

Application For A State Matching Grant For Elderly And Disabled  
Demand Responsive Transportation

For Services Operating in State Fiscal Year 2009

**1. General Information**

Legal name of applicant

Grant amount applying for: \$ \_\_\_\_\_

Address

Nine-digit Federal Employer Identification Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please check one of the following:

\_\_\_\_\_ Municipality    \_\_\_\_\_ Transit District    \_\_\_\_\_ Regional Planning Organization

Please check one of the following:

\_\_\_\_\_ Repeat applicant    \_\_\_\_\_ New applicant

Contact information for questions on the application.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_



## New Applicants Only

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Party authorized to enter into agreement with State  
(Provide Authorizing Resolution – *See Attachment 1*)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

c) Please describe how seniors and persons with disabilities currently receive transportation services in each municipality included in the grant application. For example, are volunteer drivers used, does the senior center provide the service, are town-owned vehicles used, what types of services are provided, etc?

d) How will this change with the addition of the grant funds? Please describe the actual service that will be provided. Will the town or a municipal based agency provide transportation services? Will the service be contracted out?

e) What is the proposed start date for the new or expanded transportation services?

f) How much is service estimated to increase annually (how many more hours of service or passenger trips will be provided)?

g) How does the municipality propose to coordinate their transportation needs and services within a greater region? If none, what efforts were made to examine the feasibility or cost effectiveness of coordination?

h) How will the municipality inform the target population about the availability of new or expanded transportation services?

## Repeat Applicants Only

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Party who is authorized to sign SFY 2009 Addendum

(Please provide a new Authorizing Resolution (*See Attachment 1*) **ONLY** if the individual who will be signing the SFY 2009 addendum did not have authority to sign the initial SFY 2008 Agreement/Addendum).

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

c) Please explain/describe your proposed scope of services. How does this differ from last year's proposal? *Please note: you can continue to provide the scope of service provided in the first year or the scope can be adjusted.*

d) How does the municipality propose to coordinate their transportation needs and services within a greater region? If none, what efforts were made to examine the feasibility or cost effectiveness of coordination?

e) How will the municipality inform the target population about the availability of new or expanded transportation services?

f) What was the actual start date of the new or expanded transportation services?

g) If any SFY 2008 funds were unspent, please specify the amount and explain/describe how these funds will be used in SFY 2009. *Please note: any unspent funds must be drawn down first.*

**All Applicants**  
(Complete Pages 4-9)

**3. Proposed Dial-a-Ride Budget for SFY 2009**

Estimate annual expenses and revenue for the proposed transportation program using the following categories. This budget should include all existing and anticipated funds.

Total System Expenses and Total Revenue should match. If there is a surplus or deficit, please explain.

	Vehicle Operations	Vehicle Maintenance	General Administration	TOTAL
<b>LABOR</b>				
Operators' Salaries & Wages				
Other Salaries				
<b>FRINGE BENEFITS</b>				
<b>SERVICES</b>				
<b>MATERIALS &amp; SUPPLIES</b>				
Fuel & Lubricants				
Tires & Tubes				
Other Materials & Supplies				
Purchased Transportation				
Other Expenses (explain):				
<b>TOTAL SYSTEM EXPENSES</b>				

<b>REVENUE:</b>				
Donations				
Municipal				
Federal (non-USDOT)				
ConnDOT Municipal Grant				
Unspent SFY 2008 Municipal Grant Funds*				
Other State (explain)				
<b>Subtotal</b>				
Fares				
ConnDOT				
USDOT				
<b>Subtotal</b>				
<b>TOTAL REVENUE</b>				

\*Repeat Applicants Only

**4. Dial-a-Ride Budget for SFY 2008**

Provide the estimated annual expenses and revenues for the municipality's current transportation program using the following categories. This budget should include all existing and anticipated funds.

Total System Expenses and Total Revenue should match. If there is a surplus or deficit, please explain.

	Vehicle Operations	Vehicle Maintenance	General Administration	TOTAL
<b>LABOR</b>				
Operators' Salaries & Wages				
Other Salaries				
<b>FRINGE BENEFITS</b>				
<b>SERVICES</b>				
<b>MATERIALS &amp; SUPPLIES</b>				
Fuel & Lubricants				
Tires & Tubes				
Other Materials & Supplies				
Purchased Transportation				
Other Expenses (explain):				
<b>TOTAL SYSTEM EXPENSES</b>				

<b>REVENUE:</b>				
Donations				
Municipal				
Federal (non-USDOT)				
ConnDOT Municipal Grant				
Unspent SFY 2007 Municipal Grant Funds*				
Other State (explain)				
<b>Subtotal</b>				
Fares				
ConnDOT				
USDOT				
<b>Subtotal</b>				
<b>TOTAL REVENUE</b>				

\* Repeat Applicants Only

**5. Dial-a-Ride Program Data to Date for SFY 2008**

Provide actual year-to-date expenses and revenues for the current municipal transportation program using the following categories.

Total System Expenses and Total Revenue should match. If there is a surplus or deficit, please explain.

Actual Data through \_\_\_\_\_, 2008.

	Vehicle Operations	Vehicle Maintenance	General Administration	TOTAL
<b>LABOR</b>				
Operators' Salaries & Wages				
Other Salaries				
<b>FRINGE BENEFITS</b>				
<b>SERVICES</b>				
<b>MATERIALS &amp; SUPPLIES</b>				
Fuel & Lubricants				
Tires & Tubes				
Other Materials & Supplies				
<b>Purchased Transportation</b>				
<b>Other Expenses (explain):</b>				
<b>TOTAL SYSTEM EXPENSES</b>				

<b>REVENUE:</b>				
Donations				
Municipal				
Federal (non-USDOT)				
ConnDOT Municipal Grant				
Unspent SFY 2007 Municipal Grant Funds*				
Other State (explain)				
<b>Subtotal</b>				
Fares				
ConnDOT				
USDOT				
<b>Subtotal</b>				
<b>TOTAL REVENUE</b>				

\*Repeat Applicant Only

**6. Actual Dial-a-Ride Program Data for SFY 2007**

Report actual expenses and revenues for the municipal transportation program for SFY 2007 using the following categories.

Total System Expenses and Total Revenue should match. If there is a surplus or deficit, please explain.

	Vehicle Operations	Vehicle Maintenance	General Administration	TOTAL
<b>LABOR</b>				
Operators' Salaries & Wages				
Other Salaries				
<b>FRINGE BENEFITS</b>				
<b>SERVICES</b>				
<b>MATERIALS &amp; SUPPLIES</b>				
Fuel & Lubricants				
Tires & Tubes				
Other Materials & Supplies				
Purchased Transportation				
Other Expenses (explain):				
<b>TOTAL SYSTEM EXPENSES</b>				

<b>REVENUE:</b>				
Donations				
Municipal				
Federal (non-USDOT)				
ConnDOT Municipal Grant				
Other State (explain)				
<b>Subtotal</b>				
Fares				
ConnDOT				
USDOT				
<b>Subtotal</b>				
<b>TOTAL REVENUE</b>				

**7. In-Kind Contribution Detail**

In-Kind is defined as a dollar value of non-cash contributions (which directly benefit a project) by the grantee or another party other than the funder (volunteer services, equipment use, facilities use, staff time or other resources, as distinguishable from a monetary grant.)

1. Proposed In-Kind for SFY 2009

	Vehicle Operations	Vehicle Maintenance	General Administration	TOTAL
IN-KIND (Name Source):				
Volunteer:				
Equipment:				
Facility:				
Staff:				
Fuel:				
Other (explain):				
TOTAL				

2. In-Kind budgeted for SFY 2008

	Vehicle Operations	Vehicle Maintenance	General Administration	TOTAL
IN-KIND (Name Source):				
Volunteer:				
Equipment:				
Facility:				
Staff:				
Fuel:				
Other (explain):				
TOTAL				

3. Actual In-Kind for SFY 2007

	Vehicle Operations	Vehicle Maintenance	General Administration	TOTAL
IN-KIND (Name Source):				
Volunteer:				
Equipment:				
Facility:				
Staff:				
Fuel:				
Other (explain):				
TOTAL				

**8. Other Required Information**

- a) If the municipality does not have a transportation program, there must be letters of commitment from all sources of matching funds.
  
- b) Each municipality applying for funds must submit an annual certification that the State Municipal Grant Program funds are in addition to current municipal levels of spending on transportation programs for seniors and persons with disabilities. The Chief Fiscal Officer for the municipality must sign this document. (*See Attachment 2*)
  
- c) Municipal budget documents must be provided showing budget requests for transportation services for SFY 2009 (proposed budget/budget requests are acceptable). The transportation funding must be for services and expenditures that have been determined eligible based on the requirements in the “Eligible Match” and “Eligible Projects and Expenses” section.
  
- d) In a regionally coordinated system, a municipality must certify that they are assigning their grant apportionment to the coordinating entity. (*See Attachment 3*)

Attachment 1 – Authorizing Resolution  
D/N/A if signatory has not changed



Attachment 2 – Maintenance of Effort Certification

**Maintenance of Effort Certification**

The municipality of *\*\*Municipality\*\** hereby certifies that State of Connecticut 13b-38bb Elderly and Disabled Demand Responsive Municipal Grant Program funds are in addition to current municipal levels of spending on transportation programs for Seniors and Persons with Disabilities.

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Title (Chief Fiscal Officer)

\_\_\_\_\_  
Signature

Attachment 3 – Grant Assignment Certification

**Grant Assignment Certification**

The municipality of *\*\*Municipality\*\** is participating in a consolidated application for State of Connecticut 13b-38bb Elderly and Disabled Demand Responsive Municipal Grant Program through the *\*\*Municipality, Transit District or Regional Planning Organization\*\**. The municipality of *\*\*Municipality\*\** hereby assigns its grant apportionment from the State program to *\*\*Municipality, Transit District or Regional Planning Organization\*\**, who will coordinate the operation of service.

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Title (CEO)

\_\_\_\_\_  
Signature

Appendix F – Sample Certifications  
Certification  
Incumbency Certification  
Resolution  
D/N/A if signatory has not changed