

2021 Enhanced Mobility Program Application - EM 5

Metropolitan Washington Council of Governments

Program Overview

Enhanced Mobility Program Information

- We strongly recommend that you thoroughly review **program information**, including **FTA Circular C 9070.1G**, before you begin.
- Application instructions can be found **[here](#)**.
- The Federal Transit Administration's (FTA) Enhanced Mobility Program (Section 5310) was created under the MAP-21 Surface Transportation Act in 2013. Federal rules limit the types of projects eligible for grant funding.

We are here to help! We encourage you to ask TPB staff any questions about the grant program and application, including eligibility of your agency and project idea.

- For questions about the grant program and eligibility, please contact **Lynn Winchell-Mendy** (lmendy@mwkog.org, 202.962.3253).
- For questions about the website and the application, please contact **Sergio Ritacco** (sritacco@mwkog.org, 202.962.3232)

Alternative Formats and Accommodations

Alternative formats of the application and document templates are available upon request.

Please contact Sergio Ritacco at sritacco@mwkog.org or (202) 962-3232 or (202) 962-3213 TDD.

Please allow seven working days for preparation of the material.

Eligibility Confirmation

ELIGIBILITY

- Non-profit agencies, private providers of public transit, transit agencies and local governments are eligible.

- Both capital and operating projects are eligible.
- Project must benefit residents within the Washington DC-VA-MD Urbanized Area (highlighted portion of map).
- A pre-application conference is required (see below).
- A complete application must be submitted by September 1, 2021, 3:00 pm EDT.
- For specific eligibility guidance, see the FTA circular 9070.1G.
- If you are not sure if a project is eligible, please contact staff.

Agency Type*

Note: If your agency is not one of the following types, you are not eligible for funding.

Choices

Private Non-profit Organization

State or Local Government Agency

Public Transportation Operator

Private Operator of Public Transportation

Authorizing Resolution*

As part of the application process, your agency's governing body, such as a Board of Directors, is required to adopt a resolution authorizing your agency to apply for an FTA grant, approve the local match funding, and agree to comply with Federal requirements. If your organization does not have a governing body, the CEO or another official with the authority to enter into a contract with COG can provide a letter with these authorizations.

If your Board is unable to adopt the resolution until after the application deadline, a draft resolution may be uploaded until your Board approves it. An approved authorizing resolution or letter will be required before a grant can be awarded.

Sample Authorizing Resolution

File Size Limit: 1 MB

Project Assurances

If awarded, a Project Assurances document, certifying understanding of the requirements, will be required to be completed by an authorizing official. No upload is required in order to apply.

Sample Project Assurances - Vehicle projects

Sample Project Assurances Other Than Vehicles

DUNS Number

Please provide your unique nine digit D-U-N-S identification number. If you do not have a DUNS number at this time you can leave this section blank. If your application is approved for funding

you will need to have a DUNS number in order to receive FTA funds.

Example

12-345-6789

How to obtain a DUNS number.

Character Limit: 11

Pre-application conference session*

You must attend a pre-application conference, conducted by COG/TPB staff, in order to apply. Please select the pre-application conference session you attended (or plan to attend):

Choices

Thursday, June 3, 2021 (virtual)

Wednesday June 16, 2021 (virtual)

Tuesday, June 22, 2021 (virtual)

Thursday, June 24, 2021 (virtual)

Monday, July 19, 2021 (virtual)

Other (note details below)

If "Other" pre-application conference session

Please provide date, type of conference, and sponsoring COG/TPB staff member

Example:

8/13/2021, conference call, Lynn Winchell-Mendy

Character Limit: 250

Shared Ride Requirements for Taxi Companies

Federal rules require that private taxi companies must offer “shared-ride” service in order to be eligible for Enhanced Mobility Operating, Capital equipment and/or Preventative Maintenance funding. The shared-ride requirement does not apply to applications for accessible taxi vehicles only. A private taxi company contracting under another eligible entity is eligible for all funding categories.

FTA defines shared-ride as “two or more passengers in the same vehicle who are otherwise not traveling together.” Local statutes/regulations, or company policy may determine whether a taxi company provides shared-ride or exclusive-ride service. Not every trip has to be shared-ride, but it must be included in the service provided by the taxi company.

A taxi company requesting funding directly from COG for Operating, Capital equipment, and/or Preventive Maintenance must attach proper documentation describing their shared-ride policy in the upload box below

File Size Limit: 1 MB

General Liability Insurance Requirement

All agencies with projects selected for funding must obtain, at its own cost and expense and keep in force and effect until termination of the contractual relationship with COG, Commercial General Liability insurance with a minimum limit of liability of one million dollars (\$1,000,000), combined single limit, for:

1. Contractual Liability
2. Worker's Compensation/Employer's Liability

The insurance certificate must be submitted in a form acceptable to COG at the time of execution of the contract. and COG must be named as an additional insured on all liability policies with a waiver of subrogation and be endorsed to be primary with respect to any other insurance carried by COG.

Eligibility Criteria Confirmation*

Choices

I have read and understand the eligibility criteria

I. Agency Information

Agency Purpose and Programs*

Please briefly describe your agency's purpose and programs. Approximately how many individuals does your agency currently provide service to? Include all services, not just transportation.

Character Limit: 1000

Number of Older Adults served (annually)*

Please use your most recent completed year (fiscal or calendar) and reference period of performance.

Character Limit: 25

Number of People with Disabilities served (annually)*

Please use your most recent completed year (fiscal or calendar) and reference period of performance.

Character Limit: 25

Demographic Profile:

What percent of people served have the following demographic characteristics?

Estimates are acceptable if data is not collected.

Black/African American (percent)*

Character Limit: 3

Asian/Pacific Islander (percent)*

Character Limit: 3

Native American (percent)*

Character Limit: 3

Hispanic/Latino (percent)*

Character Limit: 3

Caucasian (percent)*

Character Limit: 3

Other Demographic (percent)*

Character Limit: 3

II. Project Information

What type of project is your agency proposing?*

Check all that apply:

Choices

- Coordination of Specialized Services
- Personal Mobility Counseling or Travel Navigation Systems
- Improve Access to Public Transportation
- Specialized Services Dedicated to Seniors and/or People with Disabilities
- Alternatives to Public Transit Open to General Public (taxi, shuttles, bus service)
- Other (Please describe below)

If "Other" type of project, please describe

Character Limit: 250

Type of Funding Requested*

You can choose more than one.

Choices

- Capital (80/20)
- Operating (50/50)

Specific Area to be Served*

Project must end or begin in the Washington DC-VA-MD Urbanized Area.

Please be very clear on which areas you project will serve as this information is used for regional reporting purposes. Check all that apply:

Choices

- Arlington County, VA
- City of Alexandria, VA
- City of Bowie, MD
- City of College Park, MD
- City of Fairfax, VA
- City of Falls Church, VA
- City of Gaithersburg, MD
- City of Greenbelt, MD
- City of Hyattsville, MD
- City of Manassas Park, VA
- City of Manassas, VA
- City of Rockville, MD
- City of Takoma Park, MD
- District of Columbia
- Fairfax County, VA
- Fauquier County, VA
- Frederick County, MD
- Loudoun County, VA
- Montgomery County, MD
- Prince George's County, MD
- Prince William County, VA
- Stafford County, VA
- Town of Bladensburg, MD
- Other

If "Other" area, please describe:

Character Limit: 250

Targeted Population*

Who is your targeted population for the project? Check all that apply:

Choices

- Older Adults
- People with Disabilities

Targeted Population Detail*

Please provide more specific detail about the targeted population selected above. Include specific type(s) of disabilities, and/or mobility impairments and other demographics.

Character Limit: 750

Project Name*

Please keep in mind that if awarded, this is how the project will be referred to in the contract and other informational documents about the Enhanced Mobility Program.

Character Limit: 150

Project Description*

Please provide a description of the project or program proposed under this grant. The description must accurately convey what the project intends to do and should include the following:

- Objectives/Major Activities;
- How the program or project will accomplish the Objectives/Major Activities;
- Community need and the focus of the grant; and
- Coordination with other agencies included in the grant proposal.

A later part of the application requires applicants to complete and upload a project Work Plan with timeline and milestones. This question and the Work Plan should cross-reference.

Character Limit: 2000

Impact*

Describe how the proposed project will help improve the mobility of people with disabilities and older adults, such as transportation options not otherwise available, increases in geographic coverage or service hours, or improvements to physical infrastructure.

Character Limit: 1000

Expansion Project*

Is your application for a new project or an expansion of existing services?

Choices

Yes

No

Additional Consumers

If yes and your application is approved, how many new or additional consumers will your project serve?

Character Limit: 250

Vehicle Applicants*

If you are applying for a vehicle, there are additional questions required.

By checking "Yes" you will reveal added questions and when they are completed be returned to the rest of the application.

By checking "No" you are confirming the application does not include a vehicle procurement and will continue with the rest of the application.

Choices

Yes

No

Vehicle Application Group

Vehicle Insurance Requirements*

Insurance requirements for vehicles received under an Enhanced Mobility grant are \$1.5 million in auto and \$1.5 million in general liability. COG would need to be named on your agency's insurance policy as additional insured. There are no exceptions.

Vehicle insurance is an eligible operating expense under the Enhanced Mobility program. If assistance is needed in covering the costs to meet COG's vehicle insurance requirements, you may submit a line item for vehicle insurance in an operating budget for consideration. If approved, 50% of the cost would be covered by Federal funds and the remaining 50% would need to be covered by matching funds.

I acknowledge that our agency will be able to provide the required level of insurance for vehicles acquired under this grant.

Choices

Yes

No

Please provide some basic information about the transportation services your agency currently provides.

If the answer to any of the questions below is none, please use 0 (zero).

Number of one-way trips provided per day*

Character Limit: 8

Number of one-way trips provided annually*

Please use your most recent completed year (fiscal or calendar) and reference period of performance. If none, please put 0.

Character Limit: 25

Total number of vehicles in service*

Character Limit: 8

Number of wheelchair-accessible vehicles in service*

Character Limit: 8

Vehicles received from past grants*

Number of vehicles that were received or are anticipated to be received through past 5310, JARC or New Freedom grant programs.

Character Limit: 8

Total annual mileage of all vehicles in service*

Please use your most recent completed year (fiscal or calendar) and reference period of performance.

Character Limit: 25

Vehicle Utilization Plan*

Please complete the attached template to show the vehicles in your current fleet and how they are used, and upload it in the box provided.

File Size Limit: 1 MB

Driver Training Program*

Please describe your Driver Training Program. Include details on the amount of training, frequency of training, delivery method (i.e., staff outside contractor, etc.), requirements/content, structure, etc. Note: It is expected that sensitivity training for serving older adults and people with disabilities is included.

Character Limit: 1500

Please upload a copy of the Driver Training Program.*

File Size Limit: 1 MB

Vehicle Maintenance Plan*

Please describe how you address vehicle maintenance (pre-trip and preventive maintenance). A Vehicle Maintenance Plan is required if your organization is applying for vehicles and should include a preventative maintenance schedule/mileage intervals for maintenance, responsible parties and their role, life cycling and maintenance, warranty repairs and tracking, and how repairs/work is documented. A template is available here.

Character Limit: 1500

Please upload a copy of the Vehicle Maintenance Plan.*

File Size Limit: 1 MB

As a reminder, this is a Federal matching grant and if awarded the applicant is responsible for 20 percent of the vehicle cost and 20 percent of any added preventive maintenance and/or equipment.

All vehicles must be wheelchair accessible.

How many vehicles are you applying for?*

Character Limit: 8

Please break down the number of vehicles you are applying into each pricing category below:

MWCOG may procure vehicles off of the Virginia Department of Rail and Public Transportation's (DRPT) contract. The vehicle types listed are based on the contracts we expect to have approval to purchase of off. If you are seeking a larger or different vehicle, please reach out to staff immediately before proceeding.

The base price ranges for the following vehicles come from Virginia Department of Rail and Public Transportation's (DRPT) pricing. Links to pricing sheets, which include options, are available by vehicle type below.

If none, use "0" (zero).

Minivan*

Base price \$43,863, plus estimated cost of options. For minivans, please add a 10% contingency to your budget.

Character Limit: 2

Minivan Pricing Spreadsheet

Download and complete the minivan pricing spreadsheet, to the best of your knowledge, based on the number of minivans requested above plus options. Upload the completed form in the box below.

The pricing spreadsheet is a guide and you will not be held to the exact options, though the total vehicle request amount in your budget cannot change unless you are awarded less than requested. The 10% contingency added in the budget template will help offset most pricing fluctuations.

File Size Limit: 1 MB

14-passenger BOC (12 seats, 1 wheelchair, 1 driver)*

Base price \$53,461, plus estimated cost of options. For buses, please add a 10% contingency to your budget.

Character Limit: 2

14-passenger BOC Pricing Spreadsheet

Download and complete the 14-passenger BOC pricing spreadsheet http://www.mwcog.org/assets/1/6/E194-87443_Pricing_Spreadsheet.xls, to the best of your knowledge, based on the number of vehicles requested above plus options. Upload the completed form in the box below.

The pricing spreadsheet is a guide and you will not be held to the exact options, though the total vehicle request amount in your budget cannot change unless you are awarded less than requested. The 10% contingency added in the budget template will help offset most pricing fluctuations.

File Size Limit: 1 MB

15-passenger BOC (12 seats, 2 wheelchair, 1 driver)*

Base price \$55,869, plus estimated cost of options. For buses, please add a 10% contingency to your budget.

Character Limit: 2

15-passenger BOC Pricing Spreadsheet

Download and complete the 15-passenger BOC pricing spreadsheet, to the best of your knowledge, based on the number of vehicles requested above plus options. Upload the completed form in the box below.

The pricing spreadsheet is a guide and you will not be held to the exact options, though the total vehicle request amount in your budget cannot change unless you are awarded less than requested. The 10% contingency added in the budget template will help offset most pricing fluctuations.

File Size Limit: 1 MB

19-passenger COB (16 seats, 2 wheelchair, 1 driver)*

Base price \$58,167, plus estimated cost of options. For buses, please add a 10% contingency to your budget.

Character Limit: 2

19-passenger BOC Pricing Spreadsheet

Download and complete the 19-passenger BOC pricing spreadsheet, to the best of your knowledge, based on the number of vehicles requested above plus options. Upload the completed form in the box below.

The pricing spreadsheet is a guide and you will not be held to the exact options, though the total vehicle request amount in your budget cannot change unless you are awarded less than requested. The 10% contingency added in the budget template will help offset most pricing fluctuations.

File Size Limit: 1 MB

Please identify the purpose of vehicles you are applying for by filling in each category below:

If none, use "0" (zero).

Replacement (replacing vehicles for an existing service)*

Character Limit: 2

Expansion (adding vehicles to an existing service)*

Character Limit: 2

New service (applying for initial vehicle(s) to start a new service)*

Character Limit: 2

Vehicle Use*

Please explain how the vehicles (replacement, expansion or new service) will be used including details about purpose, type of service, and service frequency.

Character Limit: 2500

If applying for replacement, please provide the following information about each vehicle being replaced:

Vehicle #1

V1 - Make, model, and seating capacity

Example:

Dodge, Caravan wheelchair accessible, 4

Character Limit: 250

V1 - Date placed in service

Character Limit: 10

V1 - Most recent mileage

Character Limit: 6

V1 - Average miles per month

Character Limit: 6

V1 - Reason for Replacement

If a vehicle has not met useful life (4 years or 100,000 miles, whichever comes first) and you are seeking replacement, you must justify the reason why it needs to be replaced.

Choices

- Met useful life
- Poor condition
- Frequent breakdowns
- Other

V1 - If "Other" reason for replacement please describe

Character Limit: 250

Vehicle #2

V2 - Make, model, and seating capacity

Example:

Dodge, Caravan wheelchair accessible, 4

Character Limit: 250

V2 - Date placed in service

Character Limit: 10

V2 - Most recent mileage

Character Limit: 6

V2 - Average miles per month

Character Limit: 6

V2 - Reason for Replacement

If a vehicle has not met useful life (4 years or 100,000 miles, whichever comes first) and you are seeking replacement, you must justify the reason why it needs to be replaced.

Choices

Met useful life

Poor condition

Frequent breakdowns

Other

If "Other" reason for replacement (V2), please describe

Character Limit: 250

Vehicle #3

V3 - Make, model, and seating capacity

Example:

Dodge, Caravan wheelchair accessible, 4

Character Limit: 250

V3 - Date placed in service

Character Limit: 10

V3 - Most recent mileage

Character Limit: 6

V3 - Average miles per month

Character Limit: 6

V3 - Reason for Replacement

If a vehicle has not met useful life (4 years or 100,000 miles, whichever comes first) and you are seeking replacement, you must justify the reason why it needs to be replaced.

Choices

Met useful life
Poor condition
Frequent breakdown
Other

If "Other" reason for replacement (V3), please describe

Character Limit: 250

Vehicle #4

V4 - Make, model, and seating capacity

Example:

Dodge, Caravan wheelchair accessible, 4

Character Limit: 250

V4 - Date placed in service

Character Limit: 10

V4 - Most recent mileage

Character Limit: 6

V4 - Average miles per month

Character Limit: 6

V4 - Reason for Replacement

If a vehicle has not met useful life (4 years or 100,000 miles, whichever comes first) and you are seeking replacement, you must justify the reason why it needs to be replaced.

Choices

Met useful life
Poor condition
Frequent breakdowns
Other

If "Other" reason for replacement (V4), please describe

Character Limit: 250

Vehicle #5

V5 - Make, model, and seating capacity

Example:

Dodge, Caravan wheelchair accessible, 4

Character Limit: 250

V5 - Date placed in service

Character Limit: 10

V5 - Most recent mileage

Character Limit: 6

V5 - Average miles per month

Character Limit: 6

V5 - Reason for Replacement

If a vehicle has not met useful life (4 years or 100,000 miles, whichever comes first) and you are seeking replacement, you must justify the reason why it needs to be replaced. Please select all that apply.

Choices

Met useful life

Poor condition

Frequent breakdown

Other

If "Other" reason for replacement (V5), please describe

Character Limit: 250

More than 5 vehicles?

If you are seeking replacement of more than 5 vehicles, please upload a Word document providing the same information above for the additional vehicles:

File Size Limit: 1 MB

Are you requesting other equipment (i.e. cameras, radios, GPS, etc.)? (20% match required)*

If Yes, be sure purpose and cost are clearly outlined in the Budget and ICE is completed and uploaded if applicable.

Choices

Yes

No

Are you requesting preventive maintenance? (20% match required)*

If Yes, be sure purpose and cost are clearly outlined in the Budget and ICE is completed and uploaded if applicable.

Choices

Yes

No

Are you requesting operating funds (driver salary, fuel, insurance, etc.) ? (50% match required)*

If Yes, be sure purpose and cost are clearly outlined in the Budget, a separate operating budget is uploaded and ICE is completed and uploaded if applicable.

Choices

Yes

No

III. For State and Local Governments

The Enhanced Mobility grant program is divided into two categories of funding, described below. If your agency is a state or local government, the application is eligible for the 45% of funding category. However, under certain conditions state or local governments can also qualify for the 55% of funding category if documentation is provided. In this section, you can provide that documentation so that the Selection Committee can consider the application for both categories.

The Two Categories of Enhanced Mobility Grant Funding

1. Capital Projects for Non-Profits or Qualifying Local Governments (55%):
 - o Your application is in this category if it is for a capital or mobility management project AND your agency is a non-profit, or a State or Local government approved by the state to coordinate services or can certify that there are no non-profits readily available to provide the service.
2. Operating or Capital Projects for All Eligible Subrecipients (45%):
 - o If your agency is a Non-Profit organization, a State or local government, a transit agency, or a private operator of public transportation and you are applying for an eligible Capital or Operating project, your application falls into this category.

Qualifying State or Local Government and State Certification

If your agency is a State or Local government entity applying for the 55 percent category of funds, please describe what State agency has given approval or a mandate to coordinate services, OR describe the lack of non-profits in the area to carry out the project proposal. In the case of the former, a letter from the state regarding your agency's role to coordinate services is required by the time of application.

Character Limit: 1000 | File Size Limit: 1 MB

Category of Grant Funding (INTERNAL ONLY)*

Choices

55

45

IV. Project Responsiveness to Selection Criteria

Selection Criteria for the TPB's Enhanced Mobility Program can be found here.

Coordination Among Agencies (25 points)*

Describe how the project demonstrates coordination of services among local jurisdictions and other agencies, including other transportation providers. Coordination can include providing service to clients of multiple agencies, coordinated purchasing, joint project planning and operation, or developing a plan to coordinate services or provide mobility management services in the future.

Character Limit: 1500

Responsiveness to TPB's Coordinated Human Service Transportation Plan (20 points)

This criterion has two parts: 1) "Priority Projects" will receive up to 12 points; and 2) Applications that address multiple strategies will score up to 8 points.

A. Responsiveness to Priority Projects in the Coordinated Plan (up to 12 points)*

Select which Priority Projects your application responds to:

Choices

Mobility Management at the Systems and/or Individual Level

Coordinated Planning Efforts

Travel Training

Door-through-Door or Escorted Transportation Service

Increase Access to Transit Stations (and First Mile/Last Mile Connections)

Increase Wheelchair-Accessible Options for Taxi and Ride-Hailing Services

Volunteer Driver Programs

Tailored Transportation Service for Clients of Human Service Agencies (i.e. Vehicle Acquisition)

Priority Project Narrative*

Describe how your application responds to one or more of the Priority Projects.

NOTE: If your project does not respond to one or more of the Priority Projects it will still be considered, but will score less under the Responsiveness to TPB's Coordinated Human Service Transportation Plan criteria.

Character Limit: 1500

B. Responsiveness to Strategies in the Coordinated Plan (up to 8 points)*

In addition to how well the application responds to the priority projects, points will be awarded based on how many strategies in the Coordinated Plan the project application addresses.

In order to be eligible for additional points there must be a clear connection between the proposed activities and the specific Strategies. Thoroughly review and select which Strategies for Improved Service and Coordination your application responds to:

Choices

Expand Availability & Coordination of Transportation Options
Increase Awareness of Existing Transportation Options
Improve Accessibility of Transportation Options
Make Transportation Options More Affordable & Sustainable

Strategies Narrative*

Describe how one or more of the Strategies for Improved Service and Coordination apply to your project.

NOTE: If your project does not respond to one or more of the Strategies for Improved Service and Coordination it will still be considered, but will score less under the Responsiveness to TPB's Coordinated Human Service Transportation Plan criteria.

Character Limit: 1500

Institutional Capacity to Manage and Administer an FTA Grant (20 points)

This criterion considers the availability of sufficient management, staff and resources to administer a Federal Transit Administration grant, comply with Federal rules, such as those outlined in "Federal Requirements" section, and implement the grant in the Work Plan timeline. It also considers financial stability and if applicable, past grant performance.

A. Agency Capacity*

Describe your agency's ability to manage an FTA grant, including its financial and human resources, and its institutional capacity. Include in your response the staff available from your agency and project partners to support the implementation of the grant and what back-up staff would be available should there be staff turnover. Note that the applicants' past grant performance and current grant status (if applicable) will be considered by the Selection Committee.

If your agency is applying for vehicles, please describe your agency's technical capability to manage the operations and maintenance of the vehicles according to FTA requirements.

Character Limit: 1500

B. Stability of Matching Funds*

How stable and reliable are the sources of matching funds you intend to use for this grant?

Character Limit: 750

Project Feasibility (15 points)*

This criterion considers if the applicant's objectives and timeframes are realistic and if the project as proposed is feasible to implement. **Describe in a few sentences the feasibility of your project.** You can refer to the objectives and timeframes in your Work Plan.

Character Limit: 1500

Regional Transportation Needs (5 points)*

Projects that include service or programs in more than one County or City will score higher than projects that serve a single jurisdiction.

Briefly describe how many jurisdictions will be served:

Character Limit: 1000

Equity Emphasis Areas (5 points)*

Projects that serve Equity Emphasis Areas within the Washington DC-VA-MD Urbanized Area will score higher than projects that do not.

Briefly describe which Equity Emphasis area(s) the proposed project will serve (if not serving an Equity Emphasis Area, state that):

Character Limit: 1000

Customer Focus (10 points)

To what extent does the applicant's proposal demonstrate a strong awareness of the needs of the individuals for whom the project is intended?

A) Consumer Involvement*

Describe how the target audiences were involved in the project design or will be involved in the implementation or evaluation of the project. This criteria considers to what extent an applicant demonstrates awareness of the needs of the targeted population group and the involvement of customers in the development and implementation of the proposed activity.

Character Limit: 750

B) Marketing/Program Outreach*

Describe how the project will be promoted to Older Adults and/or People with Disabilities.

Character Limit: 750

V. Budget

Budget Parameters

Applicants can apply for any combination of operating, capital and mobility management funds. Budgets should be for a two-year period, even for projects that include preventive maintenance and/or operating expenses for vehicles that are a part of the same application. The additional time required to accommodate vehicle order and delivery will be addressed in the length of the contract.

- The required **application minimum is \$150,000** (which includes the Federal and match amounts over a two-year period). Applications for amounts less than \$150,000 will not be considered.
- **Use whole numbers. Round Federal down and Match up.**
- If only applying for one set of funds (e.g. Capital only) please still upload a blank budget for the funds NOT applying for (.e.g. operating). since both budget templates are a required field).

To ensure that prices are fair and reasonable, applicants must obtain an **independent cost estimate (ICE)** for any item in their Capital or Operating budget at \$250,000 or more (other than vehicles procured by COG):

- Examples of applicable line items include software, dispatch or GPS systems, construction, evaluation or marketing contractors, website development, etc. An ICE is not required for services provided in-house by agency staff but a note should be added to the budget justification section to explain why an ICE is not included for that line item.
- **NOTE: If awarded, the vendor chosen by the grantee to do the service CANNOT be the same as the vendor that provides the ICE.**

See COG's Procurement Procedures for more information.

Sole source justifications may be considered when supplies or services are available from only one responsible source, and no other supplies or services will satisfy its requirements. Sole source requests require documentation on the lack of other vendors to do the work, and an explanation how the preferred vendor is uniquely qualified.

Per Federal Transit Administration (FTA) requirements, a Cost Analysis must be completed when price competition is inadequate and/or when a sole source is available.

If awarded and seeking sole source for a procurement outlined in your application budget, you will be required to complete and submit a Sole Source Justification Form to COG for approval before proceeding. This form is NOT required at time of application.

Budget Acknowledgement*

I have reviewed the budget parameters and requirements and acknowledge understanding:

Choices

Yes

No

Budget Uploads

Capital Budgets*

Please upload a completed version of the budget template applicable to your project :

Capital Vehicle Budget Template.

Capital Mobility Management Budget Template.

If you are unsure of which budget to use, please contact staff.

Use whole numbers. Round Federal down and Match up.

MWCOG may procure vehicles off of the Virginia Department of Rail and Public Transportation's (DRPT) contract. When developing your budget for vehicle purchase, please use DRPT's base prices and options order sheet to determine vehicle cost and options as separate line items in the budget:

Chevrolet Minivans ONLY: 505-15-CC0003 Lot 4 (vans)

Ford Buses ONLY: E194-79495

A 10% contingency for buses and minivans, to cover any fluctuation in vehicle price, is reflected in the budget template and should be included in your total.

If applying for equipment, use a separate line item and indicate if it will be purchased from our vehicle vendor or a separate procurement.

File Size Limit: 1 MB

ICE Form

Please upload 1 ICE form for each applicable line item (any line item in Capital budget at \$250,000 or more, other than vehicles procured by COG). See page 4 of the Procurement Procedures attachment.

If awarded, the vendor chosen by the grantee to do the service CANNOT be the same as the vendor that provides the ICE. Hired contractors and in-house staff (i.e. Engineer for a construction project) can develop the ICE if they have the applicable skills.

File Size Limit: 1 MB

Operating Budget*

Please upload a completed version of the attached Operating Budget Template.

Use whole numbers. Round Federal down and Match up.

File Size Limit: 1 MB

ICE Form

Please upload 1 ICE form for each applicable line item (any line item in Operating budget at \$250,000 or more). See page 4 of the Procurement Procedures attachment.

If awarded, the vendor chosen by the grantee to do the service CANNOT be the same as the vendor that provides the ICE. Hired contractors and in-house staff (i.e. Engineer for a construction project) can develop the ICE if they have the applicable skills.

File Size Limit: 1 MB

Operating Request

Use figures from the Operating Budget you uploaded to fill out the following questions. Enter zeros if no operating funds are requested.

Operating Project Total*

(Federal plus Match)

Character Limit: 20

Federal Operating Amount (50% of total)*

Character Limit: 20

Operating Match Amount (50% of total)*

Character Limit: 20

Capital Request

Use figures from the Capital Budget you uploaded to fill out the following questions. Enter zeros if no capital funds are requested.

Capital Project Total*

Capital Total (Federal plus match)

Character Limit: 20

Federal Capital Amount (80% of Total)*

Capital

Character Limit: 20

Capital Match Amount (20% of Total)*

Capital

Character Limit: 20

Project Total

Summation of the Operating Project Total and Capital Project Total*

Character Limit: 20

Grant Matching Funds

Federal rules require that Enhanced Mobility grants be matched at 20% for capital projects, and 50% for operating projects. At the time of application, your agency must have identified and secured the necessary matching funds for the project proposal.

What is the source of match funds?*

Sources of matching funds can include Agency funds (general funds, cash on hand), State or Local government funds or grants; Non-Transportation Federal funds; Private sources; State agency funds, transit agency funds, income from service contracts, business improvement district funds. In-kind contributions are not an allowable source of match.

Character Limit: 500

Certificate of Availability of Match Funds*

Please upload Certificate of Availability of Matching Funds

The certification shall attest to the availability of appropriate funds for the required match, and shall designate individuals within the organization who have the authority to execute a contract with the Metropolitan Washington Council of Governments. The resolution form must bear an original signature. The Certification is required for all applications.

File Size Limit: 1 MB

Letter of Commitment

For any matching funds **coming from a source other than the Applicant's own budget**, a Letter of Commitment must be submitted. The Letter must be signed by the individual(s) with authority to provide matching funds to the Applicant, and identify the amount and source of the matching funds to be provided, as well as the date the funds will be available.

Letter of Commitment #1

File Size Limit: 1 MB

Letter of Commitment #2

File Size Limit: 1 MB

Additional Letters of Commitment

Please upload any additional Letters of Commitment here as one document

File Size Limit: 1 MB

VI. Financial Statements

Financial Statement*

The agency's latest A-133 Single Audit report or, if excluded from A-133 audit requirements, other consolidated and comprehensive financial statements must be uploaded with your application. Financial statements should adhere to generally accepted accounting principles. Subrecipients not subject to A-133 audit requirements may require additional monitoring to ensure compliance.

File Size Limit: 1 MB

VII. Project Work Plan: Timeline and Milestones

Please use the Work Plan template to describe the goals of the proposed project, and the objectives (key tasks) and benchmarks (outcomes) that will measure progress. The Work Plan must outline the major steps that your agency and project partners will take to implement the project from start to finish. Benchmarks should include targets which can be included in quarterly progress reports; e.g., X number of trips/rides/vouchers provided, X number of individuals trained, etc.

The Work Plan should cross-reference with your Project Description under Section III of the application.

Please see Appendices for sample Work Plans.

Work Plan Upload*

Work Plan template

File Size Limit: 1 MB

VIII. Project Scalability

Scalability*

The Selection Committee may need to consider scaling grant requests down depending on funding availability. Could the project be implemented on a more limited scope with less funding?

Choices

Yes

No

If No, please describe why

Character Limit: 500

If Yes, please fill out the fields below indicating a scaled down scenario acceptable to your agency that the Selection Committee may consider, depending on funding availability.

Total Scaled Down Project Funding

Character Limit: 20

Total Scaled Down Project Federal Funding

Character Limit: 20

Total Scaled Down Project Match Funding

Character Limit: 20

Describe change in grant proposal

Please clearly describe how the change in funds will impact how the program is delivered or service is provided. Refer to the Objectives and Benchmarks in your Work Plan. For example, how many less people can be served or how much less staff support will there be, etc.

Character Limit: 500

Further Scaling Down

It is possible that the Selection Committee will recommend only funding a portion of a project or even less than a scaled request.

Please indicate if you are willing to consider any reasonable amount of funding towards the project, knowing that you would have the opportunity to provide an updated budget and Work Plan or even decline the recommendation.

Choices

Yes

No

IX. Prior Grant Performance

Prior Grant*

If your agency has received a JARC, New Freedom, Enhanced Mobility or 5310 grant in the past, please describe the status of the most recent grant, milestones accomplished and expected completion date. Please also describe the success of the project (including quantitative measures such as number of trips provided, individuals served or products developed). Upload your most recent progress report or final performance measurement report submitted to TPB, MTA or DRPT.

If your agency has had challenges with implementation of a prior grant or has a significant grant balance remaining, please describe the challenges. Please note that the Selection Committee will consider past grant performance. Applicants with significant balances on existing grants or a poor record of meeting compliance requirements will score lower than others who have implemented projects within their stated timeline and were in compliance.

If you were not previously funded, please explain and upload a blank Word document.

Character Limit: 1500 | File Size Limit: 1 MB

X. Project Partners

Applicants are highly encouraged to include partners on the proposed projects to improve coordination between human service and transportation agencies. Project partners must have a specific, active role in the proposed project. For example, providing matching funds, operational support, staffing support, and/or sharing of services to clients.

Please upload signed letters from each project partner and complete the requisite form fields. A letter is required for each partner.

If a partner is providing matching funds a Letter of Commitment is also required. A Letter of Commitment must be submitted if matching funds come from any source other than the Applicant's own budget. Letters of Commitment must be signed by the authority providing matching funds, identify the amount and source of the matching funds, as well as the date the funds will be available. **Upload Letters of Commitment in the Budget Section VII.**

Definition of Roles*

Please describe the roles and responsibilities between partner agencies on the project. If no project partners are included, please describe why no partners are involved in the project.

Character Limit: 1500

Partner #1 - Contact

Please provide agency and name of contact person:

Character Limit: 250

Partner #1 - Support

This partner will be providing the following support to the project:

Choices

- Matching Funds
- Staff Support
- Planning or Operational Support
- Sharing of Vehicles
- Sharing of Services to Clients
- Other (please describe below)

If "Other" partner role, please describe

Character Limit: 500

Partner #1 - Letter

Letter must be on partner agency letterhead or identify partner name and contact information.

File Size Limit: 1 MB

Partner #2 - Contact

Please provide agency and name of contact person:

Character Limit: 250

Partner #2 - Support

This partner will be providing the following support to the project:

Choices

- Matching Funds
- Staff Support
- Planning or Operational Support
- Sharing of Vehicles
- Sharing of Services to Clients
- Other (please describe below)

If "Other" partner role, please describe

Character Limit: 500

Partner #2 - Letter

Letter must be on partner agency letterhead or identify partner name and contact information.

File Size Limit: 1 MB

Partner #3 - Contact

Please provide agency and name of contact person:

Character Limit: 250

Partner #3 - Support

The partner will be providing the following support to the project:

Choices

Matching Funds
Staff Support
Planning or Operational Support
Sharing of Vehicles
Sharing of Services to Clients
Other (please describe below)

If "Other" partner role, please describe

Character Limit: 500

Partner #3 - Letter

Letter must be on partner agency letterhead or identify partner name and contact information.

File Size Limit: 1 MB

Additional Partners

If more than 3 partners are involved in the project, please upload a Word document with a description of what support will be provided and the required partner letter.

File Size Limit: 1 MB

XII. Federal Requirements

Federal Requirements

In order to receive an Enhanced Mobility grant, your agency must be able to meet and document compliance with numerous federal requirements. This section provides information about the Federal requirements and documentation that must be provided before receiving a grant award. If there is an upload box, the document can be provided now, if available.

As you develop your application, please consider resources available to meet the requirements, such as agency staff time needed to complete the plans and reports, and how this may impact the project timeline and budget.

Enhanced Mobility Federal & Reporting Requirements Summary

Americans with Disabilities Act

Subrecipients must sign an assurance that they will meet ADA requirements. These include a written ADA policy that explains what the agency does to meet ADA requirements, how participants and staff as well as the general public are notified of their rights under ADA and

how to file an ADA complaint, and a list of transportation-related ADA investigations, complaints, or lawsuits filed with the subrecipient.

Note: It is acceptable to have a combined Title VI/ADA/EEO complaint form and complaint status report.

More information on ADA requirements can be found [here](#).

ADA Assurances

Cell Phone Use Policy

Federal rules require that your agency has a policy in place for employees on the use of cell phones while driving. The Cell Phone Use Policy must include the items in this template. This policy is not required at the time of application, but must be provided before an applicant is awarded a grant.

Please upload your agency's Cell Phone Use Policy if available.

File Size Limit: 1 MB

Certifications and Assurances*

The Federal Fiscal Year 2021 Annual List of Certifications and Assurances for FTA Grants must be signed at award, and annually thereafter. The document requires affirmation by legal counsel.

If awarded, would your organization or legal counsel have any difficulty agreeing to the certifications and assurances required by FTA?

Choices

Yes

No

Disadvantaged Business Enterprise (DBE) Program

All subrecipients must confirm to COG/TPB that they will comply with DBE requirements applicable to all DOT-assisted contract and their administration by executing [DBE Assurances](#).

In addition, any subrecipient who receives FTA funds in excess of \$250,000 for planning, capital, or operating assistance (excluding transit vehicle purchases) within a Federal fiscal year (10/1 - 9/30), and will use those funds for awarding prime contracts, is required to have a Disadvantaged Business Enterprise (DBE) Program Plan in place to ensure nondiscrimination in the award and administration of purchase orders and contracts funded with FTA dollars.

The [DBE Program Statement](#) will help determine applicability to your organization. If applicable, you must either adopt [COG/TPB's DBE Program Policy](#) or submit your organization's approved DBE Program Policy to meet the requirement.

Drug Free Workplace Statement

Federal rules require that your agency document policies and procedures in place for employees regarding unlawful controlled substances at the workplace. The Drug Free Workplace Statement must include the items in this template. The statement is not required at the time of application, but must be provided before an applicant is awarded a grant.

Please upload your agency's Drug Free Workplace Statement if available.

File Size Limit: 1 MB

Equal Employment Opportunity

Subrecipients must sign an assurance that they will meet EEO requirements. These include a written EEO policy that explains what the agency does to meet EEO requirements, how participants and staff as well as the general public are notified of their rights under EEO and how to file an EEO complaint, and a list of EEO investigations, complaints, or lawsuits filed with the subrecipient. If certain thresholds are met, subrecipients must have a full EEO Program.

Note: It is acceptable to have a combined Title VI/ADA/EEO complaint form and complaint status report.

More information about EEO requirements can be found [here](#).

EEO Assurances

EEO Statement

Federal Funding Accountability and Transparency Act (FFATA) Requirements

COG is required to collect information and report subaward and executive compensation data on Federal contracts and grants that meet certain thresholds.

A FFATA form must be completed at award, if successful, and includes a requirement to maintain an active registration in SAM throughout the life of the project.

An updated form is required annually throughout the life of the project, and is combined with the Subrecipient Financial Profile Questionnaire below.

FFATA Form

Procurement Requirements

The Metropolitan Council of Governments (COG) conducts centralized procurement for vehicles funded by the 5310 Enhanced Mobility Program. Procurement activities for items other than vehicles to be procured by COG are the responsibility of the subrecipient and are subject to Federal procurement requirements.

Any applicable item to be purchased at \$250,000 or more must have an Independent Cost Estimate (ICE) at the time of application; the ICE forms are provided in Section VII: Budget.

Sole source justifications may be considered in certain cases. Sole source requests require specific documentation and a Cost Analysis. If awarded and seeking sole source for a procurement outlined in your application budget, you will be required to complete and submit a Sole Source Justification Form to COG for approval before proceeding.

See COG's Procurement Procedures for more information.

Subrecipient Financial Profile Questionnaire

This form is required annually in order to ensure Federal funds are recorded properly in COG's financial statements and included in the schedule of expenditures of federal awards for COG's audit report. It also address whether or not an agency will have a single audit in accordance with 2 CFR Part 200.501

Subrecipient Financial Profile Questionnaire

Title VI (Nondiscrimination) Program

All subrecipients of FTA funds are required to have a Title VI Program to ensure nondiscrimination in all programs and services. It is to be updated every 3 years. In order to meet the FTA requirements if awarded, your organization must provide the following components:

- Title VI Policy Statement & Authorities
- Nondiscrimination Assurance to COG/TPB
- Title VI Complaint Form & Procedures (how your organization notifies the public of Title VI rights, instructions on how to file a complaint, and procedures for how a complaint is handled and reported).
- Title VI Complaint Status Report (see below)
- Public Participation Plan
- Language Assistance Plan (how your organization addresses the needs of limited English speakers, including but not limited to translation of pertinent information for accessing services).
- Representation on Planning/Advisory Boards

COG has a Title VI template or you may provide your organization's existing Title VI Plan with all components

Title VI Complaint Status Report and Annual Log of Outreach & Involvement Activities

A list of transportation-related Title VI investigations, complaints, or lawsuits filed with the subrecipient and a List of Outreach & Involvement Activities are additional required components of Title VI and have been incorporated into the Quarterly Milestone Progress Report. However, if awarded, these must also be maintained on site.

Note: It is acceptable to have a combined Title VI/ADA/EEO complaint form and complaint status report.

Sample Combined Title VI/ADA/EEO Complaint Status Report

Vehicle Useful Life & Disposition Policy

If awarded, all subrecipients are required to have a written Vehicle Disposition Policy that meets Federal requirements.

Sample Vehicle Useful Life & Disposition Policy

Other Required Reports and Plans:

- Annual Performance Measurement Reporting - Traditional 5310 (Vehicles)
- Annual Performance Measures Reporting - Other 5310
- Quarterly Milestone Progress Report
- Quarterly Taxi Data Report
- Vehicle Maintenance Plan
- Annual Rolling Stock Inventory
- Final Report - Traditional 5310 (Vehicles)
- Final Report - Other 5310

Federal Requirements Acknowledgement*

I have reviewed these Federal requirements and my agency is capable of complying and can provide the required documentation, plans and reports.

Choices

Yes

No

XI. Letters of Support

Letters of Support

For letters communicating support for the project (different from Partner Letters and Letters of Commitment) please upload here as one document:

File Size Limit: 1 MB

XIII. Appendices

Appendix 1: Maps of the Washington, DC-VA-MD Urbanized Area

Appendix 2: Matching Funds Guidance

- Federal Guidance on Non-DOT Federal Sources for Matching Funds
- Federal Fund Braiding Guide

Appendix 3: Sample of Monthly Report Form and Invoice

- Sample Operating Invoice
- Sample Capital Vehicle Invoice
- Sample Other Capital/Mobility Management Invoice

Appendix 4: Work Plan Samples

Sample of Vehicle Work Plan

Sample of Mobility Management Work Plan

XIV. Application Checklist

You are encouraged to submit your application a business day or two prior to the deadline so staff can review your application and alert you to missing information. Prior to the deadline, you can provide missing information or make corrections.

Incomplete applications, and those submitted after the deadline of November 4 at 3:00 pm, will not be considered for funding.

Application Checklist*

Please use the checklist to ensure a complete application is being submitted.

The following items represent all of the information and attachments you will need to submit an application:

Choices

Authorizing Resolution (final or draft)

Certification of availability of matching funds

Completed application via this Foundant site (all applicable fields)

Financial statements

ICE forms for each budgeted item to be procured over \$250,000 (other than vehicles)
Letter(s) from project partner(s) (if applicable)
Letter(s) of commitment (if applicable)
Properly completed Capital and/or Operating budget
Work Plan (timeline objectives and milestones)

Technical Assistance

If you have questions or need assistance contact:

Lynn Winchell-Mendy, COG Grants Manager: lmendy@mwkog.org, 202.962.3253

Sergio Ritacco, Website and Application Support: sritacco@mwkog.org, 202.962.3232