



2021 Section 5310 Application - CRRSAA

Project Name: _____

Agency: _____

Address: _____

City, State ZIP: _____

FEIN Number: _____

Project Contact: _____ Title: _____

Phone: _____ Email: _____

Address (if different): _____

PROJECT AND SPONSOR TYPE

Project Type (choose one):

Sponsor Type (choose one):

Mobility Management Project	<input type="checkbox"/>
Vehicle Capital Project	<input type="checkbox"/>
Non-Vehicle Capital Project	<input type="checkbox"/>
Operating/Payroll Project	<input type="checkbox"/>

Private Non-Profit	<input type="checkbox"/>
Local Public Body	<input type="checkbox"/>
Private Operator for Public Body	<input type="checkbox"/>
Shared-Ride Private Taxi Provider	<input type="checkbox"/>

Provide a brief description of the project in the space provided.

COORDINATION

[Project Name]

The Federal Transit Administration (FTA) requires that projects funded under the Section 5310 program are derived from a “locally developed coordinated public transit-human services transportation plan”. This ensures that applicants are coordinating services with other transportation providers. Section 5310 projects must be identified by a strategy and/or action item in a county, multi-county, or regional plan. List the plan names, strategies or action items, and page numbers. For multiple plans use the space below.

A list of all coordinated plans in Wisconsin counties can be found: [here.](#)

Title of Coordination Plan: [2019 Coordinated Public Transit - Human Services Transp. Plan for Dane County](#)

Action(s)/Strategy(ies): _____

Page number(s): _____

Additional information (use this space to describe projects that span multiple coordination plans):

Describe any eligibility requirements to use the service provided by the project.

The service is open to the general public.
(eligibility requirements may apply)

The service is shared ride
(customer cannot choose exclusive ride)

OTHER STATE AND FEDERAL FUNDING FOR TRANSPORTATION

List all state and federal funding programs through which your organization receives funds or has a pending application. Examples include state Urban Mass Transit Assistance (85.20), state County Specialized Transportation (85.21), and federal Urbanized Area Formula Grants (5307).

PROJECT LOCATION

[Project Name]

Describe the service area of the project. List state, county, and municiple boundaries, or other geographical features. To select RPCs, MPOs, and congressional districts, use the drop-down menus.

In which Regional Planning Commission is your project?

Capital Area RPC

[Wisconsin RPC/MPO map](#)

In which Metropolitan Planning Organization is your project?

Greater Madison MPO

[Wisconsin RPC/MPO map](#)

In which Wisconsin Congressional Districts is your project?

2nd

[Wisconsin Congressional District map](#)

APPLICATION CHECKLIST

[Project Name]

Check the box to indicate if these documents are included in the application.

Documents from this Spreadsheet	Included	N/A?
General Information (4 pages)	<input type="checkbox"/>	
Written Responses (3 pages)	<input type="checkbox"/>	
Project Budget (1 page)	<input type="checkbox"/>	
Project Goals (2 pages)	<input type="checkbox"/>	
Project Staffing (mobility management and operating projects only) (1 page)	<input type="checkbox"/>	
Current Vehicle Inventory (1 page)	<input type="checkbox"/>	
Vehicle Request (vehicle capital projects only) (1 page)	<input type="checkbox"/>	

Other Documents	Included	N/A?
FFATA Form (all applicants)	<input type="checkbox"/>	
Federal Certifications and Assurances (all applicants)	<input type="checkbox"/>	
Public Notice (vehicle projects only) (Appendix B)	<input type="checkbox"/>	N/A
Certification of No Furloughs (Capital/Planning projects only)	<input type="checkbox"/>	N/A
Certification of Local Public Body Eligibility (Public Bodies only)	<input type="checkbox"/>	N/A
Certification of Equivalent Service (Non-accessible vehicle projects only) (Appendix D)	<input type="checkbox"/>	N/A
Non-profit documentation (Non-profits only)	<input type="checkbox"/>	N/A

SINGLE AUDIT

WisDOT is responsible for reviewing A-133 audits of subrecipients that expend more than \$750,000 annually of federal funding from all sources, not just US DOT funds, in accordance with the Single Audit Act Amendments of 1996 and revised by OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations." The audits shall be made by an independent auditor in accordance with generally accepted government auditing standards covering financial audits. Please mark the appropriate box below.

Our agency expends less than \$750,000 in a year in federal funds from all sources. Grantees that do not meet the A-133 threshold may be required to submit supporting documentation for a quarterly reimbursement request. Grantees chosen for submission will be notified prior to the quarter end for which the request is made.	<input type="checkbox"/>
Our agency expends more than \$750,000 in a year in federal funds from all sources. Please indicate the date of your last A-133 submission below. WisDOT staff will review the harvester.census.gov website for any program related findings and follow up with affected grantees.	<input type="checkbox"/>

Date of most recent A-133 audit submission: _____

WRITTEN RESPONSES

Provide written responses to questions 1-3 using the text boxes in the pages below or in a separate document if necessary. Responses are limited to one page per question except for Question 1.

Question 1: Demonstration of Need and Project Benefits (attach up to one additional sheet if necessary)

Describe the project and the anticipated outcomes. If proposing a service activity, include information on operational schedules. If capital is requested, describe how the funds will be utilized. For mobility management projects, outline how the mobility manager will increase participation in and coordination of transit for seniors and people with disabilities.

Evaluation Criteria:

The application describes how the existing project or the proposed project will be effective at meeting the transportation needs of seniors and people with disabilities and what happens if the funding is not awarded. (10 points max)	
Project Type	<ul style="list-style-type: none">• Operations and Payroll - Describes how project helps meet the transportation needs of seniors and individuals with disabilities, and identifies specific services and activities the project provides (15 points max)• Mobility Management (Traditional)-Describes how project helps meet the transportation needs of seniors and individuals with disabilities, and identifies specific services and activities the project provides (5 Points max)• Vehicle Modification (Capital) - Describes how project will help protect drivers and riders and support the safe transportation of seniors and individuals with disabilities, and identifies specific modifications installed - note that applicant must certify that no employees have been furloughed (10 Points max)
Supported by the Coordinated Plan- The project overcomes barrier to transportation and/or meets an unmet need. <ul style="list-style-type: none">• Identified as a CRRSAA-eligible Tier 1 Strategy Project (10 Points max)• Identified as a CRRSAA-eligible Tier 2a Strategy Project (10 Points max)• Not identified as a strategy, but addresses a need and is CRRSAA-eligible (3 Points max)	
The project serves a reasonable number of individuals or trips given the project budget. <ul style="list-style-type: none">• Should include total number of people served, and percentage of seniors or individuals with a disability served (10 points max)	

Question 2: Promotes Development of a Coordinated Network (response limited to one sheet)

Explain how the proposed project will meet the identified needs and ensure that there is a coordination of efforts to ensure the targeted population is being served through the appropriate organization(s).

Evaluation Criteria:

The application identifies other transportation services available and how the project complements rather than duplicates them. (20 points max)

- Could include (but not limited to) increased hours of operation, reduction of coverage gaps, increased access to medical/employment/recreation trips

The application identifies steps that will be taken to ensure a coordinated effort with other local agencies (including human services agencies, meal and shopping sites, employers etc.), and how the service will be marketed. (10 points max)

The application describes who is eligible to ride/participate in proposed service.

- Public- Project/service is open to all eligible seniors or individuals with disabilities (5 Points)
- Private- Project/service is limited to a select client base (2 points)

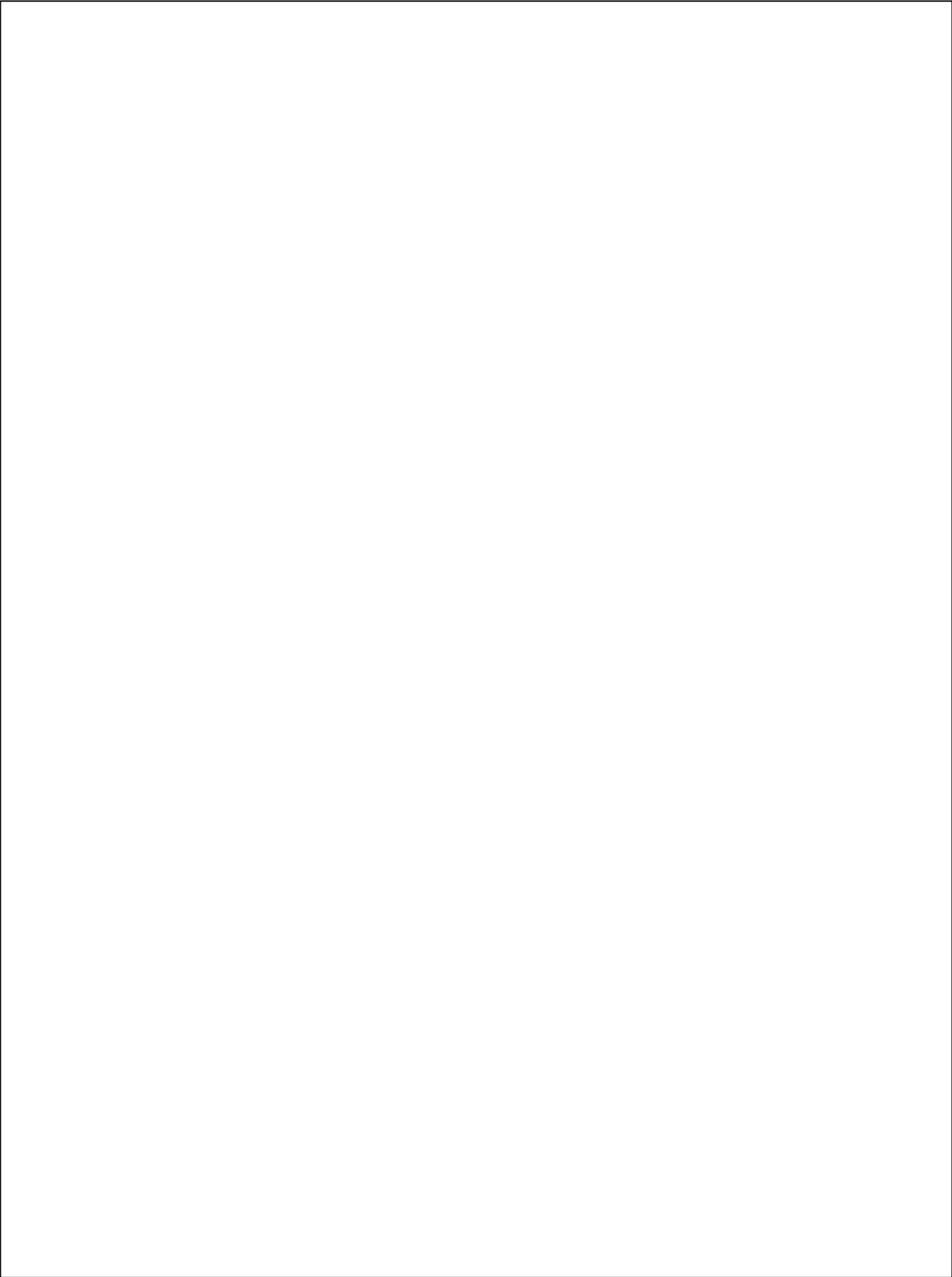
Question 3: Financial and Management Capacity (response limited to one sheet)

Describe your agency's experience managing state, federal, or other outside funds. Describe how the project is cost effective and minimizes unnecessary overhead costs.

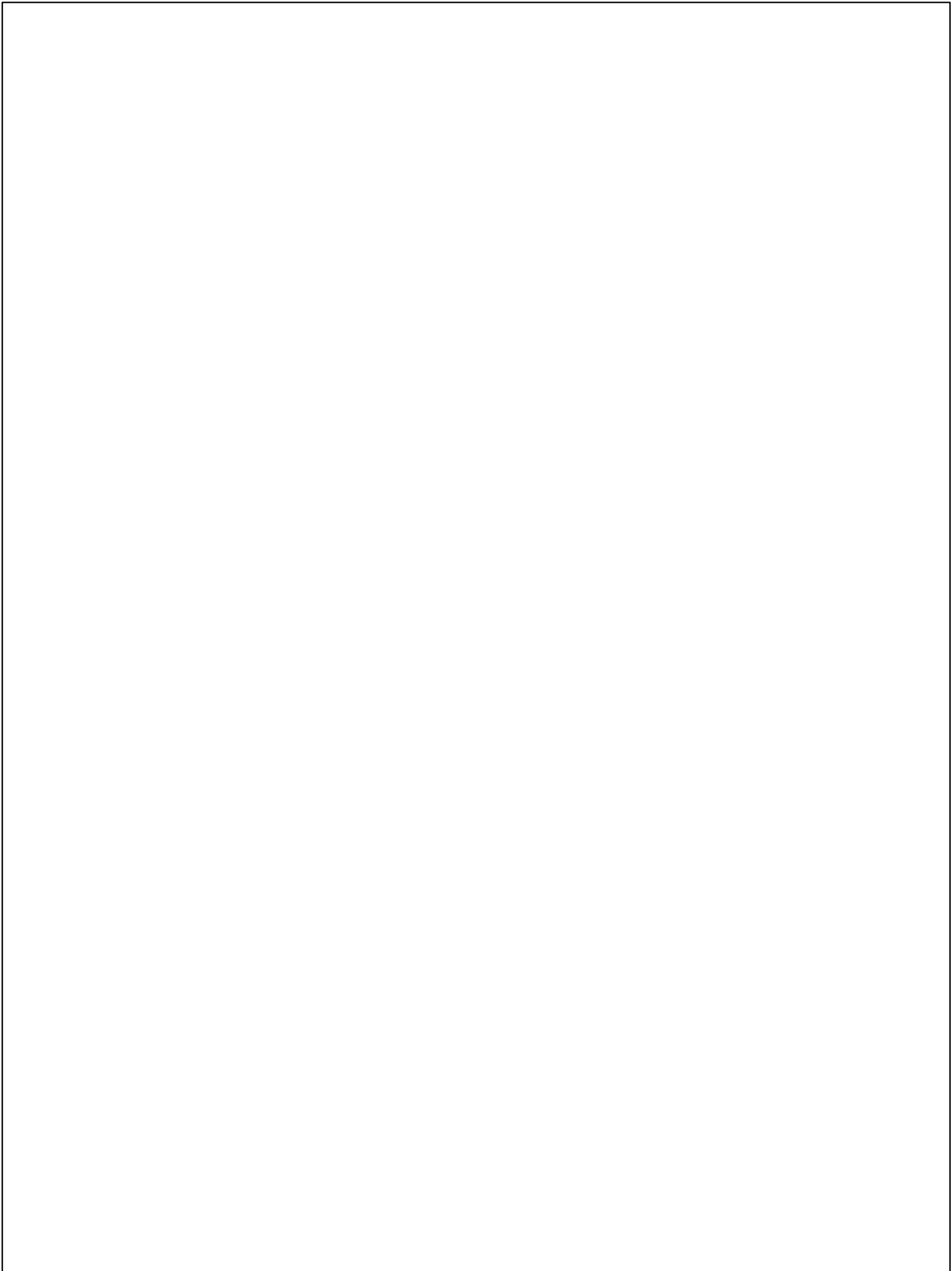
Evaluation Criteria:

The project has a reasonable level of administrative costs (10 points max)

The project sponsor has the capacity to meet the project management, reporting, and project delivery functions of the Section 5310 program. (10 points max)



A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for drawing or writing a response to the question.



PROJECT BUDGET

[Project Name]

Provide an itemized project budget. Use this template if possible; if necessary, use the blank lines or attach a separate worksheet.

Line Item	Project Budget	Notes (use box at bottom for more space)
Salary/Benefits	\$0	
Office Space/Rent		
Office Supplies/Printing/Postage		
Marketing		
Equipment		
Website Hosting/Support		
Software		
Staff Travel/Training		
Purchased Transportation Service		
Volunteer Driver Reimbursements		
Transportation Vouchers		
Tires/Parts/Maintenance		
Fuel/Oil		
Vehicle Insurance		
Vehicle Modification	\$0	
Personal Protective Equipment (PPE)		
Sanitizing Supplies		
Other (describe below)		
Section 5310 CRRSAA Request	\$0	

Describe any expenses entered under "Other" above:

PROJECT GOALS

[Project Name]

Describe the proposed usage of the project for the project calendar year. Eligible expenses incurred since Jan. 20, 2020 qualify for reimbursement. For non-vehicle capital projects, use the 'OTHER' table to describe the project. For vehicle capital projects, describe the number of trips expected to be taken on the Section 5310 vehicles in this application. Note that meal/grocery/medicine deliveries are considered "trips".

		# One-Way	
Service Type		Trips	Notes
TRIP BASED	Door-to/through-door trips		
	Fixed route transit trips		
	Flexible route transit trips		
	Shared-ride taxi trips		
	Demand response/paratransit		
	Volunteer driver trips		
	Fare voucher provided		
	Vanpool trips		
	Aide/escort assistance		
	Food/Meal/Medicine deliveries		

		# Customer	
Service Type		Served	Notes
INFORMATION	Mobility manager		
	One-stop center		
	Itinerary planning		
	Internet information		
	One-on-one travel training		
	Transportation resource training		
	Driver training		

		Quantity	Notes
Type			
OTHER			

Describe how you estimated these goals.

Describe how you collect, or plan to collect, ridership counts, customer contact counts, or other project deliverables and verify the accuracy.

PAST PROJECT DELIVERABLES

Provide the following data for continuing projects. If this is not a continuing project, leave past years blank but fill in projected demographic information for the project year. Note that meal/grocery/medicine deliveries count as trips.

Demographic	Number of One-Way Trips, Customer Contacts, or Other Project Deliverables in Calendar Year					
	2016	2017	2018	2019	2020*	2021**
Elderly						
Elderly (non-Ambulatory)						
Disabled						
Disabled (non-Ambulatory)						
Other						
Unknown						
Total	0	0	0	0	0	0

* Projected ** Estimated - should match totals in the PROJECT GOALS section

Notes (use this space to describe demographic trends not accounted in the table above, years when the project scope changed, unavailability of information, etc.):

VEHICLE MODIFICATION

[Project Name]

Vehicle modifications such as plexiglass barriers/sneeze guards, or air purification should be described, with all vehicles modified in this way listed. **NOTE THAT APPLICANTS WILL NEED TO CERTIFY THAT NO EMPLOYEES HAVE BEEN FURLOUGHED TO QUALIFY FOR FUNDING THIS TYPE OF PROJECT.**

Vehicle Modification 1:

Modification Cost:

Vehicle Modification 2:

Modification Cost:

Total Modification Costs:

