

Received by: Date:

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, <u>brucker@r1planning.org</u>, 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		$\Box$ IDOT Certified Public Body (Does not receive other FTA funds)
□ Section 5310 Grantee		$\Box$ 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.

Agency Coordination: Please describe how this project might coordinate or connect with other transportation providers or transportation stakeholders.

Have you applied for other funding sources for this project? If yes, please explain: \_\_\_\_\_\_

Funding Source: Please select which funding source you are applying for.

Section 5310

## Part 3: Levels of Service

Service Hours and Geographic Coverage: Please list the total hours each day during which your organization offers paratransit services.

Day	Hours	Geographic Coverage
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Trip Purpose: Please mark what type of trips your t	transportation service provides.	
Medical	□ Work	Educational
□ Nutrition	□ Shopping	□ Social/Recreation
Other (Please Describe):		
What was the average number of vehicles us	ed to provide service on a daily basis in CY	<sup>′</sup> 2024:
Service Clientele: Please mark who your organiza	tion/agency provides transportation service for.	
□ Riders age 65+ w/o disabilities	□ Riders under age 65 w/o disabilities	□ Other riders, including general public
$\Box$ Riders age 65+ with disabilities	$\Box$ Riders under age 65 with disabilities	
What was the average number of daily riders	per week in CY 2024:	

## 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	Total 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):	
Estimated Revenues	Total Revenues
Passenger Fares & Passenger Donations	
Income from Service Contracts	
Income from Operating Grants	
Income from Donations/Fundraising	

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.	Туре	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