

# French Broad River MPO 5310 CALL FOR PROJECTS

Name of Project (please enter below)

## AGENCY INFORMATION

<b>Agency Name:</b>	
<b>What Type of Entity is your agency? (Local Government, Public Transit Operator, Private Non-Profit)</b>	
<b>Contact Person for this Project:</b>	
<b>Title:</b>	
<b>Email:</b>	<b>Phone:</b>
<b>Describe the organization's primary mission. Provide an overview of the agency service area and type of services it offers.</b> <ul style="list-style-type: none"><li>• Describe when (the days and hours that service is available) your current transportation service is operated</li><li>• Describe your ridership eligibility</li><li>• Describe your service area</li><li>• Describe the type of service</li><li>• Provide the number of people served</li><li>• Provide the number of one way trips</li></ul>	

**PROJECT INFORMATION**

This application request is for:

**Capital Costs**

**Federal Amount (80%)**

\$

**Local Amount (20%)**

\$

**Total**

\$

**Operating Costs**

**Federal Amount (50%)**

\$

**Local Amount (50%)**

\$

**Total**

\$

What is the source of the local funding?

Describe the service or project you propose using 5310 funds:

Is this a new service (not required to be new to be eligible)?

If funded, what is the proposed beginning and end date of this project?  
Expected funding date to start no earlier than **January 2019**.

Estimated Cost per Trip: \$

Estimated Daily Riders (weekday/weekend):

**PROJECT NEED/GOALS AND THE COORDINATED PUBLIC TRANSIT AND HUMAN SERVICES TRANSPORTATION PLAN**

**How will this project increase transportation options or improve the quality of transportation services for seniors and individuals with disabilities (the program goal)? Please include a reference to the pages in the FBRMPO Coordinated Public Transit-Human Services Transportation Plan where this transportation service need or goal is identified.**

**Will this project involve coordination with social service agencies working with seniors or individuals with disabilities? If so, please describe.**

## IMPLEMENTATION PLAN

Number of key personnel to be involved in this project:

Estimated number person-hours required for this project to be implemented:

Provide an operational plan for delivering service. Include route or service area map, if applicable. OR provide an implementation plan for completing a capital project, including key milestones and estimated completion date.

## PUBLIC OUTREACH

Describe any public outreach or marketing strategies that will be used to promote public awareness of the project.

## PROGRAM EFFECTIVENESS AND PERFORMANCE INDICATORS

Describe a plan for monitoring and evaluation of the service, including any performance measures to be used.

## INNOVATION

Describe any proposed use of innovative approaches that will be employed for this project.

## CERTIFICATIONS AND ASSURANCES

Please attach the required list of FTA certifications and assurances, or provide an explanation of when those documents will be submitted if submitting at a later date:

### FTA CERTIFICATIONS AND ASSURANCES FORM

1. The applicant has coordinated or will coordinate to the maximum extent feasible with other transportation providers and users, including social service agencies authorized to purchase transit service;
2. The applicant has complied or will comply with all applicable civil rights requirements, including but not limited to full compliance with Title VI of the Civil Rights Act of 1964 and related statutes and regulations, in all programs and activities (see Appendix A);
3. The applicant has complied or will comply with applicable requirements of U.S. DOT regulations regarding participation of disadvantaged business enterprises in U.S. DOT programs (see Appendix A);
4. The applicant has complied or will comply with all applicable lobbying requirements for each application (per 49 CFR 20.110) exceeding \$100,000 (see Appendix A);
5. The applicant will comply with all applicable federal requirements per the FTA Federal Fiscal Year 2017 (or latest available) list of Certifications and Assurances for Federal Transit Administration Grants and Cooperative Agreements, as referenced at:  
<https://cms.fta.dot.gov/sites/fta.dot.gov/files/docs/FTA%20FY%202017%20Certifications%20and%20Assurances.pdf>

---

Authorized Representative of Applicant

---

Date