



Evansville Metropolitan Planning Organization

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Bradley G. Mills, P.E., Executive Director

2010 APPLICATION FOR SECTION 5317 NEW FREEDOM INITIATIVE

1. Organization/Agency Name:

Project Name:

Executive Director or top official:

Contact person for this project:

Title:

Address:

City:

State:

Zip Code:

Phone:

Fax:

E-mail:

2. Type of organization. Public Entity, Private Non-Profit, Public Transit Operator:

3. Organization's primary mission:

4. This application request is for:

Capital Costs:

Federal Amount (80%)	Local Matching Amount (20%)	Total:
\$	\$	\$

Operating Costs:

Federal Amount (50%)	Local Matching Amount (50%)	Total:
\$	\$	\$

Capital and Operating:

Federal Amount	Local Matching Amount	Total:
\$	\$	\$

5. If funded, what is the project beginning and end date? (Must be a 12 month period)

6. Is this a new service?

7. Describe how the project will increase transportation options and enhance the quality of transportation services for individuals with disabilities.

Include 12 month projected information on each of these points where applicable:

The geographic service area:

The number of unduplicated persons served:

The number of one-way trips:

User fees:

The days and hours the service will be available:

Eligibility requirements:

8. Describe how the project will support the strategies identified in the 2007 Coordinated Public Transit – Human Services Transportation Plan.

Include information on each of these points:

How does it support the strategies identified in the 2007 Coordinated Public Transit – Human Services Transportation Plan?

How will it fill current gaps in transportation services?

Using sources other than the Transportation Plan, document the need for this project. Include demographic, geographic, survey and/or other data which shows a need for this project.

Describe how this project may be coordinated with other organizations in the community.

9. If you do not currently provide transportation services to clients for this project, go to question 11.

10. Describe your current transportation services.

Include information on each of these points:

Describe when (the days and hours that service is available) your current transportation service is operated:

Describe your ridership eligibility:

Describe your service area:

Provide the number of people served:

The number of one way trips:

11. Can all requests and needs for transportation services be accommodated with the existing transportation services in the community?

If not, how many individuals do not participate (provide number of trip denials) due to lack of transportation services on average per month? Describe the extent and urgency of the need.

Describe why the transportation services provided by existing public (such as public bus or paratransit) are unavailable, insufficient, or inappropriate to meet the work related transportation needs proposed to be served by this project.

12. Describe the experience, knowledge, technical and administrative ability and financial capacity the organization possesses to successfully and efficiently manage this transportation project and serve the target population. Does the organization have experience in receiving federal grants?

13. How does your organization raise local funds? Does the organization make use of locally available financial resources and leverage these resources to the largest extent possible? Does the organization have a reasonable expectation that these local funds will continue to be available in the future?

14. How will your organization coordinate this project's services with other local organizations?

You can add any additional material which may be helpful in assessing your application. This could include a more detailed project and organization description, needs assessment, ability to service target populations, project effectiveness, program sustainability, fiscal and managerial capability, etc. However, you must still answer the questions on this application.

Do not use "See Attached" as an answer to any question in the application.

AUTHORIZING RESOLUTION FOR NON-PROFIT ORGANIZATIONS

A resolution of **(Name of Organization)** recommending approval of an application to the Evansville Metropolitan Planning Organizations for assistance in providing transportation services to **(Target Population to be Served)** in the **(Service Area)**.

WHEREAS, (Name of Organization) is submitting an application to the Evansville Metropolitan Planning Organizations for **(Operating)** or **(Capital)** assistance for **(Project Name and Brief Description of Project)**.

WHEREAS, the contract for financial assistance for **(Operating)** or **(Capital)** projects require that **(Name of Organization)** obligate local funding equal to **(Twenty Percent 20%)** or **(Fifty Percent 50%)** of the total project cost, being **\$(20% or 50%)** of \$ **(Total Project Cost)**.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of **(Name of Organization)** that **(Organization Officer)** is authorized to commit organization resources, to execute and file an application for and to contract on behalf of **(Name of Organization)** with the Evansville Metropolitan Planning Organization to aid in the financing of **(Project Name)**.

(Name of President, Governing Board)

(Signature)

(Date)

Certification

To the best of my knowledge and belief, all data in this application is true and correct. If funding is awarded, the applicant will comply with the necessary Certifications and Assurances and will agree to sign an operating agency agreement which will detail those Certifications and Assurances as well as other applicable rights and responsibilities.

The undersigned is an authorized representative of the Applicant and possess adequate authority under applicable state and local laws and the Applicant's by-laws or internal rules to sign below.

Applicant

Date

Title

Organization

The information in this application is public record.