavy duty equipment
770 cca battery	(cooling system, springs, shock absorbers)
225 amp alternator	Backup warning beeper
Two wheelchair tiedowns	50 gallon minimum fuel tank
Tinted glass in windshield and all windows	Emergency equipment
Rust proofing	Fixed or flip transit type seats
Radial tires	Seat belts (driver and all passengers)
Left and right hand outside mirrors with Vision Expansion System	Priority seating signs
176" minimum wheelbase	Automatic wheelchair lift
Transit flooring	Dual compressor heat/air conditioning (front/rear)
	AM/FM radio with CD player

Typical Floor Plan for Large Transit Vehicle:



	Low Floor Mini-Van	Small Transit Vehicle	Medium Transit Vehicle	Large Transit Vehicle
<b>Max. Seats (without accessibility package)</b>	Not Available	13	16	18
<b>Max. Seating positions with accessibility package (Ambulatory and Wheelchair)</b>	3	8	12	16
<b>Lift or ramp-equipped/Location</b>	Ramp/Side	Lift/Side	Lift/Side	Lift/Side
<b>Total Cost</b>	\$40,000	\$50,000	\$53,000	\$55,000
<b>Applicant's Share</b>	\$8,000	\$10,000	\$10,600	\$11,000
<b>Minimum Useful Life (years/miles)</b>	4/100,000	4/100,000	4/100,000	4/100,000
<b>Typical Chassis</b>	Dodge	Ford E-350	Ford E-450	Ford E-450
<b>Typical Engine</b>	V-6	5.4 Liter V-8	6.8 Liter V-10	6.8 Liter V-10
<b>Fuel (miles per gallon)</b>	19	8	8	8
<b>Fuel Tank capacity (gallons)</b>	20	37	55	55
<b>Requires CDL?</b>	No	No	Yes/No**	Yes
<b>Overall Length</b>	17'	21'	23'	25'
<b>Overall Width</b>	79"	94"	98"	98"
<b>Overall Height</b>	75"	109"	114"	114"
<b>Interior Height</b>	59"	76"	76"	81"
<b>Interior Width</b>	62"	82"	91"	91"
<b>Ground clearance</b>	Low	High	High	High
<b>Drive Wheels</b>	Front	Rear	Rear	Rear
<b>Gross Vehicle Weight Rating (min.)</b>	5,200 lbs.	11,500 lbs.	14,050 lbs.	14,050 lbs.

\* All figures are estimates and subject to change



# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) Exemption from FATCA reporting code (if any) <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

or									
Employer identification number									
0	0	-	0	0	0	0	0	0	0

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign  
Here

Signature of  
U.S. person ▶

Date ▶

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)  
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.  
*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*  
By signing the filled-out form, you:
  - Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  - Certify that you are not subject to backup withholding, or
  - Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
  - Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.