



2018 Specialized Transportation Call for Projects

APPLICATION FORM

Measure I Funding Program

For transportation projects that operate in the San Bernardino Valley

Project Name:

Agency (Applicant) Name:

Address:

City: Zip:

Primary Contact Person:

Phone:

Fax:

Email Address:

Applications are due by 4:00 pm January 15, 2018

Submit one (1) original application, five (5) copies and one (1) electronic copy on a flash drive or CD.

Alternate formats available by request:

Omnitrans
1700 W. 5th Street
San Bernardino, CA 92411
Attn: Special Transportation Services

I. AGENCY PROFILE – PROJECT SUMMARY

A. Applicant/ Lead Agency Information:

Legal Name:

Address:

City/State/Zip:

Contact Person: (Staff that handles day-to-day activities of the grant program)

E-mail:

Phone:

Fax Number:

B. Project Title:

C. Project Area To Be Served:

D. Project Type (check ALL that apply to THIS project):

Operating
 Bus Passes/Vouchers
 Mileage Reimbursement
 Other: _____

E. Target Population Information (unique persons served - count each individual **only once** to represent the number of individuals your program is likely to serve annually):

	Year 1	Year 2
Number of seniors (62+):		
Number of persons with disabilities:		
Number of other persons, not included above Description: _____		
Of the above (a-d), how many unique persons are military service personnel or veterans?		

F. Total number of one-way passenger trips:

G. Funding Request:

	Year 1	Year 2
Amount of Measure I Request	\$	\$
Total Local Match for Project	\$	\$
PROJECT TOTAL (Grant + Match)	\$	\$

II. ORGANIZATIONAL CAPABILITIES

- A. Briefly describe your agency's purpose and services. Supporting documentation must be attached (e.g., agency brochure and any other explanatory information considered important by the applicant). This section should include at least the following agency details:

1. Years of operation:
2. Agency Mission:
3. Description of agency and available programs:
4. Size of agency:
of total employees
of employees working on this project
of total vehicles available for transportation
of vehicles available for this project
Please describe agency facilities including physical size:
5. How does proposed service fit within the mission of the agency?
6. Administration capabilities: <ul style="list-style-type: none">▪ (Explain Excel proficiency and name key personnel assigned to the management this project – add resume's/qualifications in the Appendix)

- B. Please describe the target population groups that the proposed project will serve (individuals with disabilities or seniors) and how the persons to be served are determined eligible for your program. Also indicate what percent of total passenger trips or units of service to be provided will be attributed to a given population group.
- C. Briefly detail the current population and geographic area(s) that is served and the population and geographic area(s) that will be served by the proposed project. Supporting documentation and an 8-1/2 x 11 map of the service area must be attached.

III. PROPOSED PROJECT NARRATIVE

Responsive applications must be tied to the Public Transit-Human Services Transportation Coordination Plan for San Bernardino County, 2016-2020. This document can be found at <http://www.gosbcta.com/plans-projects/plans/public-transit-coord-plan-2016-20-draft.pdf>.

Grant applicants must demonstrate an understanding of the county's available transportation services as well as the coordinated plan goals, objectives and/or strategies that the project will specifically address.

While completing this grant application, refer to the Project Evaluation and Scoring Criteria on Pages 6-7 of the Application Instructions for additional guidance on each of the questions. Each response will be scored for clarity, completeness and accuracy.

- A. Please provide a narrative to describe your transportation project. Describe the purpose of the project, type of service to be provided, roles and responsibilities of project staff and days and hours of operation. This response should provide the evaluators with a detailed explanation of how your project will operate.
- B. Briefly describe how your proposed project is consistent with the goals and objectives of the Measure I Specialized Transportation Program, as listed on Page 3 of the Application Instructions.
- C. Specify how your project addresses the gap(s) and/or barrier(s) identified in the Public Transit-Human Services Transportation Coordination Plan for San Bernardino County, 2016-2020. Indicate the relevant section/page number in the Coordinated Plan document.

Proposed Project Milestones	Estimated Date of Completion
1.	
2.	
3.	
4.	
5.	

J. Identify the performance indicators you will use to track the effectiveness of your proposed project. This will represent the quantitative goals your program proposes to meet.

Performance Indicators	Goal -Year 1	Goal -Year 2
# of one-way passenger trips provided to:		
Seniors		
Disabled persons		
Veterans and their families		
Others		
Total One-Way Passenger Trips:		
OTHER MEASURES		
# of vouchers distributed		
# of persons receiving vouchers		
# of bus passes distributed		
# of persons receiving bus passes		
# of miles to be reimbursed		
# of "other" units of service (describe):		

K. Based upon the performance objectives and outcomes you identify, describe your methodologies and procedures for ongoing monitoring and evaluation of the project or service. Applicants should address, if applicable, past program goals set and past actual performance in meeting those goals. Applicant must describe the outcome (impact) that the project will have on individuals with disabilities and/or seniors.

IV. COORDINATION

- A. Identify key stakeholders involved in the project at its outset. Identify potential future partners and methods of obtaining their participation in the project. List may include, but not be limited to, Health and Human Services Agencies, public/private sector, non-profit agencies, transportation providers, and members of the public representing seniors or individuals with disabilities and from public transit agencies.
- B. Explain how this proposed project will make the effort to connect to other existing transit and transportation programs. Attach letters of support from stakeholders appropriate to this grant application (can be referenced here and included as an appendix).
- C. Describe the emergency planning and drill activities within your agency and in cooperation with the county. Provide proof that your agency is included in the response plan with the San Bernardino County Office of Emergency Services (OES) and has provided them with an inventory of your agency vehicles. Indicate the OES drill(s) you have participated in, or are scheduled to participate in.

Emergency Services Contact:

San Bernardino County Fire, Office of Emergency Services

1743 Miro Way
Rialto, Ca.92376
Information Desk – 909.356.3998
Fax – 909.356.3965

V. PROPOSED PROJECT BUDGET

- A. The budget to be submitted is for the project being proposed for funding through this application, not the entire budget for your agency or organization. Applicants are requested to provide additional detail where appropriate to facilitate the understanding and review of your application. Electronic versions of the budget are available to all applicants by accessing the following the link on the Overview page.
- B. Local match - Specify the source(s) (e.g., private donations, revenue from other agency programs, grants, contract service revenues, in-kind contributions) and amount(s) of the local share portion of the total project cost. Do not identify the source as simply a bank account or an agency fund. For instance, if funds are obtained from revenue generated from other agency programs, identify their source.

- C. If you are an existing transportation program currently funded by Measure I, provide a copy of your agency's transportation program budget from the last fiscal year.

Also identify:

- 1) the proposed cost per trip/cost per unit of service \$_____;
- 2) the cost per person served for both the proposed project \$_____ and for your current transportation program \$_____

- D. Please submit a copy of the most recently completed agency/organization financial audit (may be referenced here and included as an appendix to the overall application).

Please use the Excel form to complete your proposed budget available on the Overview page

PROPOSED PROJECT BUDGET FORM

Agency Name: _____

Project Title: _____

EXPENSES	Position % Time	Year 1	Year 2
Salaries by Position (include benefits):			
<i>(Example: drivers, scheduler, trainer etc.)</i>			
A.		\$ -	\$ -
B.		\$ -	\$ -
C.		\$ -	\$ -
D.		\$ -	\$ -
E.		\$ -	\$ -
F.		\$ -	\$ -
Total Salaries & Benefits		\$ -	\$ -
Non-Personnel Expenses:			
<i>(Example: fuel, rent, insurance, utilities etc.)</i>			
A.		\$ -	\$ -
B.		\$ -	\$ -
C.		\$ -	\$ -
D.		\$ -	\$ -
E.		\$ -	\$ -
F.		\$ -	\$ -
Total Non-Personnel Expenses		\$ -	\$ -
Administrative Overhead <i>(maximum of 8% of total project expenses)</i>			
TOTAL PROJECT EXPENSES		\$ -	\$ -
REVENUES			
Agency Match (Cash):			
<i>(Example: General fund, CDBG, Donations etc)</i>			
A.		\$ -	\$ -
B.		\$ -	\$ -
C.		\$ -	\$ -
D.		\$ -	\$ -
Total Cash Match		\$ -	\$ -
Agency Match (In-Kind)			
Position % Time			
Salaries by Position (include benefits):			
A.		\$ -	\$ -
B.		\$ -	\$ -
C.		\$ -	\$ -
Non-Personnel Match (in-kind):			
A.		\$ -	\$ -
B.		\$ -	\$ -
C.		\$ -	\$ -
Total In-Kind Match		\$ -	\$ -
Measure I Request		\$ -	\$ -
TOTAL REVENUES		\$ -	\$ -