Application

🅟 Question List

Process Manager / 2015 Enhanced Mobility of Seniors and Individuals with Disabilities Program (5310) / 2015 Enhanced Mobility of Seniors and Individuals with Disabilities Program (5310) / Preview

ℹ **Info:** Questions marked with a * are required.

⌄

DUNS Number

Please include 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. However, if your application is approved for funding you will need to have a DUNS number in order to receive FTA funds from MWCOG/TPB.

\#

Authorizing Resolution*

As part of the application 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. For a sample authorizing resolution contact TPB staff, listed under Technical Assistance.

If your organization does not have a governing body, the CEO or other 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 could be uploaded until your Board approves it. An authorizing resolution or letter will be required before a grant can be awarded.

Upload a file   [1 MiB allowed]

Project Name*

Name of Project

Type of Funding Requested*

You can choose more than one.
☐ Capital (80/20)
☐ Operating (50/50)
☐ Mobility Management (80/20)

Applicant Status*

○ Private Non-profit Organization
○ State or Local Government Agency
○ Public Transportation Operator
○ Private Operator of Public Transportation

Specific Area to be Served*

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

☐ District of Columbia   ☐ City of Bowie, MD
☐ Frederick County, MD   ☐ Loudon County, VA
☐ City of Frederick, MD   ☐ Fairfax County, VA
☐ Montgomery County, MD   ☐ City of Fairfax, VA

☑ City of Gaithersburg, MD	☑ City of Falls Church, VA
☐ City of Rockville, MD	☐ Arlington County, VA
☐ Prince George's County, MD	☐ City of Alexandria, VA
☐ City of Takoma Park, MD	☐ Prince William County, VA
☐ City of College Park, MD	☐ City of Manassas, VA
☐ City of Greenbelt, MD	☐ City of Manassas Park, VA
☐ Town of Bladensburg, MD	☐ Other

Project Total (Capital and Operating)*

Please copy project total figure from VI. Budget, 7. Project Total (Capital and Operating).

The recommended grant application minimum is **$250,000** (including the match and over a two-year period).

> $ _____

⌄ Alternative Formats and Accommodations

Alternative formats of the application and attachments are available upon request.

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

Please allow seven working days for preparation of the material.

⌄ Technical Assistance

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@mwcog.org, 202.962.3253).
- For questions about the website and the application, please contact Sergio Ritacco (sritacco@mwcog.org, 202.962.3232)

⌄ Pre-application Conference

Pre-application conference session*

Please select the pre-application conference session you attended (or plan to attend):

- ○ Wednesday, August 26, 2015 (Metropolitan Washington Council of Governments)
- ○ Tuesday, September 8, 2015 (Maryland-National Capital Park & Planning Commission)
- ○ Tuesday, September 22, 2015 (Tysons-Pimmit Regional Library)
- ○ Thursday, October 8, 2015 (Metropolitan Washington Council of Governments)

⌄ I. Project Information

1. 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.

> [text box]

[1000 characters left of 1000]

2. What type of project is your agency proposing?*

- ☐ 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, please describe:

[   ]

3. Availability of Public Transportation*

Could your agency's clients use public transportation or ADA paratransit services with support such as travel training or a Personal Care Attendant (PCA)?

- ○ No, due to the nature of the customer's disability (please describe below)
- ○ No, due to the unavailability of public transportation (please describe below)
- ○ Yes, for certain trips

If No, please further describe how public transportation is insufficient, inappropriate, or unavailable to the targeted population group.

[   ]

[250 characters left of 250]

4. 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.

[   ]

[2500 characters left of 2500]

5. Targeted Population*

Who is your targeted population for the project? You can check more than one.

- ☐ Older Adults
- ☐ People with Disabilities
- ☐ Low-Income Older Adults or People with Disabilities

6. 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.

[   ]

[750 characters left of 750]

7. Impact*

Describe how the proposed grant will help improve the mobility of people with disabilities and older adults, such as what transportation options would not otherwise be available, increases in geographic coverage or service hours, or improvements to physical infrastructure. If this is a coordinated planning project, describe the potential lasting impacts and products that will document mobility needs.

[   ]

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▼ II. Prior Grant Performance

1. Prior Grant Performance

If your agency has received a JARC, New Freedom, 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 will score lower than others who have implemented projects within their stated timeline.

[1000 characters left of 1000]

| Upload a file | [1 MiB allowed]

∨ III. 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 an active role and engage in the proposed project; these can include 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 (VI.8.C.).**

For letters communicating support for the application, please include those in Section IV. Letters of Support.

1. 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.

[1500 characters left of 1500]

2. A. Partner Letter #1

| Upload a file | [1 MiB allowed]

2. B. Partner Letter #2

| Upload a file | [1 MiB allowed]

2. C. Partner Letter #3

| Upload a file | [1 MiB allowed]

2. D. Partner Letter #4

If more than 4 partners are involved in the project, please upload a Word document with the contact information of the partner and a description of what support will be provided.

Upload a file   [1 MiB allowed]

3. Partner #1

This partner will be providing the following support to the project:
☐ Matching Funds
☐ Staff Support
☐ Planning or Operational Support
☐ Sharing of Vehicles
☐ Sharing of Services to Clients
☐ Other (please describe below)

If Other, please describe

[500 characters left of 500]

Organization Name

Contact Name

Title

Address

City/State/Zip

Telephone

Email

4. Partner #2

This partner will be providing the following support to the project:
☐ Matching Funds
☐ Staff Support
☐ Planning or Operational Support
☐ Sharing of Vehicles
☐ Sharing of Services to Clients
☐ Other (please describe below)

If Other, please describe:

[500 characters left of 500]

Organization Name

Contact Name

[   ]

Title

[   ]

Address

[   ]

City/State/Zip

[   ]

Telephone

[   ]

Email

[   ]

5. Partner #3

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

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

If Other, please describe:

[   ]

[500 characters left of 500]

Organization Name

[   ]

Contact Name

[   ]

Title

[   ]

Address

[   ]

City/State/Zip

[   ]

Telephone

[   ]

Email

[   ]

6. Partner #4

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

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

If Other, please describe:

[500 characters left of 500]

Organization Name

Contact Name

Title

Address

City/State/Zip

Telephone

Email

∨ IV. Letters of Support

For letters communicating support for the project proposal, please include those here. Please ensure Letters of Support are dated and signed.

1.A. Letter of Support #1

| Upload a file | [1 MiB allowed]

1.B. Letter of Support #2

| Upload a file | [1 MiB allowed]

1.C. Letter of Support #3

If the application includes more than 3 letters of support, please combine and upload any additional letters here.

| Upload a file | [1 MiB allowed]

∨ V. For State and Local Governments

The Enhanced Mobility program includes two categories of funding, described below. If your agency is a state or local government, the application is eligible for the 45% category. However, under certain conditions state or local governments can also qualify for the 55% 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 Funding

1. Capital Projects for Non-Profits or Qualifying Local Governments (55%):
   - 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%):
   - 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.

1. 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 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.

[1000 characters left of 1000]

Upload a file [1 MiB allowed]

⌄ VI. Budget

Budget Uploads

Applicants can apply for any combination of operating, capital and mobility management funds. The recommended minimum grant amount is $250,000 (which includes the Federal and match amounts over a two-year period). If only applying for one set of funds, please still upload a blank budget for the funds NOT applying for (since both budget templates are required fields).

As part of the application process, interested applicants must conduct an independent cost estimate (ICE) for any equipment (other than vehicles to be procured by COG), preventive maintenance and contracted transportation service in excess of $300 that is included in the budget. For example, software, dispatch, of GPS systems. See Procurement Procedures.

Sole source justifications (for purchases under $10,000) are allowed under certain circumstances and require documentation on the lack of other vendors to do the work and how the preferred vendor is uniquely qualified.

1. Capital or Mobility Management Budget*

Please provide a completed version of the attached Capital Budget Template (also for Mobility Management)

Upload a file [1 MiB allowed]

ICE Form

If applicable, please upload ICE forms which can be found in the Procurement Procedures attachment.

Upload a file [1 MiB allowed]

2. How Does your Project Qualify for Mobility Management?

Mobility management is defined as short-term planning and management activities that enhance access to multiple transportation options and these activities can be funded with a 20% match. If you are applying for mobility management funding, please explain why your project qualifies as mobility management. Each line item in your Mobility Management budget should be verified as qualifying as mobility management; please contact staff to help you determine this.

[1200 characters left of 1200]

3. Operating Budget*

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

| Upload a file | [1 MiB allowed]

ICE Form

If applicable, please upload ICE forms which can be found in the Procurement Procedures attachment.

| Upload a file | [1 MiB allowed]

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4. Indirect Costs in Budget

if your budget includes indirect costs such as overhead, management and administrative costs, you must upload a Negotiated Indirect Cost Rate Agreement (NICRA) below.

If your agency has never negotiated a NICRA, Federal regulations allow an indirect rate of 10%.

| Upload a file | [1 MiB allowed]

Federal and Match Amounts From Budget Uploads

5. Operating Request

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

A. Operating Project Total*

(Federal plus Match)

$ [   ]

B. Federal Operating Amount (50% of total)*

$ [   ]

C. Operating Match Amount (50% of total)*

$ [   ]

6. Capital or Mobility Management Request

Use your figures from the Capital Budget you uploaded. Enter zeros if no capital or mobility management funds are requested.

A. Capital Project Total*

Capital or Mobility Management Total (Federal plus match)

$ [   ]

B. Federal Capital Amount (80% of Total)*

Capital or Mobility Management

$ [   ]

C. Capital Match Amount (20% of Total)*

Capital or Mobility Management

$ [   ]

7. Project Total

Summation of the Operating Project Total and Capital Project Total*

Add figures in 5.A. plus 6.A.

$ [   ]

8. Grant Matching Funds

Federal rules require that Enhanced Mobility grants be matched at 20% for capital or mobility management 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.

A. 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. Inkind contributions are not an allowable source of match.

[   ]

[500 characters left of 500]

B. 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.

Upload a file   [2 MiB allowed]

C. 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

Upload a file   [1 MiB allowed]

D. Letter of Commitment #2

Upload a file   [1 MiB allowed]

E. Letter of Commitment #3

Upload a file   [1 MiB allowed]

F. Letter of Commitment #4

Upload a file   [1 MiB allowed]

∨ VII. Project Scalability

1. Scalability*

The Selection Committee may need to consider scaling grant requests up or down depending on funding availability.

Could the project be implemented on a more limited scope with less funding or with an expanded scope with more funding?
- ○ Yes
- ○ No

If Yes, please fill out the fields below and create different scaled up or down scenarios acceptable to your agency that the Selection Agency will consider depending on funding availability.

2. Option 1

Project can be scaled:
○ Up
○ Down

A. Total Scaled Project Funding

$	

B. Total Scaled Project Federal Funding

$	

C. Total Scale Project Match Funding

$	

Source of Additional Match Funds

If the project can be scaled up, please describe the source of the additional match funds.

D. Describe change in service provided

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 Workplan. For example, how many more or less people can be served or how much less/more staff support will there be, etc.

[500 characters left of 500]

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3. Option 2

Project can be scaled
○ Up
○ Down

A. Total Scaled Project Funding

$	

B. Total Scaled Project Federal Funding

$	

C. Total Scale Project Match Funding

$	

Source of Additional Matching Funds

If the project can be scaled up, please describe the source of the additional match funds.

D. 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 Workplan. For example, how many more or less people can be served or how much less/more staff support will there be, etc.

[500 characters left of 500]

⌄ VIII. 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 the progress. The Work Plan must outline the steps that your agency and project partners will take to achieve the objectives of the project from start to finish. Each benchmark should represent noticeable progress in the completion of the project. 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.

Please see Appendix 4 for an example.

Work Plan Upload*

Work Plan template

[Upload a file]   [1 MiB allowed]

⌄ IX. Project Responsiveness to Selection Criteria

List of Selection Criteria.

1. Responsiveness to strategies in the Coordinated Plan (20 points)

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

Describe how the project responds to the four strategies identified in the Coordinated Plan.*

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

[1500 characters left of 1500]

2. Coordination Among Agencies (25 points)*

Describe how the project demonstrates coordination among local jurisdictions, other agencies, and interested stakeholder organizations. 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.

If vehicle acquisition is part of the grant proposal, please describe how the vehicle or other resources will be coordinated and shared to maximize the use of the Federal grant funds and achieve greater efficiency. (summarize from Section I: Project Description).

[2000 characters left of 2000]

3. Institutional capacity to manage and administer 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.

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.

[1500 characters left of 1500]

B. Stability of Matching Funds*

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

[750 characters left of 750]

4. Project Feasibility (15 points)*

This criteria 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.

[1500 characters left of 1500]

5. Regional Transportation Needs (10 points)*

Briefly describe how your project meets a regional transportation need and indicate how many jurisdictions will be served. Projects that serve more than one jurisdiction will be awarded more points than a project with only one jurisdiction.

[1000 characters left of 1000]

6. Customer Focus (10 points)

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.

[750 characters left of 750]

B. Marketing/Program Outreach*

If the project provides service, describe how it will be promoted to Older Adults and/or People with Disabilities.

[750 characters left of 750]

✔ X. Federal Requirements

In order to receive an Enhanced Mobility grant, your agency must be able to meet and document compliance with numerous federal requirements. Some of the required documents must be provided at the time of application and others must be provided before receiving a grant award. 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.

1. FTA Certifications and Assurances*

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

For reference, please see:

- Federal Fiscal Year 2015 Certifications and Assurances for Federal Transit Administration Assistance Programs

○ Yes
○ No

2. 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 item to be purchased over $300 must have an Independent Cost Estimate (ICE) at the time of application**; the ICE forms are provided in Section VI; Budget. Sole source justifications (for purchases under $10,000) are allowed under certain circumstances and require documentation on the lack of other vendors to do the work and how the preferred vendor is uniquely qualified.
For more information, see COG's Procurement Procedures

3. Drug Free Workplace

Federal rules require that your agency document policies and procedures in place for employees regarding unlawful controlled substances at the workplace. The Drug Free Work Place 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.

| Upload a file | [1 MiB allowed]

4. Cell Phone Use Policy

Federal rules require that your agency document your agency's policy for employees on the use of cell phones while driving. A template is provided here. 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.

| Upload a file | [1 MiB allowed]

5. Title VI Nondiscrimination

Your agency would also need to submit the following federally required items related to Title VI (nondiscrimination) in all of your organization's programs and services. If awarded an Enhanced Mobility grant, your agency would be required to complete a Title VI Program and Complaint Status report (templates are provided).

5a. Title VI (Nondiscrimination) Program

All sub-recipients of FTA funds are required to have a Title VI Program in to ensure nondiscrimination and to resubmit it every 3 years during the duration of a project. In order to meet the FTA Title VI requirements, your organization must submit the following components either using the **attached Sample Title VI Program** or by providing your organization's Title VI Plan plus any other accompanying documents to ensure each item below is represented:

- Title VI Policy Statement
- Nondiscrimination Assurance to COG/TPB
- Title VI Rights Complaint Form and Procedures: Your organization's procedures for notifying the public of Title VI rights, instructions on how to file a discrimination complaint and procedures for how a complaint is handled and reported.
- Language Assistance Plan: Provisions outlining how your organization will address the needs of non-English speakers, including but not limited to translation of pertinent information for accessing services

5b. Title VI Complaint Status Report

A list of transportation-related Title VI investigations, complaints, or lawsuits filed with the subrecipient. Sample Title VI Complaint Status Report.

6. Disadvantaged Business Enterprise (DBE) Program
All subrecipients must confirm to COG/TPB that they will comply with DBE requirements applicable to all DOT-assisted contracts 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 in order to meet the FTA's DBE requirements. More information on DBE requirements can be found here.

7. Other Required Reports and Plans:
- Annual and Final Performance Measurement Reporting
- Quarterly Progress Reports
- Monthly DBE Reports

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8. 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.
○ Yes
○ No

∨ XI. Financial Statements

1. 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.

| Upload a file | [1 MiB allowed]

∨ XII. Application Checklist

This checklist represents all of the information and attachments you will need to submit an application. TPB staff will review your application for completeness.
Incomplete applications, and those submitted after the deadline of November 2 at 2pm, will not be considered for funding.

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.

The following items are required:
- Authorizing Resolution
- Completed application via this Foundant site (all applicable fields).
- Certification of availability of matching funds
- Financial statements
- Indirect Cost Allocation Agreement (if applicable)
- Letter(s) of commitment (if applicable)
- Letter(s) from project partner(s) (if applicable)
- Properly completed Capital and/or Operating budget
- Independent Cost Estimates (ICE) forms for all items to be procured over $300 in your budget (other than vehicles)
- Work Plan (timeline and milestones)

Please contact TPB staff with any questions: Lynn Winchell-Mendy (lmendy@mwcog.org or 202.962.3253 or

Sergio Ritacco (sritacco@mwcog.org or 202.962.3232).

∨ XIII. Appendices

Appendix 1: Map of the TPB Planning Area and Washington, DC-VA-MD Urbanized Area

Appendix 2: Possible Non-DOT Federal Sources for Matching Funds

Appendix 3: Sample of Monthly Report Form and Invoice
- Sample Operating Invoice
- Sample Capital or Mobility Management Invoice

Appendix 4: Sample of the Work Plan

∨ Alternative Formats and Accommodations

Alternative formats of the application and document templates are available upon request.
Please contact Sergio Ritacco at sritacco@mwcog.org or (202) 962-3232 or (202)-962-3213 (TDD).
Please allow seven working days for preparation of the material.

∨ Technical Assistance

For assistance with the application, please contact Sergio Ritacco (sritacco@mwcog.org, 202.962.3232) or Lynn Winchell-Mendy (lmendy@mwcog.org, 202.962.3253).

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