



Received by: _____
Date: _____

Section 5310

PROJECT APPLICATION

Region 1 Planning Council (R1) is accepting funding applications for eligible Enhanced Mobility for Seniors and Individuals with Disabilities (Section 5310) within the Rockford Urbanized Area. Programming of available funding through this call for projects will be emphasized for eligible capital expenditures. Completed applications must be submitted electronically to Brandon Rucker, brucker@r1planning.org, no later than 5:00 PM on March 28, 2025.

Part 1: Applicant Information

Organization: _____

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

County/Counties Served: _____

Type of Applicant: (Please check one)

- Private Non-Profit
- Section 5310 Grantee
- IDOT Certified Public Body (Does not receive other FTA funds)
- IDOT Certified Public Body (Does receive other FTA funds)

Part 2: Project Information

Project Title: _____

Project Type: _____

Purpose of Request:

- New service
- Expansion
- Replacement
- Eligible Capital

Project Justification: Please address the following: a detailed description of the project; the transportation program and needs of the individuals in the current or proposed service area; how the funds will address unmet needs; explanation of how the current transportation program will change if funding is not awarded; and a description of how transportation services support or enable the mission of your agency/organization.

Part 4: Request Form & Budget

A. Vehicle Request Budget: Please indicate the vehicle type, number of units, unit cost, and total cost being requested. Vehicle types and descriptions can be found on the following page.

Vehicle Type	Replacement	Expansion	New Service	Total Units	Unit Costs	Total Costs
Mini-Van						
Light Duty						
Medium Duty						
Super Medium Duty						
Total Vehicle Request						

By checking this box, the applicant understands that should the actual vehicle costs be higher than grant funds awarded, the applicant is responsible for the remaining amount.

B. Eligible Capital Request Budget: Please indicate eligible capital expenses.

Capital Expense Type	Description	Total Units	Unit Costs	Total Costs
Radios and communication equipment				
Vehicle wheelchair lifts, ramps, and securement devices.				
Purchase and installation of benches, shelters, and other passenger amenities				
Computer hardware and software				
Transit-related intelligent transportation systems (ITS)				
Dispatch systems; and fare collection systems				
Other eligible capital expenses				

By checking this box, the applicant understands that should the actual eligible capital costs be higher than grant funds awarded, the applicant is responsible for the remaining amount.

C. Project Budget: The project operating budget estimate should be based on actual annual expenditures for existing services. Budgets for New Services without an operating history should detail the sources of their estimated budgets.

Estimated Operating Expenses

Wages, Salaries & Benefit (pro rate for % of time, if staff has other program duties)

Maintenance & Repair

Fuel Maintenance & Repair

Insurance

Contract Services (please specify): _____

Total Expenses

Estimated Revenues

Passenger Fares & Passenger Donations

Income from Service Contracts

Income from Operating Grants

Income from Donations/Fundraising

Total Revenues

Other (please specify): _____

Other (please specify): _____

Other (please specify): _____

Total Section 5310 funding request _____

D. Paratransit Vehicle Inventory (if applicable): Please complete all of the following sections with your current fleet inventory. Attach additional copies of this page if necessary. Vehicle type and condition definitions can be found on the following page.

Year	Manu.	Type	VIN	Odometer Reading	Lift/Ramp Equipped	Condition	Contract # (If IDOT Vehicle)

Requested Vehicle Types and Descriptions

- Mini-Van (MV) with ramp: 2 wheelchairs/5 passengers
- Light Duty Paratransit (LD) with lift: 3 wheelchairs/ 12 passengers
- Medium Duty Paratransit (MD) with lift: 5 wheelchairs/ 14 passengers
- Super Medium Duty Paratransit (SMD) with lift: 5 wheelchairs/ 26 passengers

Vehicle Condition Definitions

- *Out of Service:* Vehicle is not suitable for safe and /or reliable daily operations.
- *Poor:* Vehicle is marginally suitable for safe and/or reliable daily operations, though is frequently at risk for being removed from service. Vehicle can be expected to last <1 yr. at current level of use before requiring permanent removal from service.
- *Fair:* Vehicle is suitable for safe and/or reliable daily operations, though is beginning to exhibit significant wear & tear. Vehicle can be expected to last 1-2 years at current level of use before requiring permanent removal from service.
- *Good:* Vehicle is suitable for safe and/or reliable daily operations. Vehicle can be expected to last 3-4 years at current level of use before requiring permanent removal from service.
- *Excellent:* Vehicle is suitable for safe and/or reliable daily operations. Vehicle can be expected to last 4+ years at current level of use before requiring