

LEGAL APPLICANT NAME:

TRADITIONAL SECTION 5310 PROJECT

OR

OTHER SECTION 5310 PROJECT

*(See step 4 of this document)*



# Greater Hickory MPO

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*Greater Hickory Metropolitan Planning Organization*



## APPLICANT INFORMATION PROJECT INFORMATION PROJECT DESCRIPTION

**FEDERAL SECTION 5310 PROGRAM APPLICATION - ENHANCED  
MOBILITY OF SENIORS AND INDIVIDUALS WITH DISABILITIES  
PROGRAM**

July 2024

## GENERAL GUIDANCE

This call for projects will result in grants with a maximum period of performance of 24 months. Funded projects are selected through a process that will be coordinated by the Greater Hickory Metropolitan Planning Organization (GHMPO). Applicants are encouraged to review the Application Announcement and Overview before beginning this application. These documents contain information about the federal and state regulations associated with the funding programs and guidance on how to prepare a grant application.

**REMINDER:** If you need technical assistance with the programmatic information or requirements, please contact the Western Piedmont Council of Governments: Averi Ritchie [averi.ritchie@wpcog.org](mailto:averi.ritchie@wpcog.org), 828- 485-4248 Daniel Odom [daniel.odom@wpcog.org](mailto:daniel.odom@wpcog.org) 828-485-4225, or Casey Fullbright [casey.fullbright@wpcog.org](mailto:casey.fullbright@wpcog.org) 828-485-4287

All eligible applicants intending to request funds need to ensure their proposed projects are included in the Western Piedmont Regional Transit Authority/ Western Piedmont Council of Governments Local Coordinated Plan (LCP) dated August 2021. Copies of the Local Coordinated Plan can be downloaded from

[GHM PO - 53 10](#). The LCP covers target populations identified by the Federal Transit Administration in the respective federal circulars. All applicants shall adhere to Federal Transit regulations.

## UPON COMPLETION OF THE APPLICATION

The applicant will submit their application and all required documentation by first class mail to:

Greater Hickory Metropolitan Planning Organization  
Attn: Averi Ritchie  
PO Box 9026  
Hickory, NC 28603

or FEDEX/UPS/ hand deliver to:

Greater Hickory Metropolitan Planning Organization  
1880 Second Ave NW  
Hickory, NC 28601

All the required documents are to be completed by the Authorized Official by the deadline. Early submittals are encouraged. Do not submit the application without all of the required documents included. An incomplete application will not be reviewed. No applications will be accepted after the deadline.

**STEP 1: COMPLETE APPLICANT INFORMATION**

Legal Name of Applicant:

Applicant's County:

*If Applicant has offices in more than one county, list county where main office is located*

Address:

City:

State:

Zip Code:

Federal Taxpayer ID Number:

Doing Business As (DBA) Name:

*If applicable (normally the transit system name, if different than applicant)*

Applicant's Service Area's Congressional District:

*If Service Area is included in more than one district, enter primary district only*

Project's Service Area:

*List the county or counties that will be served by the proposed project.*

Applicant's DUNS Number:

*Unique 9-Digit number issued by Dun & Bradstreet. May be obtained free of charge at: <http://fedgov.dnb.com/webform>*

Parent Agency DUNS Number:

*Required only if different than Applicant*

**Project Manager and Title:**

Telephone:

Phone Number:

Fax:

Fax Number:

E-mail Address:

Website Address:

Current Vehicle Inventory: \_\_\_\_\_ Vans \_\_\_\_\_ Vans/Lifts \_\_\_\_\_ Sedans or Minivans

Enter Number in Fleet

LTVs

LTVs/Lifts

Buses

N/A

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Federal Financial Assistance Transparency Act (FFATA) FFATA mandates the disclosure of the names and total compensation of the five most highly compensated officers of an entity if:

- The Applicant received 80% or more of its annual gross revenues in the preceding fiscal year from the federal government (all federal sources, not just FTA); and
- Those revenues were greater than \$25M; and
- The public does not have access to the information through Securities and Exchange Commission or Internal Revenue Service filings as specified in FFATA.

Applicant should select “Yes” if they are subject to the reporting requirements of FFATA and “No” if they are not subject to Executive Compensation Reporting.  YES  No

Executive Compensation reporting: If "Yes" is selected above, enter the Names and Compensation amounts for the top five officers of the Applicant.

	<u>Full Name</u>		<u>Total Compensation</u>
1	_____	\$	_____
2	_____	\$	_____
3	_____	\$	_____
4	_____	\$	_____
5	_____	\$	_____

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### STEP 3: COMPLETE PROJECT INFORMATION

IMPORTANT: Applicants will be allowed to submit an unlimited number of applications for capital (3<sup>rd</sup> party contracting) and operating assistance funding for their project in the urbanized area. Duplicate projects within service areas will not be funded. If a project is selected, funding for subsequent years (after the two year period) is not guaranteed. It will be necessary to reapply and go through another competitive process for subsequent funding.

### PROGRAM APPLICATION

<b>Funding Source</b>	<input type="checkbox"/> Federal Section <b>5310</b> <b>Traditional 5310 Project</b>	<input type="checkbox"/> Federal Section <b>5310</b> <b>Other 5310 Project</b>
<b>Riders or Consumers will live in:</b>	<input type="checkbox"/> Greater Hickory Metro Area <input type="checkbox"/> Rural area	<input type="checkbox"/> Greater Hickory Metro Area <input type="checkbox"/> Rural area
<b>Total Project Cost by Budget Type:</b>	Capital \$	Capital \$ Operating \$
<b>Total Federal Request Match(es) not included</b>	Total Federal Request \$	Total Federal Request \$
Match: \$	Match Source:	

### SCOPE OF PROPOSED SERVICES

Instructions: Complete this table for the targeted population group/groups you plan on serving in the project. Put N/A if the population is not a target in this project. Definitions of each of these populations is included in Appendix A of the 5310 Overview.

	Elderly	Disabled
How many of the targeted population live in the area you propose to serve?		
Of the number listed above, how many have the unmet transit need your project addresses?		
How many people with the unmet transit need will you serve through this project?		

**STEP 4: DETERMINE IF PROJECT IS 'TRADITIONAL' OR 'OTHER'**

For this step, applicants must decide if their project is a Traditional Section 5310 Project or whether it fits the criteria of an Other Section 5310 Project. Descriptions of these two categories of funding within the 5310 Program and examples of eligible expenses are found in the 5310 Program Management Plan. The 5310 Program Management Plan and Program Overview may be found at [GHMPO - 5310](#).

Applicants should ONLY complete the questions from the appropriate category(ies). The GHMPO will use the answers the applicant provides to determine whether the project is worthy of funding. The details are important and applicants should provide detailed answers to these questions.

**Traditional Section 5310 applicants should complete step 4A, while Other Section 5310 applicants should complete step 4B.**

**STEP 4A: TRADITIONAL SECTION 5310 PROJECTS DESCRIPTION**

1. Provide a 2-3 sentence description of your proposed project or service.

**Answer:**

2. Describe the intended service area that will benefit from your proposed project. Include pertinent demographic information about the service area in your answer. It should be clear from your description whether your project's targeted population lives in the Greater Hickory Metro Area.

**Answer:**

3. Describe the mobility options the seniors and/or individuals with disabilities in this service area have now and discuss how these are insufficient and/or inappropriate. If public transportation is unavailable to the targeted populations, how are they getting to life-sustaining, social and recreational activities without it?

**Answer:**

4. Provide information about the Local Coordinated Plan, Transportation Plan (LCP) used to prepare this project application.

**Answer:**

1	<b>Name of Plan/Title</b>	
2	<b>Applicable Strategy or Activity Included on Page Number(s)</b>	
3	<b>Plan Date</b>	

5. Explain how the capital project you are proposing, enhances the mobility of seniors and/or individuals with disabilities in your service area.

**Answer:**

6. According to the Federal Circular FTAC9070.1G, it is not sufficient to assume seniors and/or individuals with disabilities will be included in the traditional 5310 project. Describe the details of the planning and design of your project that establish that seniors and/or individuals with disabilities will be included in the project.

**Answer:**

7. Estimate the annual number of unduplicated passengers who will be served and the number of one-way trips that will be provided from the proposed project.

**Answer** (unduplicated passengers):

**Answer** (additional trips):

8. Describe how the project will be coordinated with human service agencies, nearby jurisdictions and/or public and private transportation providers. Identify any partnerships that will be involved in the implementation of the project. (i.e. vehicle sharing, scheduling & dispatching center, training, shared rides, shared costs)

**Answer:**

9. Describe the project plan in detail and provide a timeline and milestones for the completion of the project. This description should completely describe what you want to do and how you are going to do it if you receive the requested funding. Although they are not required documents, the applicant may want to attach with the application, maps, pictures, marketing plans, draft brochures, charts or graphs and/or route schedules that support the request for funding, demonstrate the need or illustrate the applicant's preparation. If the applicant is working in partnership with or coordinating with other agencies or organizations, letters of support from these agencies or organizations may be attached with the application. Your detailed answer should be one half to a whole page long.

**Answer:**

10. Describe the method that will be used to monitor and evaluate the success of this project. List the measurable indicators of success.

**Answer:**

11. Describe how the project relates to any federal or other programs that the applicant operates and, if applicable, how the applicant plans to use these resources to leverage this project.

**Answer:**

12. How will the applicant sustain the proposed service and maintain any vehicles after the grant period?

**Answer:**

13. What is the applicant's organizational mission? Explain how this project fits in with the other services the applicant already provides.

**Answer:**

14. Describe the applicant's preparedness to manage the project and/or the applicant's technical capacity to provide the proposed transportation service.

**Answer:**

15. Describe the qualifications of the key personnel assigned to the project and the percentage of time each person will be involved in the project. Will the applicant need to hire additional personnel to support the project?

**Answer:**

16. Describe how the applicant will manage risk and provide for the safe delivery of services.

**Answer:**



**STEP 4B: OTHER SECTION 5310 PROJECTS DESCRIPTION**

1. Provide a 2-3 sentence description of your proposed project or service.

**Answer:**

2. Describe the intended service area that will benefit from your proposed project. Include pertinent demographic information about the service area in your answer. It should be clear from your description whether your project’s targeted population lives in the Greater Hickory Metro Area or the rural area.

**Answer:**

3. Describe the mobility options the seniors and/or individuals with disabilities in this service area have now and discuss how these are insufficient and/or inappropriate. If public transportation is unavailable to the targeted populations, how are they getting to life-sustaining, social and recreational activities without it?

**Answer:**

4. Provide information about the Local Coordinated Plan used to prepare this project application.

<b>Name of Plan/Title</b>	
<b>Applicable Strategy or Activity Included on Page Number(s)</b>	
<b>Plan Date</b>	

5. To be funded as an Other 5310 Project, the project must meet at least one of three qualifying criteria including:

- a. Does your project exceed ADA minimum requirements? **Answer:**

- b. Does your project improve access to fixed route service and decrease reliance by individuals with disabilities on ADA complementary paratransit service? **Answer:**

- c. Does your project provide alternatives to public transportation that assist seniors and/or individuals with disabilities with transportation? **Answer:**

6. If you answered ‘yes’ to any of the questions in 5(a), 5(b) or 5(c) above, describe how your project meets this qualifying criteria.

**Answer:**

7. Other 5310 Projects must be planned, designed and carried out to meet the transportation needs of seniors and/or individuals with disabilities, although the service may also be used by the general public. Describe how seniors and/or individuals with disabilities will be targeted and how the general public will be part of the project.

**Answer:**

8. Estimate the annual number of unduplicated passengers who will be served or the number of one-way trips that will be provided from the proposed project.

**Answer** (unduplicated passengers):

**Answer** (additional trips):

9. Describe how the project will be coordinated with human service agencies, nearby jurisdictions and/or public and private transportation providers. Identify any partnerships that will be involved in the implementation of the project. (i.e. vehicle sharing, scheduling & dispatching center, training, shared rides, shared costs)

**Answer:**

10. Describe the project plan in detail and provide a timeline and milestones for the completion of the project. This description should completely describe what you want to do and how you are going to do it if you receive the requested funding. Although they are not required documents, the applicant may want to attach with the application, maps, pictures, marketing plans, draft brochures, charts or graphs and/or route schedules that support the request for funding, demonstrate the need or illustrate the applicant’s preparation. If the applicant is working in partnership with or coordinating with other agencies or organizations, letters of support from these agencies or organizations may be attached with the application. Your detailed answer should be one half to a whole page long.

**Answer:**

11. Describe the method that will be used to monitor and evaluate the success of this project. List the measurable indicators of success.

**Answer:**

12. Describe how the project relates to any federal or other programs that the applicant operates and, if applicable, how the applicant plans to use these resources to leverage this project.

**Answer:**

13. How will the applicant sustain the proposed service and maintain any vehicles after the grant period?

**Answer:**

14. What is the applicant's organizational mission? Explain how this project fits in with the other services the applicant already provides.

**Answer:**

15. Describe the applicant's preparedness to manage the project and/or the applicant's technical capacity to provide the proposed transportation service.

**Answer:**

16. Describe the qualifications of the key personnel assigned to the project and the percentage of time each person will be involved in the project. Will the applicant need to hire additional personnel to support the project?

**Answer:**

17. Describe how the applicant will manage risk and provide for the safe delivery of services.

**Answer:**