

**Applicant Organization Name:**

## **FY24 CTGP Accessible Vehicle Organizational Forms**

The following information is required to determine whether the applicant and application meet the threshold criteria for program and project eligibility.

### **Organization Eligibility**

**To be eligible to obtain funding under the FTA Section 5310 or State MAP programs, organizations must certify to be one of the following entities listed below.** Mark one of the certification boxes. If your organization is **new** to the MassDOT CTGP application process, please attach the proper documentation to verify this certification.

Our organization is a **Private Non-Profit Organization** providing transportation service to seniors and/or persons with disabilities because the publicly operated mass transportation service in our service area is unavailable, insufficient, or inappropriate to meet the needs of these populations.

Our organization is a **Governmental Authority** (City, County, Town and Tribal Governments including other related public bodies and Tribal community agencies) providing transportation service to seniors and/or persons with disabilities because no private non-profit organizations are readily available in our service area to provide the needed service. We understand that the definition of “readily available” in our service area means no non-profit organization is capable or willing to provide the service provided by our organization.

Our organization is a **Regional Transportation Authority (RTA)** or **Council on Aging (COA)** providing transportation service or mobility management oversight in the interest, or strongly supportive, of local, regional, and/or State coordination objectives. We have been approved by MassDOT to receive 5310/MAP funding and may be in a lease agreement to ensure both 5310 and MAP funds are utilized to fill gaps in our service area.

Our organization is an **Operator of Public Transportation** receiving 5310 funds indirectly through an eligible recipient or a **Private Taxi Operator** (includes Uber and Lyft) providing public transportation to include shared ride transportation services to the general public on a regular basis.

Are you registered in SAM.gov?                      Yes                      No

If so, what is your UEI number?

If so, when does your registration expire?

What is the legal name of your organization?

*For example: the legal name of the Bridgewater Council on Aging is the Town of Bridgewater*

Legal address of your organization, including 9-digit zipcode:

## Financial Management

To be eligible to obtain funding under the FTA Section 5310 and State MAP program, organizations must certify that their accounting systems can manage grant funds in accordance with federal and state requirements.

		Our organization maintains an accounting system that is:
Yes	No	<ul style="list-style-type: none"><li>• Consistent with generally accepted accounting principles (GAAP);</li><li>• Can segregate funds;</li><li>• Uses an accrual method of accounting; and</li><li>• Can translate fiscal data into the Uniform System of Accounts (USOA) system (specified by FTA).</li></ul>

		If yes, our organization documents this accounting system through board/elected official approved written accounting policies and procedures.
Yes	No	

**Last Revision Date:**

**For non-profit or for-profit organizations only:** Does your organization have a financial audit completed annually?

Yes	No
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If yes, please provide date of last completed audit and a copy of this audit with the application submission.

**Completion Date:**

Does your organization follow an approved Indirect Cost Allocation Plan (ICAP)? If yes, provide (1) approval letter by federal cognizant agency and (2) current rate with application submission.

Yes	No
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## MassDOT Compliance & Oversight Reviews

Has your organization received a compliance review from MassDOT (staff or contractors)?

Yes	No
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If yes, what was the date of this review?

If yes, have all the findings been resolved?

Yes	No
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If no, what findings need to be corrected and what is the timeline for resolution?  
(1150 characters)

## Civil Rights - FY24

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All recipients of FTA assistance are responsible for compliance with all Civil Rights requirements, including 49 US 5332 (nondiscrimination), Title VI of the Civil Rights act of 1964 (Title VI), Equal Employment Opportunity (EEO), the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973 (ADA/504), Disadvantaged Business Enterprise (DBE) program requirements, and the Limited English Proficiency (LEP) federal executive order. When contracting for federal funds, recipients agree to abide by all Civil Rights terms and conditions by signing Federal Certificates and Assurances. Recipients also agree to include these assurances and policies in each subcontract financed in whole or in part with Federal funds provided by FTA.

**MassDOT is committed to providing all grant recipients technical assistance to meet Civil Rights requirements. New applicants are not required to have Title VI Plans completed at the time of application. MassDOT will provide a template upon which all sub-recipients must base their Title VI plan. If no plan is on file, MassDOT will reach out after the application period ends to request a draft of the plan. MassDOT will then review and approve the Title VI plan in writing prior to contract execution.**

### Civil Rights Complaints

Have there been any civil rights related investigations, complaints, lawsuits, or other legal actions filed against your organization in the last year?

Yes      No

If yes, please provide a summary of such actions, including the date, the basis for the complaint (race, color, national origin, language, etc.), the status of the complaint, and the action(s) taken to resolve the matter. (960 characters)

### Title VI: Nondiscrimination

Does your organization have an approved Title VI Program Plan on file?

Yes      No

If yes, provide the date the Plan was approved by MassDOT or FTA.

## Equal Employment Opportunity (EEO)

**EEO Plan.** Does your organization have in place an EEO plan for any of the following reasons: federal capital or operating assistance in excess of \$1 million; federal planning assistance in excess of \$250,000; employment of 50 or more transit related employees?

**Yes**

**No**

If yes, was the plan approved by FTA, MassDOT, or another governmental entity?

**Yes**

**No**

If yes, please provide date of approval.



**4. Transportation Service Clientele.** Describe rider clientele & service eligibility requirements. (735 characters)

**5. Transportation Service Trip Purpose.** Indicate approximate percentage of the type of transportation trip(s) the organization offers. Total percentage should equal 100%.

Percent of Total Trips		Trip Type
	%	Work/Employment Related
	%	Medical
	%	Education
	%	Senior Programs
	%	Social, Recreation, Shopping
	%	Other (describe):
	%	<b>Total Percentage</b>

**6. Transportation Service Vehicles.** Provide the number of active fleet vehicles currently used in the transportation program. (Do not include non-revenue service/staff specific vehicles.)

Number	Description
	"Full-Time" Service
	"Back-Up" or Spare

**7. Transportation Service Fare/Donation.** Describe the fare or donation structure for the transportation program. (735 characters)

**8. Transportation Program Staff.** Provide the number of staff employed in the transportation program.

Number	Description	Number	Description
	Paid Full-Time Drivers		Paid Full-Time Operation Supervisors
	Paid Part-Time Drivers		Paid Part-Time Operation Supervisors
	Volunteer Drivers		Paid Full-Time Dispatchers
	Paid Full-Time Administrative Staff		Paid Part-Time Dispatchers
	Paid Part-Time Administrative Staff		Paid Mechanics

## 9. Transportation Program Budget.

<b>Revenues</b> - define the type and amount of revenue used to support transportation service operation costs on an annual basis.		
	Cash	In-Kind
City, Town, or County General Funds	\$	\$
Title III (Older Americans Act)	\$	\$
TANF (Temporary Assistance to Needy Families)	\$	\$
Medicaid	\$	\$
Rider Fares or Donations	\$	\$
Advertising	\$	\$
Private Program Donations	\$	\$
Grants (List Type Below)		
a.	\$	\$
b.	\$	\$
c.	\$	\$
In-Kind Support (List Type Below)		
a.	\$	\$
b.	\$	\$
c.	\$	\$
<b>TOTAL REVENUE SOURCES</b>	\$	\$

<b>Expenditures</b> - define the type and amount of transportation program expenditures tied to the revenue sources on an annual basis.		
	Cash	In-Kind
Transportation Program Related Administrative Costs*	\$	\$
Transportation Operations Salaries/Wages (drivers, dispatch, etc.)	\$	\$
Transportation Operations Fringe Benefits	\$	\$
Transportation Operations License Fees and Taxes	\$	\$
Transportation Operations Vehicle & Facility Insurance	\$	\$
Vehicle Fuel	\$	\$
Vehicle Materials & Supplies (e.g. oil, tires, etc.)	\$	\$
Vehicle Maintenance & Repair Services	\$	\$
Contract (purchased) Transit Services	\$	\$
Vehicle Depreciation	\$	\$
<b>TOTAL EXPENSES</b>	\$	\$
Explain the expenditures under transportation program related administrative costs. (125 Characters)		

If revenue sources do not match expenses, explain why. (200 Characters)

## Training and Safety Program

Complete the information below, as applicable. It is not required that every answer be “yes” to question 1.

**1.** Please answer the following questions. The transportation program:

**Yes      No**

- Obtains a copy of the driving record before hiring a new driver?
- Makes a road test part of the driver applicant review process?
- Performs criminal history checks on new hires?
- Requires drivers to obtain Defensive Driver training?
- Requires drivers to obtain CPR training?
- Requires drivers to obtain First Aid training?
- Requires drivers to obtain training in Accessible Lift Use and Passenger Securement?
- Requires drivers to obtain training in Disability Awareness?
- Requires drivers to obtain training in evacuation procedures?
- Requires drivers to complete a pre- or post-trip inspection for every service day or shift?
- Requires staff to obtain training in Drug & Alcohol Awareness Safety Sensitive?
- Has a Federal Transit Administration approved Drug & Alcohol Testing Policy & Program?
- Formally investigates accidents and incidents, maintains an accident/incident log, & prepares a report for the file
- Has a file in which records of all accidents are kept?
- Has a specific safety/risk management manual?
- Developed a written transit safety & security policy?

How many accidents did the transportation program have last year?

**2.** As clarification to any answers provided in Question 1, briefly describe the transportation program’s ongoing safety and/or operational training program for drivers, dispatchers, and supervisors to include how often training is provided. (565 characters)

**3.** Do transportation program staff members receive in-house training?

**Yes                      No**

If no, where and by whom do they receive training? (340 characters)