Florida Commission for the

Transportation Disadvantaged

FISCAL YEAR 2016-17

PROGRAM MANUAL

FOR THE

MOBILITY ENHANCEMENT GRANT

Issued By:

FLORIDA COMMISSION FOR THE TRANSPORTATION DISADVANTAGED

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INTRODUCTION

The Transportation Disadvantaged Trust Fund is administered by the Florida Commission for the Transportation Disadvantaged (Commission), pursuant to Section 427.0159, Florida Statutes. The purpose of the Transportation Disadvantaged Trust Fund is to provide a dedicated funding source for the operational and planning expenses of the Commission in carrying out its legislative responsibilities.

The 2016 Florida Legislature authorized $1,750,000 of non-recurring funds to be competitively awarded by the Commission to Community Transportation Coordinators (CTCs) to support projects that:

1) enhance the access of older adults, persons with disabilities, and low income individuals to healthcare, shopping, education, employment, public services, and recreation;
2) assist in the development, improvement, and use of transportation systems in non-urbanized areas;
3) promote the efficient coordination of services;
4) support inter-city bus transportation; or
5) encourage private transportation provider participation.

Unlike the Trip/Equipment Grant Program, this grant requires an application that identifies a specific project(s) with a proposed budget(s). The application shall identify a need and describe how the project will meet that need with new or enhancements to existing services. The application shall include details as to how the project will be implemented and defines benchmarks to measure project effectiveness. The deadline to submit applications to the Commission is October 11, 2016.

Projects should focus on improving access to or creating new opportunities for mobility services. Proposed projects must begin providing services on or about January 1, 2017; with continued service through June 30, 2017.

Following the deadline, a Commission subcommittee will review the applications and recommend projects to be awarded. The Commission will review and approve the projects recommended by the subcommittee; grant agreements will be executed soon after their approval.

This manual is divided into two parts: Program Requirements and the Grant Application Instructions and Forms.

PART I
MOBILITY ENHANCEMENT GRANT PROGRAM REQUIREMENTS

This part of the manual contains requirements of the grant program.

1. ELIGIBILITY INFORMATION

A. Eligible Recipients

A Community Transportation Coordinator (CTC) who has an executed Memorandum of Agreement (MOA) and Transportation Disadvantaged Service Plan (TDSP). Recipient of these funds will be referred to as the Grantee.

B. Allowable Expenditures

The grant funds allocated from the Transportation Disadvantaged Trust Fund are for the specific purpose of reimbursing the CTC for a portion of each passenger trip provided to eligible non-sponsored transportation disadvantaged individuals, or for equipment to be utilized in the designated service area.

The Grantee shall not use grant funds to supplant or replace funding of transportation disadvantaged services that are currently funded by any federal, state, or local governmental agency. The grant funds shall not be used as a system subsidy to cover other operating costs or deficits.

(1) **Non-sponsored trips**: A non-sponsored trip is a one-way trip for an eligible individual who meets the definition of transportation disadvantaged and is not sponsored by any other federal, state or local government program.

(2) **Capital Equipment**: Capital equipment is any equipment used to improve or expand transportation services to the transportation disadvantaged and is utilized within the Grantee's coordinated system. Projects that are eligible for the Commission's Shirley Conroy Rural Area Program Grant or the Trip & Equipment Grant may be considered if needs are beyond the 25% limitations set forth within the Trip & Equipment Grant.

2. GRANT APPROVAL

All grants are subject to approval by the Commission. Costs incurred prior to grant agreement execution cannot be charged to the project, nor will the Commission give retroactive grant agreement execution.

3. GRANT FUNDING

This grant program provides ninety-percent (90%) funding and requires a ten-percent (10%) local cash match generated from local sources. No state or federal government revenues are acceptable as local match. All match funding must be documented, reasonable, necessary, and related to this project.

Examples of cash generated from local sources include local appropriations, dedicated tax revenues, private donations, net income generated from advertising and concessions, contract revenues, and farebox revenues.

4. INVOICING

The Grantee must invoice the Commission on a monthly basis. The Grantee will make every effort to submit invoices within 30 days after the month of service provision. Service rates may be different than rates generated by the Commission Rate Calculation Model. Rates for services will be finalized prior to grant execution.

Invoices related to this grant agreement shall be completed on the invoice form(s) provided by the Commission and submitted electronically to FLCTDInvoice@dot.state.fl.us unless otherwise notified by the Commission.

The Grantee must provide supporting documentation for reimbursement identifying the specific service designated as eligible for the grant. The Grantee shall provide sufficient detailed documentation for each cost or claim for reimbursement to allow an audit trail to ensure that the services rendered or costs incurred were for actual services provided. The documentation must be sufficiently detailed to comply with the laws and policies of the Department of Financial Services.

PART II
GRANT APPLICATION
INSTRUCTIONS AND FORMS

GENERAL INSTRUCTIONS

Applications are due October 11, 2016. Final award decisions are scheduled to be approved at the Commission's business meeting in November 2016.

Presented in this part are specific instructions on the preparation of the grant application forms. To be considered complete, the application should contain Exhibits A, B, C and D as described in this manual.

A. Although specific instructions on the preparation of the grant application are provided, additional assistance may be obtained by contacting the Commission for the Transportation Disadvantaged, (850) 410-5700.

B. Applicants must submit **one(1) original and eight (8) copies** of each proposal. All applications must be legible.

The application prepared by each CTC must be securely stapled and submitted to:

Commission for the Transportation Disadvantaged
605 Suwannee Street, Mail Station 49
Tallahassee, Florida 32399-0450

Note: Binders are unnecessary and will be discarded in the processing of the grant.

TIMETABLE

June 13, 2016	Mobility Enhancement Grant Applications emailed out to CTCs and Planners
October 11, 2016	Applications due to the Commission for the Transportation Disadvantaged
October 28, 2016 (Tentative)	Review Subcommittee Meeting
November 8, 2016 (Tentative)	Commission Meeting
January 1, 2017	Earliest date grant agreements can be effective
June 30, 2017	All Grant Agreements will terminate on June 30, 2017

EXHIBIT A INSTRUCTIONS – Application Form

Except for the following notes, the applicant information form is self-explanatory. If questions arise, please contact the Commission.

LEGAL NAME OF APPLICANT: The full legal name of the applicant's organization, not an individual. Applicant name and address must be registered in MyFloridaMarketplace.

FEDERAL IDENTIFICATION NUMBER: The number used by all employers within the United States to identify their payroll and federal income tax. This must include the three digit sequence number that is registered with MyFloridaMarketPlace. If unsure of the sequence number, contact your Commission Area Manager.

REMITTANCE ADDRESS: This should be the applicant's mailing address where all correspondence is sent, and will be the address on the grant agreement and the address to which grant reimbursement checks will be sent. Changes of address must be registered in MyFloridaMarketPlace. If the physical location of the applicant is different from the mailing address, the applicant must notify the Commission of the applicant's physical location of operations.

PHONE NUMBER AND E-MAIL ADDRESS: To facilitate faster communications, the applicant should also include telephone and fax numbers and any e-mail addresses used by the applicant's grant contact person.

EXHIBIT B INSTRUCTIONS – Scope

This is a competitive grant application. It is the responsibility of the applicant to ensure that each section provides sufficient information for the review committee to consider and award project funds accordingly. The completed Exhibit B should be no more than three pages long and answer the following questions:

PROJECT DESCRIPTION

Describe current transportation services that are available. Identify need and provide details on how services will be expanded or enhanced to meet the need and improve transportation access. Include any capital equipment that may need to be purchased to accomplish this project. Such capital equipment should be above and beyond what is normally acquired utilizing the Commission's Trip & Equipment Grant or Shirley Conroy Rural Area Program Grant.

A few project examples could include: expanded days or hours of operation; enhancement or development of new routes, including deviated and feeder services; inter-city or inter-county transportation services; utilization of transportation partners for vouchers or other innovative transportation services.

PROJECT TIMEFRAME

This grant period will be for six months, effective no earlier than January 1, 2017, and ending June 30, 2017. Provide a schedule for completion of the project, identifying any preparation actions and pertinent milestones including when transportation services will actually begin.

PROJECT PERFORMANCE MEASURES

Provide performance measures that will be used to monitor the impact of the project in meeting the need as identified. Project performance will be monitored on a monthly basis. Project progress reviews will occur during March. Projects will be allowed to continue upon successful completion of progress reviews.

Examples could include: the number of clients served, the number of trips provided, or cost analysis.

PROJECT FUNDING

Provide the amount of funding requested to complete this project. In addition, identify the source of matching funds to be used for the project. Include the methodology used to determine the amount requested and the units by which services will be provided. **Rates for services may be different than rates generated by the Commission Rate Calculation Model.**

Examples could include trips, miles, or vouchers.

EXHIBIT C INSTRUCTIONS – AUTHORIZING RESOLUTION

A resolution by the applicant's Board of Directors/County Commission authorizing an individual and/or position to sign this application and subsequent agreements, invoices, assurances, etc., must be completed. Exhibit C is a sample resolution for your consideration. It is not required that you use the sample resolution, as long as the same basic information is provided. The resolution must include original signatures. Remember that the resolution can be good for an extended period of time or for multiple agreements if worded in such a fashion.

EXHIBIT D INSTRUCTIONS – STANDARD ASSURANCES

The standard assurances form shall be signed and dated by the person or position identified in the authorizing resolution.

APPLICATION FORMS

EXHIBIT A	Grant Application (Application Form)
EXHIBIT B	Grant Application (Scope)
EXHIBIT C	Grant Application (Sample Authorizing Resolution)
EXHIBIT D	Grant Application (Standard Assurances)

EXHIBIT A

Commission for the Transportation Disadvantaged Grant Application Form for the Mobility Enhancement Grant

1. DATE SUBMITTED:_____

2. LEGAL NAME OF APPLICANT:_____

3. FEDERAL IDENTIFICATION NUMBER:_____

4. REMITTANCE ADDRESS: _____

5. CITY AND STATE: _____ ZIP CODE: _____

6. CONTACT PERSON FOR THIS GRANT:_____

7. PHONE NUMBER:_____ FAX NUMBER: _____

8. E-MAIL ADDRESS: _____

9. PROJECT LOCATION [County(ies)]: _____

10. PROPOSED START DATE:_____ ENDING DATE: June 30, 2017

11. ESTIMATED PROJECT FUNDING REQUESTED:

    Grant Funds $ _____ 90%

    Local Match $_____ 10%

    TOTAL $ _____ 100%

12. I hereby certify that this document has been duly authorized by the governing body of the applicant, and the applicant intends to complete the project, and to comply with any attached assurances if the assistance is awarded.

_____
TYPED NAME OF AUTHORIZED REPRESENTATIVE AND TITLE

_____
SIGNATURE OF AUTHORIZED REPRESENTATIVE

_____
DATE

EXHIBIT B

SCOPE

Project Description:

Project Timeframe:

Project Performance Measures:

Project Funding:

EXHIBIT C

AUTHORIZING RESOLUTION

A RESOLUTION of the _____ (Applicant), hereinafter BOARD, hereby authorizes the filing of a Mobility Enhancement Grant Application with the Florida Commission for the Transportation Disadvantaged.

WHEREAS, this BOARD has the authority to file this Grant Application and to undertake a transportation disadvantaged service project as authorized by Section 427.0159, Florida Statutes, and Rule 41-2, Florida Administrative Code.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD THAT:

1. The BOARD has the authority to file this grant application.

2. The BOARD authorizes _____ to file and execute the application on behalf of the _____ with the Florida Commission for the Transportation Disadvantaged.

3, The BOARD'S Registered Agent in Florida is _____.

4. The BOARD authorizes _____ to sign any and all agreements or contracts which are required in connection with the application.

5. The BOARD authorizes _____ to sign any and all assurances, warranties, certifications and any other documents which may be required in connection with the application or subsequent agreements.

DULY PASSED AND ADOPTED THIS _____ DAY OF _____, _____

BOARD OF _____

_____
Typed name of Chairperson

_____
Signature of Chairperson

ATTEST:

Signature

EXHIBIT D

STANDARD ASSURANCES

The recipient hereby assures and certifies that:

(1) The recipient will comply with the federal, state, and local statutes, regulations, executive orders, and administrative requirements which relate to discrimination on the basis of race, color, creed, religion, sex, age, and handicap with respect to employment, service provision, and procurement.

(2) Public and private for-profit, transit and paratransit operators have been or will be afforded a fair and timely opportunity by the local recipient to participate to the maximum extent feasible in the planning and provision of the proposed transportation planning services.

(3) The recipient has the requisite fiscal, managerial, and legal capacity to carry out the Transportation Disadvantaged Program and to receive and disburse State funds.

(4) The recipient intends to accomplish all tasks as identified in this grant application.

(5) The recipient is aware that the Mobility Enhancement Grant is a reimbursement grant. Reimbursement of funds will be approved for payment upon receipt of a properly completed invoice with supporting documentation.

(6) The recipient is aware that the approved project must be complete by June 30, 2017, which means services must be provided by that date or reimbursement will not be approved.

(7) Mobility Enhancement Grant funds will not be used to supplant or replace existing federal, state, or local government funds.

(8) Vehicles shall meet or exceed the applicable criteria set forth in the Florida Department of Transportation's Guidelines for Acquiring Vehicles on file with the Commission on July 1, 2016, or criteria set forth by any other federal, state, or local government agency.

(9) Capital equipment purchased through this grant shall comply with the recipient's competitive procurement requirements or Chapter 287 and Chapter 427, Florida Statutes.

This certification is valid for no longer than the agreement period for which the grant application is filed.

Signature: _____Date: _____
Name: _____
Title: _____