

JOB ACCESS & REVERSE COMMUTE (JARC) AND NEW FREEDOM (NF)

2013 APPLICATION WORKSHOP

JANUARY 2013- SACRAMENTO, CA

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Elderly & Disabled Specialized Transit,
JARC and NF Programs

California Department of Transportation
Division of Mass Transportation



Today's Agenda

- Introduction to 5316 & 5317 programs
- Application Timeline
- What's New
 - Revised Applications
 - Funding Amounts
 - Toll Credits
- Completing an Application
- Overview of Scoring Criteria
- Wrap Up/Questions

Federal Transit Administration (FTA) Transit Grants Programs

- Job Access & Reverse Commute (JARC)
 - **FTA Section 5316**
- New Freedom Program
 - **FTA Section 5317**

MAP - 21

- The current federal transportation legislation bill
- October 1, 2013
- Eliminated 5316 and 5316 Programs
- JARC projects will be eligible expenditures for 5311 Program
- New Freedom will be eligible expenditures for 5310 Program

Job Access & Reverse Commute (FTA Section 5316)



FTA Section 5316 Program Purpose

- Serves Individuals with Lower Incomes
- Access to Employment/Employment Related Activities
- Reverse Commute Services

New Freedom Program (FTA Section 5317)



FTA Section 5317 Program Purpose

- Enhances transportation for people with disabilities
- Public transportation beyond the ADA
- New alternatives to public transportation beyond the ADA

Applicant Eligibility

- Eligible Applicants
 - State or Local governmental bodies
 - Metropolitan Planning Organizations
 - Regional Transportation Planning Agencies
 - Social Services Agencies
 - Federally Recognized Tribal Governments
 - Private and Public Operators of public transportation
 - Non-profit organizations

Eligible Activities - JARC

Operating

- Late night and weekend service
- Guaranteed ride home service
- Shuttle service
- Expanded fixed-route public transit service
- Demand-responsive service
- Ridesharing, carpool, vanpool activities
- Voucher programs (excludes transit bus pass)
- Reverse commute (urban and non-urban trips to suburban employment)

Capital Activities

- Intelligent Transportation Systems (ITS)
- Promotion of operating activities Vehicles
- Mobility management activities:
 - ✓ Planning, development, implementation of coordinated transportation services
 - ✓ Integration, coordination and promotion of access to transportation services
 - ✓ Development and operation of one-stop call-center
 - ✓ Transportation brokerages
 - ✓ Travel training/trip planning
 - ✓ Operational planning to acquire IT technologies for coordinated systems

Eligible Activities - NF

Operating

- New expansion of paratransit service beyond the minimum requirements of ADA
- New expansion of hours for paratransit service
- Feeder service for intercity travel for which paratransit service is not required
- Enhancement of services (same day; door-to-door; escorts)
- Voucher programs excludes transit bus pass)
- New or expansion of Volunteer Driver Programs.

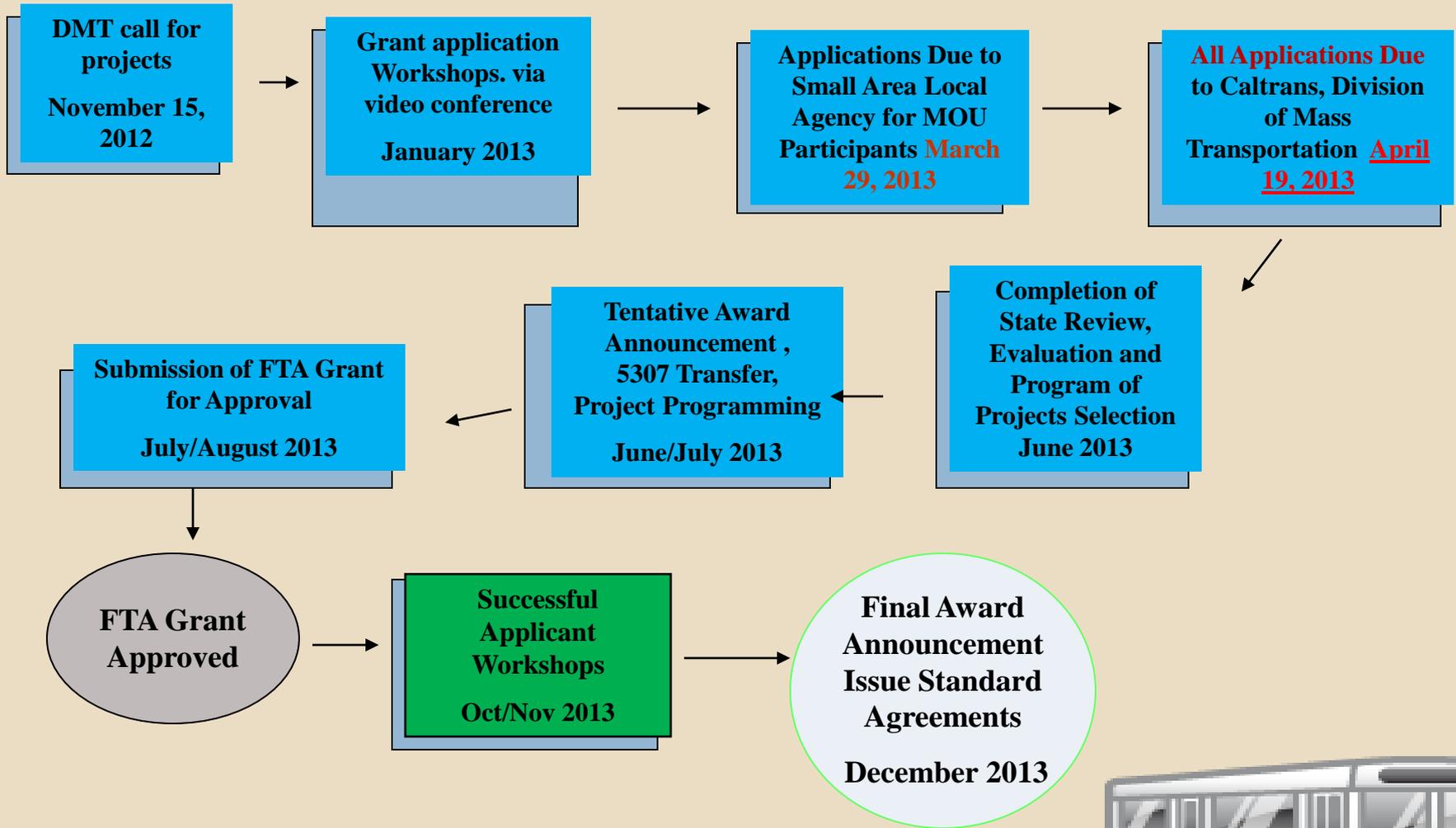
Capital Activities

- Acquisition of accessibility equipment beyond ADA requirements
- Purchasing accessible vehicles to support taxi, vanpooling, and/or ridesharing programs
- Accessibility Improvement to non-key stations (Project engineers and/or sponsorship by a Governmental Lead Agency is required)
- Mobility management activities:
 - ✓ Planning, development, implementation of coordinated transportation services
 - ✓ Integration, coordination and promotion of access to transportation services
 - ✓ Development and operation of one-stop call-center
 - ✓ Transportation brokerages
 - ✓ Travel training/trip planning
 - ✓ Operational planning to acquire IT technologies for coordinated systems

Grant Application Instructions

- Instructions apply to applications for FTA funding for:
 - Job Access and Reverse Commute (JARC) and
 - New Freedom (NF)
- Instructions provide valuable program information and requirements for application submittal including:
 - Program Performance Measures
 - Small Urban Area MOU Regional Agency Listing and Contacts
 - Program Timeline
 - Mobility Management Application Requirements
 - Office of Emergency Services Listing
 - Project Scoring Criteria
- Program is based on the federal guidelines documented in Caltrans State Management Plan (SMP)
- **Request for JARC and New Freedom funds must be submitted on separate grant applications**

FTA Section 5316/5317 Application Timeline



Toll Credits



- Transportation Development Credits (Toll Credits), provide a credit toward a project's local share for certain expenditures.
- Starting with the FY 2011-2012 grant cycle, Toll Credits may be used to fulfill a project's minimum local share requirement.
- In essence, this means FTA provides 100-percent of the total project cost not to exceed the 2013 combined maximum grant award amount.
- FTA JARC and New Freedom funds will be used to support operating, mobility management, and capital projects. Toll Credit will pay for the previously required local match equivalent to 50% for operating and 20% for mobility management and capital.
- **Toll Credits cannot exceed the minimum required local share match percentage**

Eligible Funding Amounts



2013 Combined Maximum Grant Award Amount (Federal Funds and Toll Credits) Per Project/Per Year:

- **JARC**

Up to \$400,000 max per year, for up to 3 years

Total possible project for three years = \$1,200,000

- **NF**

Up to \$200,000 max per year, for up to 3 years

Total possible project for three years = \$600,000

Toll Credits Sample



- FTA calculates a total project dollar amount using toll credits for a JARC **Capital project** as shown in the example:

Net Project Cost:	\$ 400,000
Grant Award (80%)	\$ 320,000 (FTA)
Local Share (20%)	<u>\$ 80,000 (Toll Credits)</u>
	\$ 400,000

- For more information on Toll Credits, visit the Caltrans DMT website at: <http://www.dot.ca.gov/hq/MassTrans/Docs-Pdfs/5311/transittollcreditsrev012611.pdf>

Toll Credits Sample



- FTA calculates a total project dollar amount using toll credits for a JARC **Operating project** as shown in the example:

Net Project Cost:	\$ 500,000
Grant Award (max/yr)	\$ 400,000 (FTA & Toll Credit)
Local Share Overmatch	\$ 100,000

- For more information on Toll Credits, visit the Caltrans DMT website at: <http://www.dot.ca.gov/hq/MassTrans/Docs-Pdfs/5311/transittollcreditsrev012611.pdf>

JARC/NF Grant Application Cover Page

- Application Due Dates
- Agency Legal Name & Address
- Agency Contact Information
- Authorizing Representative
- MPO/RTPA Contact
- Caltrans DMT Address and websites

Note: Incomplete applications cannot be scored and will not be considered for funding.

Application Checklist/Table of Contents

- Applicant name
- County/Region
- Contact information
- Table of Contents
- Person who prepared application and phone number
- Use as a checklist to ensure all applicable parts of the application, including appendices, are submitted

COMPLETING THE APPLICATION

REQUIRED SECTIONS TO BE COMPLETED:

- PART I – Coordinated Plan Certification
- PART II – Private Nonprofit-Corporation Status Inquiry and Certification
- PART III – General Certification and Assurances
- PART IV – Lawsuits/Complaints
- PART V – Applicant Profile
- PART VI – Applicant's Annual Budget
- **PART V – Labor Union Information (JARC Only)**

APPLICATION CHECKLIST (CONT...)

APPLICABLE SECTIONS TO BE COMPLETED:

PICK FUNDING REQUEST FOR ONE OF THE TWO:

- PART VII – Funding Request – Small Urban
- PART VIII– Funding Request – Non Urban (Rural)

COMPLETE ONLY APPLICABLE ATTACHMENTS BEING REQUESTED:

- ATTACHMENT A – Operating Assistance Information
- ATTACHMENT B – Mobility Management
- ATTACHMENT C – Capital-Vehicle/Other Equipment
- ATTACHMENT D – Capital-Accessibility Improvement (New Freedom ONLY)

COMPLETING PART I

PART I – Coordinated Certification Plan

- Project must be ***derived*** from the Coordinated Plan
- Coordinated Plan Elements:
 1. Assessment of available transportation services
 2. Assessment of transportation needs and gaps in service
 3. Strategies, activities, projects to address the service gaps
 4. Implementation priorities
- MPO/RTPA completes Coordinated Plan information
- Obtain documentation on plan adoption (board resolution)
- Applicant completes and signs bottom section
- Caltrans DMT Coordinated Plan Resource Center at,
<http://www.dot.ca.gov/hq/MassTrans/Coord-Plan-Res.html>

COMPLETING PART II

PART II – Private Nonprofit-Corporation Status Inquiry and Certification

- Provide a copy of current legal standing as a private non-profit corporation. Include current verification printout from Secretary of State's Information Retrieval Certification (IRC) unit.
- <http://kepler.ss.ca.gov/list.html>

COMPLETING PART III

PART III – General Certification and Assurances

- Read carefully
- Sign and date in blue ink
- Full version will accompany the Standard Agreement

COMPLETING PART IV

PART IV – Title VI Lawsuits/Complaints

- Provide written responses to three questions
 1. Posting of nondiscrimination policy & complain process
 2. Policy & procedures on providing meaningful access to LEP
 3. Agency's Title VI Officer
- This form must be completed
- Not applicable is unacceptable

COMPLETING PART V (for NF)

PART V – Applicant Profile

- Please indicate the status of your agency:
- Briefly describe your agency's purpose and services. Supporting documentation must be attached (e.g., agency brochure).
- *For Small Urban Funding Request Only:
 - If you are an eligible Section 5307 recipient, will you be able to obligate project funds in TEAM by September 30, 2013, if awarded?

COMPLETING PART V (for JARC)

- **PART V – Labor Union Information (JARC Only)**
 - Name of Applicant
 - Project Description
 - Union Representation of Applicant's Employees
 - Other Surface Public Transportation Providers
 - Union Representation of Employee If Any

COMPLETING PART VI

PART VI – Applicant’s Annual Budget

- 1. Current Annual Budget
 - Estimated Income:
 - Estimated Expenses:
=Total Expenses

- 2. Fund Sources
 - Identify Sources: (ie. LTF, STA, STP, grants etc..)

APPLICABLE SECTIONS

Step 1:

- Check and complete either the small urban and/or rural funding request form.

Step 2:

- Check the project type(s) for which you are requesting below:
 - Operating
 - Mobility Management
 - Capital-Vehicle/Other Equipment
 - Capital-Accessibility Improvement
- Complete and return only those applicable section attachment(s) you are requesting.
- If requesting funding for more than one project of the same type, please complete a separate attachment for each project.

NF & JARC FUNDING REQUEST

- **Funding Request – Small Urban**
 - Project Title
 - Toll Credits
 - Matching Funds (if overmatch)
 - Total Cost of Project
- **Funding Request – Non Urban (Rural)**
 - Project Title
 - Toll Credits
 - Matching Funds (if overmatch)
 - Total Cost of Project

PROJECT TYPES

- ATTACHMENT A – Operating Assistance Information
- ATTACHMENT B – Mobility Management
- ATTACHMENT C – Capital-Vehicle/Other Equipment
- ATTACHMENT D – Capital-Accessibility Improvement (New Freedom ONLY)

GENERAL QUESTIONS

(Operating & MM)

1. Is the proposed project a request for project continuation from prior New Freedom/JARC award from Caltrans?
2. Indicate the type(s) of proposed transportation service for the project. (Check all that apply.)
3. If your agency serves both rural and urbanized areas and receive FTA assistance from 5311, 5316/5317 (Rural) and/or 5307 and/or 5316/5317 (Small Urban), please describe the cost allocation methodology your agency uses to segregate rural service costs from urbanized service costs.
4. In the past 12 months, did your agency receive any other federal operating funds? (Check all that apply and provide standard agreement #s and dollar amount.)
5. Does your agency intend to use a third party contractor for the proposed project service?
6. If you plan to use an existing third party service contract, is your contract on file with Caltrans?
7. What is the operating period of the existing third party service contract?
 1. Is there a written option in the contact to extend beyond the base years?
8. Does your agency receive more than \$500,000 in federal funds?

GENERAL QUESTIONS

(Capital-Vehicle/Other Equipment)

1. Indicate the type(s) of proposed transportation service for the project. (Check all that apply.)
2. If your agency serves both rural and urbanized areas and receive FTA assistance from 5311, 5316/5317 (Rural) and/or 5307 and/or 5316/5317 (Small Urban), please describe the cost allocation methodology your agency uses to segregate rural service costs from urbanized service costs.
3. In the past 12 months, did your agency receive any other federal operating funds? (Check all that apply and provide standard agreement #s and dollar amount.)
4. Indicate the type of the proposed vehicle purchase:
 Vehicle Replacement (Go to question #5, then #6)
 Service Expansion (Go to question #6)
5. List the current vehicle(s) that will be replaced:
6. List the vehicle(s) your agency proposes to purchase (Go to question #8):

GENERAL QUESTIONS

(Capital Cont...)

7. List the equipment your agency proposes to purchase:

Quantity, Description of the equipment (fareboxes, AVL, GPS, etc.), Unit cost, Total Costs

NOTE: Request for Information Technology (IT)/Intelligent Transportation Systems (ITS) Equipment requests (i.e. Hardware, Software, fareboxes, GPS, AVL, Smart Cards, and Vehicle Maintenance System, a completed IT/ITS Compliance Plan must be included with application. IT/ITS Compliance Form is available at, <http://www.dot.ca.gov/hq/MassTrans/Procurement-Grants-Management.new.html>.

8. What is the need for this vehicle/equipment? How did you select the project?
9. Does your agency have the experience, and staffing level to administer and implement the project, and to submit required reports correctly and on time?
10. Does your agency have the resources to bring about successful completion of the project?
11. What is your proposed method of procurement?
12. Fill out the proposed procurement schedule:
13. Is your agency planning on using your own labor force to carry out the proposed project?
14. Is the total cost of your project \$100,000 or more, and include your own labor?
15. Does your agency receive more than \$500,000 in federal funds?

GENERAL QUESTIONS

(Capital-Accessibility Improvement (NF Only))

4. Indicate the type of ADA accessibility construction for the proposed project. Describe your construction activities in details.
5. What is the need for this project? How did you select the project?
6. Describe what service improvements would be addressed by constructing/expanding/improving the facility or acquiring the real property?
7. If funding for this project is approved, how will the surrounding community benefit?
8. Does your agency have the experience, and staffing level to administer and implement the project, and to submit required reports correctly and on time?
9. Does your agency have the resources to bring about successful completion of the project?
10. What is your proposed method of procurement?
11. Is your agency planning on using your own labor force to carry out the proposed project?
12. Is the total cost of your project \$100,000 or more, and include your own labor?
13. Does your agency receive more than \$500,000 in federal funds?

PROJECT NARRATIVE

Please provide a brief narrative to describe the project. Refer to the Project Scoring Criteria in the Application Instructions for additional guidance on each of the questions. To receive the maximum allowable points per question, each response will be reviewed and scored for clarity, completeness and accuracy. The project must address each of the following:

PROJECT NARRATIVE (Cont...)

A. Goals and Objectives (maximum 20 points)

1. Briefly provide a detailed project description. Please include project beginning and ending dates.
2. Provide the following information as it pertains to this project:
3. Briefly describe how your proposed project is consistent with the goals and objectives of the New Freedom grant program as stated in the Program Goals on Page 2 of the Application Instructions. Additional information on the goals and objectives of the program can be found in the FTA Circular 9045.1 (May 1, 2007), http://www.fta.dot.gov/legislation_law/12349_6624.html.
4. Specify how your project addresses the gap(s) and/or barrier(s) identified through your locally developed human services transportation planning process (Coordinated Plan). You must indicate the section/page number in the Coordinated Plan addressing the gaps and/or barriers.
5. Explain how the project increases or enhances availability of transportation of the targeted population.
6. Explain how the project meets the program requirement of providing transportation related activities and/or services beyond those required by the Americans with Disabilities Act of 1990 (ADA).

PROJECT NARRATIVE (Cont...)

B. Project Implementation Plan (maximum 30 points)

1. Describe your operational plan that includes defined routes, schedules, current/projected ridership, key personnel, and marketing strategies. Attach supporting documentation to substantiate this plan(s).

NOTE: For MM projects see application instructions (pg. 5, 1-13)

2. If this is a continuation project request, please describe how you met your prior performance goals and objectives. How is this project application different than the past award(s) and what do you intend to accomplish with the new funding?

PROJECT NARRATIVE (Cont...)

C. Program Performance Indicators (maximum 20 points)

1. Please provide the projected **performance measures and objectives** for this project below:
2. Describe performance methodology and factors used to develop performance measures and objectives. Please attach supporting documentation (i.e., demographic materials, surveys, regional transportation plans, coordinated plans, etc.)
3. **Performance Period**

PROJECT NARRATIVE (CONT...)

D. Communication and Outreach (maximum 20 points)

1. List all stakeholders involved in the project. List should 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 individuals with disabilities (New Freedom). Must attach three (3) letters of support from stakeholders to the grant application.
2. Describe how you will promote public awareness of the project and how you will keep stakeholders involved and informed throughout the project.
3. How is your project service marketed?
4. Describe how the project will be coordinated with other social service agencies and/or public transportation providers. (e.g. sharing vehicles, dispatching, scheduling, maintenance, coordinating client trips, training, etc.

PROJECT NARRATIVE (CONT...)

E. Emergency Planning and Preparedness (maximum 10 points)

1. Describe the emergency planning and drill activities within your agency and in cooperation with the county. Provide proof your agency is included in the response plan with the County Office of Emergency Services (OES). Indicate the drill(s) you have participated in, or are scheduled to participate in. (Refer to Application Instructions for list of County OES Offices.)
2. Vehicle Inventory – Please include all active fleet. (For condition, please use **P** for poor, **F** for fair, and **E** for excellent.)
3. Do you participate in transportation infrastructure security/emergency planning, drills/exercises, and/or decision making activities?

PROPOSED PROJECT BUDGET WORKSHEET

(Operating)

1. **Total Operating Expenses (Itemize)**
2. **Less Fare box and Other Revenue**
3. **Less Ineligible Expenses (within operating expense) ****
4. **NET PROJECT COST (Line 1 – Line 2 – Line 3)**

5. **BUDGET SUMMARY:**
 - ▣ FEDERAL SHARE: (50%)
 - ▣ TOLL CREDITS: (50%)
 - ▣ Subtotal:
 - ▣ LOCAL SHARE OVERMATCH: (if applicable)-itemized source
 - ▣ **NET PROJECT COST (Federal Share + Toll Credits+ Local Share) {should equal line 4}**

PROJECT BUDGET WORKSHEET

1. **Direct Labor**
2. **Direct cost(s) for Employees (Except Labor)**
 1. Equipment and Supplies (itemize)
3. **Other Direct costs (itemize)**
4. **Travel costs (itemize)**
5. **Indirect cost(s) (Overhead and Fringe Benefits):**
 1. Overhead Rate _____% \$ _____
6. **Total Costs:**

PROPOSED PROJECT BUDGET WORKSHEET

(MM & Capital Projects)

1. **ITEM DESCRIPTION**

2. Total Direct Labor
3. Total Equipment & Supplies
4. Total Other Direct Expenses
5. Total Travel Costs
6. Misc

7. **NET PROJECT COST:**

8. **BUDGET SUMMARY:**

- ▣ FEDERAL SHARE: (80%)
- ▣ TOLL CREDITS: (20%)
- ▣ Subtotal:
- ▣ LOCAL SHARE OVERMATCH: (if applicable)-itemized source
- ▣ **NET PROJECT COST (Federal Share + Toll Credits+ Local Share)**

PROJECT BUDGET WORKSHEET

1. **Direct Labor**
2. **Direct cost(s) for Employees (Except Labor)**
 1. Equipment and Supplies (itemize)
3. **Other Direct costs (itemize)**
4. **Travel costs (itemize)**
5. **Indirect cost(s) (Overhead and Fringe Benefits):**
 1. Overhead Rate _____% \$ _____
6. **Total Costs:**

ATTACHMENT C

Capital Vehicle/Other Equipment

- For Capital-Vehicle/Other Equipment requests (Pg.33 NF, Pg.34 JARC) Additional Equipment information requested.
Ie. Vehicles and other Capital (Hardware)
- Maintenance Plan
Must also complete CHECKLIST for SUBRECIPIENT'S VEHICLE MAINTENANCE PLAN (Pg.29 NF, Pg.30 JARC)

ATTACHMENT D

Capital-Accessibility Improvement

(New Freedom ONLY)

TRANSIT FACILITY PS&E CHECKLIST (Page 38)

1. Is your project on the State Highway System?
If yes to Question 1, Do you have an encroachment permit approved by Caltrans for this project?
2. Environmental Analysis (Check if requirement is met)
3. Applicable Design Standards (Complete this section if project changes existing access egress of the highway)
4. Standard Plans (Check appropriate box)
5. Project PS&E (Check box if requirements are met)
6. Standard Specifications (Check Standards used)

ATTACHMENT D

Capital-Accessibility Improvement

Must also complete the attached forms:

- AGENCY CERTIFICATION AND SIGNATURE (Pg.40-NF only)
- CHECKLIST for FACILITY/EQUIPMENT MAINTENANCE PLAN (Pg.30 NF, Pg.41 JARC)

LASTLY.....

- MOU participating agencies DUE DATE: March 29, 2013
(see pg. 19 on application instructions)
- All applications due to Caltrans by **April 19, 2013**
- 2 Required Copies:
 - 1 original and 1 copy AND 1 electronic copy on CD
- Application should be clearly marked:
 - with insert labeled as Exhibit or Appendix, with reference within the application where they are located
- Complete separate Attachment for separate projects

JARC/NF BRANCH CONTACT INFORMATION

<http://www.dot.ca.gov/hq/MassTrans/>

Branch Chief

Scott Sauer (916) 657-3863

Districts 1, 2, & 10

Amar Cid (916) 651-6114

Districts 5, 7, 9, 11, & 12

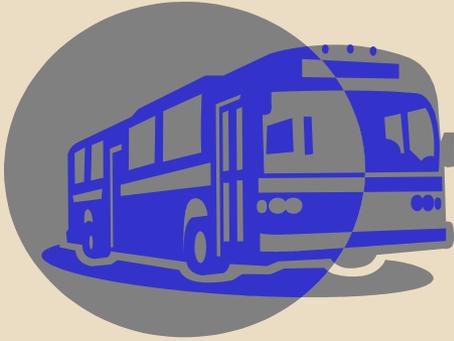
Lynn Ly (916) 657-4192

Districts 3, 4, 6, & 8

Nellie Almazan (916) 657-4679



THANK YOU!



QUESTIONS?

