****

**2022 APPLICATION**

### SECTION 5310

### Enhanced Mobility of Seniors and Individuals with Disabilities Program

**for the**

**Capital Assistance Program**

### U.S. Department of Transportation

### Federal Transit Administration

### in cooperation with the

### Arkansas Department of Transportation

### Transportation Planning & Policy Division

### Public Transportation Programs

### September 27, 2021

**Application Deadline: Monday October 18, 2021**

**ARKANSAS DEPARTMENT OF TRANSPORTATION**

**NOTICE OF NONDISCRIMINATION**

**The Arkansas Department of Transportation (Department) complies with all civil rights provisions of federal statutes and related authorities that prohibit discrimination in programs and activities receiving federal financial assistance. Therefore, the Department does not discriminate based on race, sex, color, age, national origin, religion (not applicable as a protected group under the Federal Motor Carrier Safety Administration Title VI Program), disability, Limited English Proficiency (LEP), or low-income status in the admission, access to and treatment in the Department's programs and activities, as well as the Department's hiring or employment practices. Complaints of alleged discrimination and inquiries regarding the Department's nondiscrimination policies may be directed to Joanna P. McFadden Section Head - EEO/DBE (ADA/504/Title VI Coordinator),**

**PO Box 2261, Little Rock, AR 72203, (501) 569-2298, (Voice/TTY 711), or the following email address:** **joanna.mcfadden@ardot.gov****.**

**Free language assistance for Limited English Proficiency individuals is available upon request.**

**This notice is available from the ADA/504/Title VI Coordinator in large print, on audiotape and in Braille. ARKANSAS DEPARTMENT OF TRANSPORTATION**

### Public Transportation Programs

### Section 5310 – Enhanced Mobility of Seniors and Individuals with Disabilities

### Capital Assistance

###

### 2022 Application Form

### 1. General Agency Information

|  |  |  |
| --- | --- | --- |
| **Type of Applicant** (*Check One)* | [] Public Entity (City, County Government) | [] Private Non-Profit Agency |

 Was the applicant approved for 5310 assistance in the most recent funding year cycle (2021 Cycle)? [] Yes [] No

If no, please explain

****2. Applicant Organization Information****

|  |
| --- |
| **Applicant Contact Information** |
| Legal Name of (Parent) Agency |
| Executive Director (or write-in other Job Title) | Telephone Number(and extension)  |
| Has staff changed in the previous 2 years? [] Yes [] No If yes, who did they replace? |
| E-mail Address | Cell Phone Number(optional) |
| Applicant/Grant WriterContact Name | Telephone Number(and extension) |
| Has staff changed in the previous 2 years? [] Yes [] No If yes, who did they replace? |
| E-Mail Address | Cell Phone Number(optional) |
| Physical Address Include ZIP+4 for this location in box (below) |
| Mailing Address if different from Physical Address (PO Box, etc.) |
| City, State, Zip |
| Parent Agency DUNS# | SAM.GOV DUNS# Expiration | ZIP+4 |
| Website Address |
| List Vehicle Preference | Vehicle Location Address | County |
| Primary Vehicle |  |  |
| Secondary Vehicle |  |  |

3. Financial Information

|  |  |
| --- | --- |
| **A. Is funding for your transportation services over the next four years:** | [] Stable because of reliable federal or state recurring funding programs. |
| [] Reasonably secure, but some sources of funding are subject to variation and are not reliable. | [] Uncertain because all funding sources are not reliable. |
|  |
| **B. Report & submit your agency’s information from the most current IRS Form 990: Year 2020** | For the \_\_\_\_\_\_\_\_\_ calendar year, or tax year beginning \_\_\_\_\_\_\_\_\_\_\_\_ and ending\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Check here [] if the organization’s gross receipts from all sources are normally not more than $25,000. | **Organization Type** (check only one)[] 501(c) \_\_\_\_\_ (insert no.)  |
| Gross Receipts $ | [] 4947 (a) (1) or [] 527 |
| **Submit Articles of Incorporation** – See Attachment 9 (pages 21-22) |  |
|  |
| **C. Record Part 1 Data:** |
| Direct Public Support $ Total revenue $  |
| Indirect Public Support $ Total expenses $  |
| Government contribution (grants) $ Excess/deficit $  |
| Total $ Net assets/fund balance $  |

|  |  |  |
| --- | --- | --- |
| **Income (Revenues from Transportation Operations)** |  | **12-Month Reporting Period** |
| List all sources and amounts (Fares, Grant, Donations, etc.) |  | List Dates: |
| Local Funds (list): |  |  |
|  |  |  |
|  |  |  |
| State Funds (list): |  |  |
|  |  |  |
|  |  |  |
| Federal Funds (list): |  |  |
|  |  |  |
|  |  |  |
| Other (list): |  |  |
|  |  |  |
|  |  |  |
| **Total Transportation Operating Revenue:** |  |  |
| **Expenses (Transportation Only)** |  |  |
| Supplies & Fuel |  |  |
| Insurance |  |  |
| Maintenance/Repair Costs |  |  |
| Miscellaneous or other overhead expenses |  |  |
| **Total Transportation Operating Expenses:** |  |  |

|  |
| --- |
| **List the Source(s) and Amount(s) of Funds Used for 20% Match:** Federal, State, Local or Other Type |
|  |
|  |

4. Transportation Management and Experience

An agency’s attention to detail in Quarterly Performance Measurement & Monitoring (QPM) Reporting, Safe Operation and Fleet Preventative Maintenance are essential to program success and participation. Provide the name(s), phone number(s), and email address(s) for those persons responsible for submitting QPM reports and maintaining the vehicle fleet:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Phone Number | Email | Role (QPM, Veh. Maint., or Both) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

List the year your organization began operating passenger transportation services? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

When selecting drivers, does your organization *(check all that apply):*

[] Check driving records

[] Require a physical exam

[] Require a commercial driver’s license

[] Require a minimum age \_\_\_\_\_\_\_and maximum age\_\_\_\_\_\_\_

[] Conduct pre-employment drug testing

[] Operate a drug and alcohol testing program

Does your organization require any of the following training courses *(check all that apply)?*

[] First aid [] Defensive Driving

[] CPR [] Wheelchair Lift Operation

[] Drug and alcohol abuse awareness [] Child Passenger Safety

[] Driver sensitivity training [] Passenger assistance training

[] Vehicle emergency evacuation

Vehicles designed to transport 16 or more passengers (including the driver) require a commercial driver license (CDL). How many vehicles in your fleet require a CDL Driver? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are your drivers with a CDL currently enrolled in a Drug & Alcohol (D&A) Testing Program? [] Yes [] No

If yes, D&A Program Name: Location: Phone Number:

What best describes your Fleet Preventative Maintenance Program?

[] Scheduled and documented maintenance program is being utilized by a professional source.

[] An employee is assigned responsibility for ensuring each vehicle is properly maintained.

[] Drivers have primary responsibility for overseeing the maintenance of their vehicle.

[] Other-Describe:

**5. Application Certification: Title VI Compliance**

Title VI of the 1964 Civil Rights Act, Section 601, states:

*“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.”*

Has your agency submitted an approved Title VI Plan to ARDOT? [] Yes [] No

In the past year, has this agency or any agency related to this application been the respondent in any lawsuit or complaint alleging discrimination in service delivery or other transit benefit? [] Yes [] No

If yes, attach a concise description of the lawsuit(s) or complaint(s) alleging discrimination filed against your agency, together with a statement of the status or outcome of each such complaint or lawsuit.

In the past three years, has this agency or any agency related to this application been the subject of a civil rights compliance review(s)? [] Yes [] No

If yes, provide a summary of all compliance review activities conducted in the last three years. The summary should include the purpose or reason for the review, the name of the agency or organization that performed the review, a summary of the findings and recommendations of the review, and a report on the status and/or disposition of such findings and recommendations.

I hereby certify on this day of , 2021 that the statements and other information contained in this application, including all attachments, are true and correct.

 Executive Director or CEO:

 (*Signature Required*)

**The Arkansas Department of Transportation (Department) complies with all civil rights provisions of federal statutes and related authorities that prohibit discrimination in programs and activities receiving federal financial assistance. Therefore, the Department does not discriminate based on race, sex, color, age, national origin, religion (not applicable as a protected group under the Federal Motor Carrier Safety Administration Title VI Program), disability, Limited English Proficiency (LEP), or low-income status in the admission, access to and treatment in the Department's programs and activities, as well as the Department's hiring or employment practices. Complaints of alleged discrimination and inquiries regarding the Department's nondiscrimination policies may be directed to Joanna P. McFadden Section Head - EEO/DBE (ADA/504/Title VI Coordinator), P. O. Box 2261, Little Rock, AR 72203, (501) 569-2298, (Voice/TTY 711), or the following email address:** **joanna.mcfadden@ardot.gov****.**

### Free language assistance for Limited English Proficient individuals is available upon request.

### This notice is available from the ADA/504/Title VI Coordinator in large print, on audiotape and in Braille.

**6. Application Certification: Certification as a True and Complete Record**

Two signatures are required for this application to be considered for award:

* One must be by an Officer of the Applicant Agency’s Governing Body who has been authorized by that body to make this application and to obligate the agency under the terms and conditions of a funding award,
* The second signature is by the Chief Executive Officer/Executive Director of the applicant agency who witnesses the signature of the Officer of the Governing Body.

**Certification of Application as a True and Complete Record of Information Known to Applicant Agency**

I have been authorized by the governing body to execute this certification and obligate the agency under the terms and conditions of a funding award, should one be offered.

I hereby certify on this day of , 2021 that the statements and other information contained in this application, including all attachments, Title VI Compliance Statement, Nondiscrimination under Federal Grants and Programs Statement, are true and correct.

I further certify that the agency has sufficient financial resources to assure cash payment of the required local match from non-federal sources within ten (10) calendar days of notice to possess a vehicle.

I understand that if this grant application is approved, the purchase of the vehicle will be by the Arkansas Department of Transportation, and that Program funds are not available directly to the agency for any reason.

Authorized Officer of the Governing Body:

 *(Signature)*

 *(Print Name)*

 *(Agency Position/Title)*

Witness Executive Director or CEO:

 (*Signature*)

 *(Print Name)*

 *(Agency Position/Title)*

7. Applicant’s Transportation Service Operates in the Following Urbanized Areas

Check Appropriate Bracket

 [] Conway [] Fort Smith [] Hot Springs [] Jonesboro

 [] Fayetteville/Springdale [] Little Rock/North Little Rock [] Pine Bluff

 [] Texarkana [] West Memphis [] Not in These Urbanized Areas

8. Statewide Transit Coordination Plan

To encourage the most efficient use of Federal resources, the Department ensures that this Program provides for the most feasible coordination of transportation services with other Federal/State assisted programs and services. That coordination is facilitated, in part, through development and implementation of a Statewide Transit Coordination Plan (TCP).

All Section 5310 projects must be derived from the Statewide Transit Coordination Plan. The TCP (attachment 7) was updated in 2018. Applicant must address one of these Prioritized Strategies. The Strategy Number will be required for each vehicle under Transportation Services Detail.

Download the entire TCP document:

 [**https://www.ardot.gov/wp-content/uploads/2020/10/ARDOT-Transit-Coordination-Plan-2018.pdf**](https://www.ardot.gov/wp-content/uploads/2020/10/ARDOT-Transit-Coordination-Plan-2018.pdf)

|  |
| --- |
| What specific transportation coordination activities has your agency pursued this past year?  |
|  |
|  |
|  |
|  |
|  |
|  |

Will the vehicle(s) be leased to another agency or otherwise coordinated between agencies? [] Yes [] No

If Yes, please attach a copy of the proposed lease/coordination agreement to this application, including all details regarding the parties, terms, responsibilities for compliance, etc.

Does your agency contract for any transportation service? [] Yes [] No

If yes, attach any transportation contracts under Attachment 1 of this application.

Are there other agencies providing transportation services under the Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program in your transportation service area? [] Yes [] No

If yes, list other Section 5310 Seniors and Individuals with Disabilities agencies providing transportation in this service area (city/county where the new vehicle will operate).

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

9. Vehicle Request and Justification

A Non-ADA compliant vehicle (without lift/ramp) request will only be authorized if you:

Meet Equivalency of Service Requirements and include the following language in the Public Notice which is required to be posted prior to submission of this application:

(Your Agency’s Name) is requesting a vehicle that is not compliant with the Americans with Disabilities Act. However, (Your Agency’s Name) does meet the "equivalency of service" requirements to the disabled community. Complete and attach Letter addressing questions found on Attachment 6, in Application Attachments Section.

|  |
| --- |
| Explain how you propose to equitably serve individuals with disabilities in your transportation service area. Attach any interagency agreements/policies to meet the “equivalency of service” requirement: |
|  |
|  |
|  |
|  |
|  |
|  |

**10.**  **Transportation Service Details**

Describe the proposed service population’s dependency on applicant’s transportation services:

[] Entirely dependent on agency, there are no other means of transportation currently available.

[] Partially dependent, other means of transportation are available.

Number of paid drivers: \_\_\_\_ Number of volunteer drivers: \_\_\_\_

Number of days operated in a year: \_\_\_\_\_\_\_\_\_\_\_\_

Do you provide service to non-agency clients? Yes [] No []

Report Vehicle Inventory on Attachment 1.

|  |
| --- |
| Describe your agency’s efforts to actively identify and satisfy the transportation needs of racial and ethnic minority populations in your service area. Note: Nondiscrimination based on race, age, sex, etc. is not an active effort to identify or meet the needs of a population.  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

Primary Vehicle - If Applicable, Complete Secondary Vehicle Information

Client Group(s): [] Seniors [] Individuals with Disabilities [] Other: \_\_\_\_\_\_\_\_\_\_\_\_

Number of hours the new vehicle will be utilized daily: \_\_\_\_\_\_\_\_\_\_\_\_ Total miles driven per day: \_\_\_\_\_\_\_\_\_\_\_\_

TCP (Transit Coordination Plan) Strategy No. \_\_\_\_\_\_ (Select from Attachment 7)

What trip purposes will the new vehicle be used for? (check all that apply)

[] Education [] Nutrition\*(Congregate Meals) [] Residence

[] Employment [] Personal/Shopping \*Meal delivery is not an approved primary use

[] Medical [] Recreation/Social

Number of Seniors or Individuals with Disabilities eligible for services **at this location?**  Seniors: \_\_\_\_\_\_\_\_\_\_\_\_ Individuals with Disabilities: \_\_\_\_\_\_\_\_\_\_\_\_

Number of Seniors or Individuals with Disabilities eligible for services at **your agencies in Arkansas?**

Seniors: \_\_\_\_\_\_\_\_\_\_\_\_ Individuals with Disabilities: \_\_\_\_\_\_\_\_\_\_\_\_

Number of clients to be transported daily at this location: \_\_\_\_\_\_\_\_\_\_\_\_

Will service with the requested vehicle be available to non-agency clients? [] Yes [] No

Check or circle the days of the week that the new vehicle will operate:

 [] Sunday [] Monday [] Tuesday [] Wednesday [] Thursday [] Friday [] Saturday

|  |
| --- |
| **List Cities and Counties the proposed vehicle will serve:**  |
|  |

**Choose one of three options:**

* 1. New Service Start: [] 1st time with 5310 Program
	2. Service or Fleet Expansion: [] establish new service area [] extend hours of service

 [] reduce response time [] add vehicle to fleet

 [] add ADA (with lift/ramp) accessibility vehicle to fleet

* 1. Equipment Replacement: [] replace van\* [] replace bus\*

\*Replacement Vehicles:A vehicle is replaced only ONCE. Identify which vehicle on your Vehicle Inventory Form (Attachment 2 from Application Attachments Section) will be replaced?

Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Year Make Model VIN Number

Has this vehicle been listed as a replacement in a prior application? \_\_\_\_\_\_\_\_.

Is this vehicle still in operation? [] Yes [] No

Secondary Vehicle – If Applicable

Client Group(s): [] Seniors [] Individuals with Disabilities [] Other:

Number of hours the new vehicle will be utilized daily: Total miles driven per day:

TCP (Transit Coordination Plan) Strategy No. \_\_\_\_\_\_ (Select from Attachment 7)

What trip purposes will the new vehicle be used for? (check all that apply)

[] Education [] Nutrition\*(Congregate Meals) [] Residence

[] Employment [] Personal/Shopping \*Meal delivery is not an approved primary use

[] Medical [] Recreation/Social

Number of Seniors or Individuals with Disabilities eligible for services **at this location**? Seniors: \_\_\_\_\_\_\_\_\_\_\_\_ Individuals with Disabilities: \_\_\_\_\_\_\_\_\_\_\_\_

Number of Seniors or Individuals with Disabilities eligible for services at **your agencies in** **Arkansas?**

 Seniors: \_\_\_\_\_\_\_\_\_\_\_\_ Individuals with Disabilities: \_\_\_\_\_\_\_\_\_\_\_\_

Number of clients to be transported daily at this location: \_\_\_\_\_\_\_\_\_\_\_\_

Will service with the requested vehicle be available to non-agency clients? [] Yes [] No

Check or circle the days of the week that the new vehicle will operate:

 [] Sunday [] Monday [] Tuesday [] Wednesday [] Thursday [] Friday [] Saturday

|  |
| --- |
| **List Cities and Counties the proposed vehicle will serve:**  |
|  |

###### Choose One of three options:

1. New Service Start: [] 1st time with 5310 Program
2. Service or Fleet Expansion: [] establish new service area [] extend hours of service

 [] reduce response time [] add vehicle to fleet

 [] add ADA (with lift/ramp) accessibility vehicle to fleet

1. Equipment Replacement: [] replace van\* [] replace bus\*

\*Replacement Vehicles:A vehicle is replaced only ONCE. Identify which vehicle on your Vehicle Inventory Form (Attachment 2 from Application Attachments Section) will be replaced?

Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Year Make Model VIN Number

Has this vehicle been listed as a replacement in a prior application? \_\_\_\_\_\_\_\_.

Is this vehicle still in operation? [] Yes [] No

11. Nondiscrimination Under Federal Grants and Programs

No otherwise qualified individual with a disability, shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

All 5310 Program funds shall be expended in compliance with the standards of Section 504 of the Rehabilitation Act of 1973, as amended, (Section 504) and the Americans with Disabilities Act, as amended, (ADA).

Identify materials, policies, and procedures at your agency to ensure Section 504 and ADA compliant transportation service provision/accommodation consistent with 29 USC § 794:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
| Ensure lift availability |  |  |  |
| Ensure lift and securement use |  |  |  |
| Identify vehicle/system as being accessible to disabled Individuals |  |  |  |
| Use of service animals on vehicle |  |  |  |
| Service to individuals using respirators or portable oxygen |  |  |  |
| Informs client about services and accessibilities features your agency provides |  |  |  |
| Ensure adequate time for lift deployment at designated stops |  |  |  |
| Ensure adequate time for vehicle boarding/disembarkment |  |  |  |
| Provides training for personnel on accessibility features |  |  |  |
| Other policy/procedure not listed: |  |  |  |
| U.S. DOT Drug and Alcohol Policy – (buses designed for 16 or more passengers, including the driver) require a CDL license. In addition, a Drug and Alcohol Policy is mandatory. |  |  |  |

If you have not done so in the past, or if materials, policies, or procedures at your agency have changed since your last application, please attach a copy of your written Section 504 and ADA policies and procedures.

In the last year, has the applicant or this applicant received a complaint or been notified of any deficiency in compliance with ADA or Section 504 requirements? [] Yes [] No

|  |
| --- |
| **\*If yes, please provide a description of the deficiency noted and your agency’s response/corrective action.**  |
|  |
|  |
|  |
|  |
|  |
|  |

12. Certification of Equal Access for Individuals with Disabilities

Certification of Equal Access for Individuals with Disabilities

Under the Section 5310 Program

Title 49 C.F.R. Part 38.23 Mobility aid accessibility. (a) *General.* All vehicles covered by this subpart shall provide a level-change mechanism or boarding device (e.g., lift or ramp) complying with paragraph (b) or (c) of this section and sufficient clearances to permit a wheelchair or other mobility aid user to reach a securement location. At least two securement locations and devices, complying with paragraph (d) of this section, shall be provided on vehicles more than 22 feet in length; at least one securement location and device, complying with paragraph (d) of this section, shall be provided on vehicles 22 feet in length or less.

If your agency is applying for a vehicle that is not ADA accessible (without lift/ramp), this application will not be approved unless the proposed lack of ADA accessibility:

* Is stated in the required Public Notice (See Attachment 2),
* You complete a Self-Assessment that supports, with the addition of the non-accessible vehicle to your fleet, a finding of Equivalency of Service to Individuals with Disabilities,
* You include a letter supporting your finding equivalency for each Application requesting a non-ADA vehicle (See Attachment 6 for notes and questions to be addressed in assessment process), and
* You complete the following certification:

I hereby certify, that when viewed in its entirety, the demand-responsive and/or fixed route passenger transportation

program of serving the location

 (*Applicant Agency’s Name*)

identified in this, with the addition of the requested vehicle(s), provide seniors and individuals with disabilities access equal to that afforded to any other person in terms of the following criteria.

1. Response time.
2. Fares.
3. Geographic area of service.
4. Hours and days of service.
5. Restrictions based on trip purpose.
6. Availability of information and reservations capabilities; and
7. Constraints on capacity or service availability.

Certified this day of , 2021.

(Executive Director’s Signature)

(Typed/Printed Name)

2022 Vehicle Inventory Form & Proof of Insurance Attachment 1

List all agency vehicles providing passenger carrier service (regardless of funding source), starting with those serving this site. Note: include the FTA vehicle number of all ARDOT funded vehicles operated by the applicant. \* Include all sites, subsidiaries, controlled entities, etc.: (submit additional sheets as necessary.) **\*\* Include copy of proof of insurance.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FTAVehicle No. | ModelYear | VehicleType | Last 5 Numbersof VIN | Site Name/Physical Location(Client Service Center name and city) | Counties Servedwith Vehicle(List all Counties) | SeatingCapacity (as listed on door) | ADAAccessiblewith Lift/Ramp | Current Condition | CurrentMileage |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

\* ARDOT Funded Vehicle(s) – All vehicles Secured from the Department (Section 5310, Section 5316 JARC, Section 5317 New Freedom, TransLease). If a vehicle has been released, note that in the Current Condition Column.

2022 Required Public Notice (Example of Language & Format) Attachment 2

Note optional language indented below: If your agency is requesting an ADA vehicle (with lift/ramp), omit the indented statement. If your agency is requesting a Non-ADA vehicle (without lift/ramp), include the indented statement in your Public Notice.The Public Notice is to be published in a newspaper of general circulation or available on your website in EACH transportation service area for which you are requesting a vehicle.

Public Notice

Public notice is hereby given this day of , 2021 that

the

 *(Applicant’s Agency’s Name)*

of has made application for funds

 *(Applicant’s mailing address, city, state, zip)*

through Section 49 U.S.C. Section 5310 for the purchase of the following type of passenger transportation

vehicle:

This vehicle will be used primarily for the following purposes:

Purchase of the above vehicle is considered essential to the efficient operation of this organization in provision of public transportation services to seniors and individuals with disabilities. There is no intent to infringe upon, or compete with, existing public or private transit operators, including Section 5307, urban public transit operators and Section 5311, rural public transit operators.

(Applicant’s Agency’s Name) is requesting a vehicle that is not compliant with the Americans with Disabilities Act. However, (Applicant’s Agency’s Name) does meet the “equivalency of service” requirements to individuals with disabilities in the community.

Any objection should be submitted in writing only to persons listed below. All comments will become a part of this organization’s application and will be a matter of public record. All written comments must be submitted within 30 days of the date of this notice. Any person wishing to request a public hearing on the proposed project must submit a request in writing within 10 days of the date of this notice to the persons listed below:

Chief Administrative Official’s Name

Job Title

Applicant Agency’s Name

Mailing Address

City, State, Zip Code

and to:

Greg Nation, Administrator

Public Transportation Programs Office

Arkansas Department of Transportation

P.O. Box 2261

Little Rock, AR 72203-2261

2022 Public or Private Operator’s Statement Attachment 3

**Public or Private Operator’s Statement**

**Regarding Operation of One or More Vehicles**

**By a Private or Public Organization as a Part of the**

**FTA Section 5310 Program**

The Federal Transit Administration (hereinafter called FTA) has established a capital assistance program to help private not‑for‑profit and public organizations provide for the enhanced mobility of seniors and individuals with disabilities.

Notice is hereby given that

(*Applicant Agency Name*)

is applying to the FTA through the Arkansas Department of Transportation for aid in purchasing the following capital equipment:

 (See vehicle types in Appendix B)

Purchase of the above equipment is considered essential in meeting the enhanced mobility needs of seniors and individuals with disabilities in this service area.

The of

 *(Existing Transit Operation*)

 understands that the vehicle

 (*City, State and Zip code*)

being requested by the applicant will be used for the special purpose of transporting the seniors and individuals with disabilities as a supplement to the regularly scheduled transportation services provided by this company.

I, on behalf of

 (*Authorized Official*)

 do hereby state that

 (*Transit Operation*)

this agency has no objections to the operation of the equipment requested by this applicant. Below is the requested information provided by my transit agency.

|  |  |  |  |
| --- | --- | --- | --- |
| Existing Transit Operation’s Service Area | Number of Vehicles | Service (Demand/Response orFixed Route) | ADA Accessible? (Yes or No) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Federal Assistance Form 424 Attachment 4**

|  |  |  |
| --- | --- | --- |
| **APPLICATION FOR** |  **2. DATE SUBMITTED** |  **Applicant Identifier** |
|  **FEDERAL ASSISTANCE** |  |  |
|  **1. TYPE OF SUBMISSION** |  **3. DATE RECEIVED BY STATE** |  **State Application Identifier** |
|  **Application** | **Pre-application** |  |  |
|

|  |
| --- |
|  |

|  |
| --- |
|  |

**Construction** |  **4. DATE RECEIVED BY FEDERAL AGENCY** | **Federal Identifier** |
|

|  |
| --- |
| **X** |

|  |
| --- |
|  |

**Non-Construction** |  |  |
|  **5. APPLICANT INFORMATION** |
|  **Legal Name:** | **Organizational Unit:** |
|  |  |
|  |  |
| **Address (give city, county, state, & zip code)** | **Name and telephone number of the person to be contacted on matters** |
|  | **involving this application (give area code):** |
|  |  |
|  **6. EMPLOYER IDENTIFICATION NUMBER (EIN)** |

|  |
| --- |
|  |

 **7. TYPE OF APPLICANT: (enter appropriate letter in box)** |
|

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

 |  **A. State** |  **H. Independent School District** |
|  **B. County** |  **I. State Controlled Institution of Higher Learning** |
|  **C. Municipal** |  **J. Private University** |  |
|  **8. TYPE OF APPLICATION** |  |  **D. Township** |  **K. Indian Tribe** |  |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **X** | **New** |  | **Continuation** |  | **Revision** |

 |  **E. Interstate** |  **L. Individual**  |  |
|  **F. Intermunicipal** |  **M. Profit Organization** |  |
|  **G. Special District** |  **N, Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  **If Revision, enter appropriate letter(s) in boxes(s)** |  |  |  |
|  **A. Increase Award B. Decrease Award C. Increase Duration** |  **9. NAME OF FEDERAL AGENCY:** |  |
|  **D. Decrease Duration E. Other (Specify)** |  | **U.S. Department of Transportation** **Federal Transit Administration** |
|  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **10. CATALOG OF FEDERAL DOMESTIC** | **11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2** | **0** | **-----** | **5** | **1** | **3** |

 **ASSISTANCE NUMBER:** |  |
| Title: **Section 5310 – Enhanced Mobility of Seniors and****Individuals with Disabilities** |
|
| **12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):** |
|  |
|  |
| **13. PROPOSED PROJECT****Start Date** | **Ending Date** |  **14. CONGRESSIONAL DISTRICTS OF:** **a. Applicant** |  **b. Project** |
|  |  |  |  |
| **15. ESTIMATED FUNDING** |  **16. IS APPLICANT SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?** |
|  **a. Federal** | **$ -**  |  **a. Yes****X** | **This preapplication was made available to the State Executive Order 12372** |
|  **b. Applicant** |  **$ -**  |  | **Process for Review on:** |  |
|  **c. State** |  **$ -**  |  | **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
|  **d. Local** |  **$ -**  |  **b. No** |

|  |
| --- |
|  |

 **Program is not covered by E.O. 12372, OR** |  |
|  **e. Other** |  **$ -**  |  |

|  |
| --- |
|  |

 **Program has not been selected by State for Review** |
|  **f. Program Income** |  **$ -**  |  **17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?** |  |
|  **g. Total** |  **$ -**  |

|  |
| --- |
|  |

 | **Yes If "yes", attach explanation**  |

|  |
| --- |
|  |

**No** |
|  **18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT.** |
|  **THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL** |
|  **COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.** |
|  **a. Typed Name of Authorized Representative** |  **b. Title** |  **c. Telephone Number** |
|  |  |  |
|  **d. Signature of Authorized Representative**  |  **e. Date Signed** |
|  |  |
|
| **Catalog of Federal Assistance Numbers:** | **Section 5310: Enhanced Mobility of Seniors and Individuals with Disabilities: 20-513** |

Certification of Eligibility for Local Public Entities Attachment 5, Pg. 1

This two-page form is completed by city or county units of government to certify their eligibility for funding under the 5310 Program.

Prior to starting or expanding a 5310 funded transportation service, units of government (city or county) must contact area non-profit agencies to solicit the transportation service that would be provided through their proposed new or expanded program.

Only after documenting that no non-profit organization in the area is ready, willing, and available to provide the transportation service the unit of government is proposing within their jurisdiction, can a unit of government certify their eligibility for funding.

Efforts on the part of the unit of government to solicit service from not-for-profit organizations must be documented and that documentation must be included with the completed certification form.

Documentation shall include one (1) example of the unit of government’s letter providing notice, together with a list of all existing transportation providers to whom letters were mailed and a copy of any response received from those agencies.

Local Public Entity Eligibility Certification

I, , the duly elected executive official

 (Elected Official’s Signature)

of the hereby certify that there are no private

 (Local Public Entity: City of, County of)

non-profit organizations in the proposed service area that are ready, willing, and available to provide

transportation services to seniors and individuals with disabilities as outlined in this application.

Certified this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2021.

To Verify Eligibility: Complete/Attach Availability of Private Non-Profit Response Form-Next Pg.

Certification of Eligibility for Local Public Entities Attachment 5, Pg. 2

This form (or similar) is used to document all non-profit organizations notified, providing the name and address of the organizations contacted and any response received. Attach copies of correspondence behind this form (one example of the notification letter and any correspondence received in response).

Availability of Private Non-Profit Response Form

|  |
| --- |
| Letters were sent on (date) to the following private non-profit |
| organizations in (city/county).  |

Indicate responses received and attach copies of responses / correspondence.

|  |  |  |
| --- | --- | --- |
| Name | Address | Received |
| Yes | No |
|  |  | 🞏 | 🞏 |
|  |  | 🞏 | 🞏 |
|  |  | 🞏 | 🞏 |
|  |  | 🞏 | 🞏 |
|  |  | 🞏 | 🞏 |
|  |  | 🞏 | 🞏 |
|  |  | 🞏 | 🞏 |
|  |  | 🞏 | 🞏 |
|  |  | 🞏 | 🞏 |
|  |  | 🞏 | 🞏 |
|  |  | 🞏 | 🞏 |

## 2022 Assessment of Equal Access for Individuals with Disabilities Attachment 6

Completion and submission to the department of a response letter (signed by the executive director) is only required where an applicant is requesting a non-ada vehicle (no lift or ramp, etc.).

the applicant provides a separate assessment for each vehicle application submitted where accessibility features are not requested. The assessment process described in this attachment considers an Organization’s success in enhancing the transportation options of Seniors and Individuals with Disabilities.

Access to public transit vehicles by individuals with disabilities is a central feature of the transportation title of the ADA. Compliance with access requirements is critical to 5310 Program success.

Nondiscrimination based on Disability in Programs or Activities Receiving Federal Financial Assistance: Title 49 CFR, Part 27 § 27.7 Discrimination prohibited. (a) General. No qualified handicapped person shall, solely by reason of his disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance administered by the Department of Transportation.

(b) Discriminatory actions prohibited. (1) A recipient, in providing any aid, benefit, or service, may not, directly or through contractual, licensing, or other arrangements, based on disability:

(i) Deny a qualified handicapped person the opportunity to participate in or benefit from the aid, benefit, or service.

(ii) Afford a qualified handicapped person an opportunity to participate in or benefit from the aid, benefit, or service that is not substantially equal to that afforded persons who are not handicapped.

(iii) Provide a qualified handicapped person with an aid, benefit, or service that is not as effective in affording equal opportunity to obtain the same result, to gain the same benefit, or to reach the same level of achievement as persons who are not handicapped.

(iv) Provide different or separate aid, benefits, or services to handicapped persons or to any class of handicapped persons unless such action is necessary to provide qualified handicapped persons with aid, benefits or services that are as effective as those provided to persons who are not handicapped.

(v) Aid or perpetuate discrimination against a qualified handicapped person by providing financial or other assistance to an agency, organization, or person that discriminates based on disability in providing any aid, benefit, or service to beneficiaries of the recipient's program or activity.

(vi) Deny a qualified handicapped person the opportunity to participate in conferences, in planning or advising recipients, applicants or would-be applicants, or

(vii) Otherwise limit a qualified handicapped person in the enjoyment of any right, privilege, advantage, or opportunity enjoyed by others receiving an aid, benefit, or service.

(2) For purposes of this part, aids, benefits, and services, to be equally effective, are not required to produce the identical result or level of achievement for handicapped and nonhandicapped persons but must afford handicapped persons equal opportunity to obtain the same result, to gain the same benefit, or to reach the same level of achievement, in the most integrated setting that is reasonably achievable.

(3) Even if separate or different aid, benefits, or services are available to handicapped persons, a recipient may not deny a qualified handicapped person the opportunity to participate in the programs or activities that are not separate or different.

(4) A recipient may not, directly or through contractual or other arrangements, utilize criteria or methods of administration:

(i) That have the effect of subjecting qualified handicapped persons to discrimination based on disability,

(ii) That have the purpose or effect of defeating or substantially reducing the likelihood that handicapped persons can benefit by the objectives of the recipient's program or activity…

Fixed-route transit system operators exclusively purchase vehicles accessible to individuals with a wide array of disabilities.

The 5310 Program is, likewise, limited to purchase of accessible vehicles, unless the applicant can show that:

* The Organization currently provides accessible service to any disabled individual they serve on any part of their system just as quickly as a non-disabled individual; and
* The purchase of a vehicle without accessibility features would not degrade the Organization’s existing service capacity.

If you are requesting a non-ADA vehicle use the process described below to assess your capacity to accommodate individuals with disabilities at each service location served by an:

1. First, evaluate your existing fleet to determine whether vehicles requested in this grant application must be accessible.

* How many existing vehicles meet accessibility standards?
* Are other vehicles that, with only minor changes, can be made accessible?
* Are cooperative agreements in place with other agencies to provide accessible vehicles on a demand/response basis?

2. Next, examine the mix of services provided by the Applicant Agency at each proposed location ():

* Is the service currently provided with an accessible vehicle?
* If it is not, are other accessible vehicle(s) available on a timely basis to provide the service if an individual with disabilities who requires mobility support requests transportation?

3. To compare the response time for ride requests from individuals requiring mobility assistance to those who do not require such assistance, you should document the way by which the Applicant Agency is able to respond to a request for accessible transportation in each of its service offerings.

4. You may recognize the need to retrofit existing vehicles to meet the accessibility standard, negotiate cooperative agreement(s) with other service providers, or add accessibility features to this application to ensure timely response for riders requiring accommodation. Any programmatic adjustments must be completed, prior to a request to purchase a non-accessible vehicle.

5. Beyond vehicles, what arrangements have been made to accommodate individuals with hearing impairments or other disabilities that impact on the demand/response process?

6**.** A simple letter addressing these issues, is signed by the Executive Director of the Applicant, and attached to each for a vehicle where a lift or ramp is not included.

Prioritized Strategies Attachment 7

**2018 Arkansas Statewide Transit Coordination Plan**

2018 Arkansas Statewide Transit Coordination Plan (TCP), Coordination Strategies, (Pg30) The TCP was updated in 2018. It was designed to achieve the mission of providing public transportation service in Arkansas. Prioritized Strategies from the updated plan are copied below. Applications for 5310 Program participation must address one of these Prioritized Strategies.

Download the entire TCP document on the Public Transit Webpage:

[**https://www.ardot.gov/wp-content/uploads/2020/10/ARDOT-Transit-Coordination-Plan-2018.pdf**](https://www.ardot.gov/wp-content/uploads/2020/10/ARDOT-Transit-Coordination-Plan-2018.pdf)

The strategies are designed to achieve the mission of providing public transportation service in Arkansas. Please choose from the following:

1. Preserve and maintain existing vehicles and equipment.

2. Maximize the use of existing fleets operating within the same city or county, especially for the agencies who are providing services to the same types of clientele.

3. Continue to support vehicle and operating needs of transportation providers presently receiving assistance under FTA programs.

4. Coordinate the development of model contracts or agreements for sharing vehicles, personnel, joint supply purchasing, group maintenance and insurance, etc.

5. Support the development of mobility managers, other coordination programs or one-call centers at the regional level. This includes developing marketing tools which identifies regional providers and web-site development.

6. Encourage regional services to employment, shopping, medical and social centers through several communities

7. Expand service through existing transit providers. This means expanding current routes, extending hours of service, or increasing demand response times.

8. Invest in new transit service where none presently exists.

9. Bring new funding partners such as the Arkansas Department of Workforce and Area Agencies on Aging to public transit and human service transportation.

**2022 Vehicle Order Type Listings Attachment 8**

***Note: For the National Transit Database (NTD) Annual Report, as of 2018 the Driver is NOT included in the Vehicle Description below. CDL not required unless stated.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ARDOT Number** | **Length / Vehicle Description (Driver Not Included)** | **State Bid No.** | **\*Estimated Base Cost** | **Dealer/Notes** |
| **01** | **17’ Standard Minivan (6-Pass.)** | **SP21-0015 #38** | **$22,465** | **Red River Dodge** |
| **02** | **20’ Standard Van (11-Pass.)** | **SP21-0015 #34** | **$29,385** | **Smart Ford** |
| **03** | **17’ Lowered Floor Minivan w/Ramp, w/Double Flip Seat (5-Pass.)** | **PT 19-01, w/Double Flip Seat** | **TBD** | **Pending Availability** |
| **04** | **17’ Lowered Floor Minivan w/Ramp, w/o Double Flip Seat (3-Pass.)** | **PT 19-01, w/o Double Flip Seat** | **TBD** | **Pending Availability** |
| **05** | **20’ Transit Conversion Mid-Roof Long Van w/o Rear Lift (12-Pass.)** | **PT 19-02, Item 1** | **$43,718** | **Central States Bus Sales, Inc.** |
| **06** | **20’ Transit Conversion Mid-Roof Long Van w/Rear Lift (7-Pass, 3/2 WC)** | **PT 19-02, Item 2** | **$47,249** | **Central States Bus Sales, Inc.** |
| **07** | **22’ Transit Conversion High-Roof Extended Van w/o Rear Lift (12-Pass.)** | **PT 19-03, Item 1** | **$51,112** | **Central States Bus Sales, Inc.** |
| **08** | **22’ Transit Conversion High-Roof Extended Van w/Rear Lift (7/0, 3/2 WC)** | **PT 19-03, Item 2** | **$54,877** | **Central States Bus Sales, Inc.** |
| **09** | **22’ Small Cutaway Bus w/o Lift (13-Pass.)** | **PT 20-05, w/o Lift** | **$68,784** | **TBD** |
| **10** | **22’ Small Cutaway Bus w/Lift (10/0 or 8/1 WC)** | **PT 20-05, w/Lift** | **$72,371** | **TBD** |
| **11** | **22’ Small Cutaway Bus w/Lift (8/0 or 8/2 WC)** | **PT 20-05, 2 WC** | **$73,039** | **TBD** |
| **12** | **22’ Medium Cutaway Bus w/o Lift (16-Pass.) (CDL Required)** | **PT 20-06, Item 1** | **$72,135** | **TBD** |
| **13** | **22’ Medium Cutaway Bus w/Lift (8/2 WC)** | **PT 20-06, Item 2** | **$75,502** | **TBD** |
| **14** | **23’ Medium Cutaway Bus, w/o Lift (20-Pass.) (CDL Required)** | **PT 20-06, Item 1** | **$75,640** | **TBD** |
| **15** | **23’ Medium Cutaway Bus, w/Lift (12/2 WC) (CDL only required if ordered with Flip Seat)** | **PT 20-06, Item 2** | **$78,666** | **TBD** |
| **16** | **25’ Medium Cutaway Bus, w/o Lift (24 Pass.) (CDL Required)** | **PT 20-06, Item 1** | **$78,907** | **TBD** |
| **17** | **25’ Medium Cutaway Bus w/Lift (16/2 WC) (CDL Required)** | **PT 20-06, Item 2** | **$81,933** | **TBD** |

**ADA accessible vehicles can seat additional individuals when wheelchair clients are not being transported if your vehicle has or can be ordered with two passenger flip seats.**

**Agencies are responsible for 20% (local match) of the total estimated cost.**

**\*Estimated base cost does NOT include cost of selected vehicle options.**

**Actual vehicle costs will be known only after the State vehicle specification & bid process is complete.**

**ADA Accessible Medium Cutaway Buses MUST include 2 WC positions due to Federal requirements.**

**Note: Large Cutaway Buses and Diesel Engines are not available under this Program.**

**Attachment 9**

**John Thurston**

**1401 W. Capitol, Suite 250, Little Rock, AR 72201**

**501-682-3409 •** [**www.sos.arkansas.gov**](http://www.sos.arkansas.gov/)

**ARTICLES OF INCORPORATION**

(PLEASE TYPE OR PRINT CLEARLY IN INK)

The undersigned acting as incorporators of a corporation under Act 958 of 1987 and the Arkansas Code Annotated

§ 4-27-202, adopt the following Articles of Incorporation of such corporation:

1. The Name of the Corporation is:

Must contain the words “Corporation”, Incorporated”, “Company”, “Limited”, or the abbreviation “Corp.”, “Inc.”, “Co.”, or “Ltd.” or words or abbreviations of like import in another language.

1. The number of shares which the Corporation shall have the authority to issue is:

 share(s). The par value of each share is .

The designation of each class, the number of shares of each class, or a statement that the shares of any class are without par value, are as follows:

Number of Shares Class Series (if any)

Par Value Per Share Or Statement That Shares Are Without Par Value



1. The name and street address of initial registered agent:
2. The name and address of each incorporator is as follows: Name Address
3. The name and title of at least one corporate officer: (attach additional page, if needed)

Name Title (President, Vice President, Secretary, Treasurer, Controller, etc.)

1. The nature of the business of the corporation and the object or purposes to be transacted, promoted or carried on by it, are as follows:
	1. The primary purpose of the Corporation shall be .
	2. To conduct any business enterprise not contrary to law.
	3. To exercise all of the powers enumerated in A.C.A § 4-27-302 of the Arkansas Business corporation Act.

I understand that knowingly signing a false document with the intent to file with the Arkansas Secretary of State is a Class C misdemeanor and is punishable by a fine up to $100.00 and/or imprisonment up to 30 days.

Executed this day of ,

Signature of Authorizing Officer Authorizing Officer and Title of Officer (Type or Print)

**Filing Fee $50.00** payable to Arkansas Secretary of State DN-01 Rev. 12*/*20

**Attachment 9**

**John Thurston**

**1401 W. Capitol, Suite 250, Little Rock, AR 72201**

**501-682-3409 •** [**www.sos.arkansas.gov**](http://www.sos.arkansas.gov/)



**CORPORATE FRANCHISE TAX**

In order for this corporation to receive its annual corporate franchise tax reporting form, please complete and file with the office of the Secretary of State at the time of incorporation or qualification.

Corporate name

Contact person

Street address or Post Office Box number

City, State, ZIP

Telephone number E-mail address

IRS link for obtaining a Federal Tax ID: [https://www.irs.gov/businesses/small-](http://www.irs.gov/businesses/small-) businesses-self-employed/how-to-apply-for-an-ein

Federal Tax ID

I affirm that franchise taxes are due by May 1st of the year following formation of this entity.

I understand that knowingly signing a false document with the intent to file with the Arkansas Secretary of State is a Class C misdemeanor and is punishable by a fine up to $100.00 and/or imprisonment up to 30 days.

Authorized Officer (Type or Print) Authorized Signature of Incorporator, Officer or Agent for the Corporation

**FT-11 Rev. 12*/*20**