



2022 Specialized Transportation Call for Projects

APPLICATION FORM

Measure I Regional Mobility Partnership Program

San Bernardino Valley subarea

Project Name:

Agency (Applicant) Name:

Address:

City/Zip:

Primary Contact Person:

Phone:

Fax:

Email Address:

Applications are due by 4:00 pm April 14, 2022

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

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 will handle day-to-day activities of the proposed program)

E-mail:

Phone:

Fax Number:

B. Project Title:

C. Proposed Project Service Area:

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

Capital
 Operating
 Passes/Vouchers
 Mileage Reimbursement
 Other _____

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

	<u>Year 1</u>	<u>Year 2</u>
a. Number of seniors (62+):		
b. Number of persons with disabilities:		
c. Number of persons not in a or b?		
d. Total number of unique persons served: (a+b+c):		
F. Total number of one-way passenger trips (not unique persons):		

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 currently 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 Microsoft Excel proficiency and name key personnel assigned to the management of this project – add resumes/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. Please describe the current population and geographic area(s) that is currently 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

Projects needs must be identified and included in the Public Transit-Human Services Transportation Coordination Plan for San Bernardino County, 2021-2025 and must be in line with the objectives of the Omnitrans Measure I Regional Mobility Partnership (RMP) Program. The Coordinated Plan document is available online at <https://www.gosbcta.com/plan/public-transit-human-services-transportation-coordination-plan/> . The Omnitrans Measure I RMP Program guidelines have been included as Attachment A.

Applicants must demonstrate an understanding of the Omnitrans Measure I RMP Program and 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 4-6 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 Omnitrans Measure I RMP Program, as listed on Pages 4 and 5 of the Application Instructions.
- C. Specify how your project addresses the gap(s) and/or barrier(s) identified in the Coordinated Plan. Indicate the relevant section/page number in the Coordinated Plan document.
- D. Using the Omnitrans Measure I RMP Program guidelines and the Coordinated Plan as a guide, describe the existing transportation services operating in the proposed service area and why the existing transportation services cannot be utilized by the target population you propose to serve.
- E. For Operating projects, describe your operational implementation plan that includes defined routes, schedules, current and projected ridership, key personnel, and marketing strategies or deliverables. This response should detail the steps you will take to place your program in to service for the proposed budget year(s). Please utilize the Service Plan template provided as a portion of the Omnitrans Measure I RMP Program guidelines included as Attachment A to complete this portion of the application.

- F. For Capital projects, describe the item(s), usage, and how it supports the Omnitrans Measure I RMP Program objectives, the Coordinated Plan requirements and the proposed project.
- G. Detail the outreach activities your agency will undertake to connect existing and new consumers to the proposed project.
- H. Describe how you will promote public awareness of the project and how you will keep stakeholders involved and informed throughout the project.
- I. Describe how you will comply with the annual consumer satisfaction survey process required by the executed contract between Omnitrans and recipients.
- J. Complete the following project milestones table. (Use as many rows as necessary to adequately identify your project's milestones)

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

- K. 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 (62+)		
Persons with disabilities		
Others (Explain)		
Total One-Way Passenger Trips:		
OTHER MEASURES		
# of _____		
# of _____		
# of _____		
# of _____		
# of _____		

- L. 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. If applicable, 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 have provided them with an inventory of your agency vehicles. Indicate the OES drill(s) you have participated in, or are scheduled to participate in.

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. Proposed budgets are to be completed in Microsoft Excel, using the form(s) provided as Attachment B.

- B. Local match - Specify the source(s) (e.g., cash, private donations, general fund, 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. 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).