

**STATE OF CONNECTICUT
DEPARTMENT OF TRANSPORTATION**

**APPLICATION FOR CAPITAL ASSISTANCE
FOR
PRIVATE NONPROFIT ORGANIZATIONS
AND
ELIGIBLE LOCAL PUBLIC BODIES
TO PROVIDE
TRANSPORTATION SERVICES FOR
ELDERLY PERSONS AND PERSONS WITH DISABILITIES**

FEDERAL TRANSIT ADMINISTRATION'S
SECTION 5310 PROGRAM
Federal Fiscal Year 2008 Grant Cycle

*Applications must be received by the Department of Transportation
and the Regional Planning Organizations no later than **Friday, March 28, 2008.**
Neither the Department nor the Regional Planning Organizations will
review late applications.*

CONNECTICUT DEPARTMENT OF TRANSPORTATION
OFFICE OF TRANSIT & RIDESHARING, ROOM 1143 NW
P.O. Box 317546
NEWINGTON, CT 06131-7546

General Information Concerning the Section 5310 Program

Please Read this Page Thoroughly

Additional information may be obtained by calling (860) 594-2912

- **The Federal Fiscal Year 2008 Section 5310 application has been updated to reflect new priorities with regards to the Locally Coordinated Public Transit-Human Services Transportation Plan. All applicants applying for a Section 5310 grant must read the information listed below. Applications will be reviewed and prioritized by the Regional Planning Organizations and the Department of Transportation.**
- **The Section 5310 grant for Federal Fiscal Year 2008 will be awarded as follows: The Federal Transit Administration (FTA) will pay 80% of the cost of a vehicle, but the total FTA grant amount shall not exceed \$40,000. The remaining balance of the vehicle cost must be funded by the awarded recipient. For example: A \$50,000 vehicle will be funded \$40,000 by FTA and \$10,000 funded by the recipient.**
- **If State funds become available, the State may fund some or all of the non-federal share, but only to the extent that the total State and Federal share combined together shall not exceed \$40,000 per vehicle.**
- **In order to be eligible for replacement, a vehicle must have reached the end of its useful life or the vehicle must have excessive maintenance costs that are documented and submitted with the application. Useful life is defined as 5 years of age or 125,000 miles for a bus and 4 years of age or 100,000 miles for a van.**
- **A vehicle being submitted for replacement must have reached the end of its useful life prior to submittal of this application.**
- **Applicants must be private nonprofit organizations or eligible local public bodies. As defined by the Federal Transit Administration (FTA), an eligible public body is one approved by the State to coordinate services for elderly persons and persons with disabilities; or which certifies to the Governor that no nonprofit organizations or associations are readily available in an area to provide the service.**
- **All private nonprofit organizations that submit an application must be registered with the Secretary of the State's office.**
- **Applications must be filled out in duplicate, with one copy forwarded to your local Regional Planning Organization (RPO) and the other submitted to the Connecticut Department of Transportation (ConnDOT). Completed applications received by the due date will be reviewed and prioritized by both ConnDOT and your local RPO. Applicants will receive notice of grant approval/denial prior to June 6, 2008.**

- **Please note that at least three weeks is required to complete the public notice process mandated in this document. Also, in certain instances, a public hearing may be required. Refer to page 18 and Appendix B to ensure that enough time is allotted prior to submission of the application to complete this process. All legal notices must be published in a major newspaper with the greatest appropriate readership in the proposed service area no later than March 13, 2008 in order to allow for the fifteen (15) day response time.**
- **All recipients of Section 5310 funding must purchase wheelchair accessible vehicles in accordance with procedures established by ConnDOT.**
- **Automobile Liability Insurance requirements are listed on page 10 and must be adhered to by each applicant applying for Section 5310 funding.**
- **All recipients of Section 5310 will be required to submit Quarterly Operating Reports and Quarterly Maintenance Reports. Please refer to Appendix F.**
- **The State will not provide payments until a fully executed agreement is in place, the grantee receives the vehicle(s) and forwards proof of vehicle acceptance to ConnDOT. Be aware that no payments can be issued between June 20 and July 31 of any calendar year.**
- **Applicants should have sufficient financial resources to cover the total cost of the vehicle in the event the vehicle arrives and must be paid for prior to receipt of grant funds.**
- **For any vehicle purchased with Section 5310 funding, ConnDOT must be listed as first lien holder on the motor vehicle registration.**
- **Vehicle titles will be retained by ConnDOT until the useful life of the vehicle has lapsed or the vehicle is transferred from the recipient agency.**
- **Vehicles must be registered in accordance with the rules and regulations of the Connecticut Department of Motor Vehicles.**
- **From the time of grant award, it takes approximately 15-18 months for physical delivery of vehicles.**
- **Grants are awarded on a competitive basis. The average number of grants awarded over the past five years is 25 per year, statewide.**

Please follow directions carefully and complete all sections of this application. ConnDOT and the Regional Planning Organizations will not be obligated to review, evaluate or prioritize incomplete applications.

I. GENERAL INFORMATION

Legal Name of Applicant Organization: _____

Primary Address: Street _____
P.O. Box # _____
City/Town _____
County _____
Zip Code _____

Name and Title of Project Director: _____

Telephone Number: (_____) ____ - _____

Fax Number: (_____) ____ - _____

Email Address of Project Director: _____

Nine-digit Federal Employer Identification Number: ____ - ____ - _____

Is your organization incorporated? ____ yes ____ no

If you answered “Yes”, a copy of your organization's Articles of Incorporation MUST BE ATTACHED.

(The Department of Transportation has Articles of Incorporation on file for last years Section 5310 grant recipients).

(Place a check mark next to the question that best fits your organization).

Does your organization serve primarily urban populations? ____ Yes ____ No

Does your organization service primarily rural populations? ____ Yes ____ No

I _____ (Project Director) certify that the information in this application is true to the best of my knowledge.

Name of Organization: _____

Describe the general services (non-transportation) currently provided by your organization. List the different programs of your agency and its activities.

Name of Organization: _____

Is your organization presently providing transportation services? _____ yes _____ no

If your organization is providing transportation services to the elderly and persons with disabilities, please describe **IN DETAIL** the transportation services your organization provides. List how many days per week, hours of operation, number of passengers carried, trip purposes, areas or destinations served, fares (if any), mode (fixed route, dial-a-ride, mixed), etc.

Name of Organization: _____

Current Vehicle Fleet

List your present equipment. Please fill in all boxes for each vehicle listed. If you have more than six vehicles in your fleet, you may use additional sheets, but **you must include all of the information requested below.**

	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Reg. # (License Plate)			
Vehicle ID #			
Type (car, van, bus, etc.)			
Passenger Capacity			
Model Year			
Current Mileage			
Special Equip. (lift, ramp, etc.)			
Original Funding Source of Vehicle (Sect. 5310, fund- raising, DMR, etc.)			
Are you planning to replace this vehicle with this application? (y/n)			

Name of Organization: _____

Current Vehicle Fleet (cont'd)

	Vehicle 4	Vehicle 5	Vehicle 6
Vehicle Reg. # (License Plate)			
Vehicle ID #			
Type (car, van, bus, etc.)			
Passenger Capacity			
Model Year			
Current Mileage			
Special Equip. (lift, ramp, etc.)			
Original Funding Source of Vehicle (Sect. 5310, fund- raising, DMR, etc.)			
Are you planning to replace this vehicle with this application? (y/n)			

Name of Organization: _____

If your organization has a vehicle that does not meet minimum useful life requirements to be eligible for replacement (4 years or 100,000 miles for a van, 5 years or 125,000 miles for a bus), but needs to be replaced due to excessive maintenance, please describe the major component problems. These may include, repeated engine replacement, excessive brake and transmission replacement, excessive repairs during warrantee period due to design flaw, or repair cost more than replacement cost. Please attach to this application copies of the repair bills or letters that have been submitted to the vendor and/or original equipment manufacturer.

Name of Organization: _____

II. PROPOSED TRANSPORTATION PROJECT

Number of vehicles being applied for: _____

Which type of vehicle do you intend to purchase? **Please check one.**

Lift-equipped **Mini-Bus** carries from 11 – 20 passengers _____

Lift-equipped **Van** carries 10 or less passengers _____

The following requirement will be included in the agreement between the State of Connecticut and applicants selected for funding.

Automobile Liability Insurance: One Million Dollars (\$1,000,000) for vehicles with a seating capacity of ten (10) or less passengers, (b) One Million Five Hundred Thousand Dollars (\$1,500,000) for vehicles with a seating capacity of eleven (11) through fourteen (14) passengers, and (c) Five Million Dollars (\$5,000,000) for vehicles with a seating capacity of fifteen (15) passengers or more, for all damages arising out of bodily injuries to or death of all persons in any one accident or occurrence, and for all damages arising out of injury to or destruction of property in any one accident or occurrence.

Seating capacity of vehicle for each vehicle being applied for:

How Many Ambulatory Passengers

How Many Wheelchair Passengers

Veh 1 _____

Veh 1 _____

Veh 2 _____

Veh 2 _____

Vehicle will be used to: (PLEASE CHECK ONE PER VEHICLE BEING APPLIED FOR).

Replace
Existing Veh.

Expand
Service

Start New
Service

Veh 1 _____

Veh 2 _____

The following information should be provided for the vehicle(s) for which you are applying.

List all towns to be served. Please underline primary service location: _____

Location at which vehicle will be housed: _____

Name of Organization: _____

1. Type of service to be provided:

_____ % fixed route

_____ % demand responsive (dial-a-ride)

_____ % other (explain) _____

100% total

2. Target population - Place a check mark next to the type(s) of person(s) to be served:

_____ physically disabled (not elderly)

_____ mentally disabled (not elderly)

_____ elderly and mentally disabled

_____ elderly and physically disabled

_____ elderly (not qualifying as disabled)

3. Do you serve any other populations than what is listed above?

If so, what type of populations?

Name of Organization: _____

Describe in detail the proposed service by explaining the system of scheduling, dispatching, hours of operation, establishment of trip purpose. Will your organization prioritize trip purposes? How will your organization let the target population know about the availability of service?

Name of Organization: _____

Describe the special efforts which are planned to serve low income elderly and/or disabled persons and the benefits to be derived from the proposed service to the elderly and/or disabled users.

Name of Organization: _____

III. ASSESSMENT OF OTHER LOCAL RESOURCES

Describe transportation now being provided to the elderly and/or disabled by other nonprofit organizations in your proposed service area including days and hours of operation, fares, types of passengers, etc.

Name of Organization: _____

Describe bus, taxi, and wheelchair accessible service available in your proposed service area[†] and why this service does not meet your transportation needs.

[†]Local public bodies and nonprofit organizations are expected to maintain public records that document procedures and efforts made to obtain private sector participation and the rationale used in making public/private service decisions.

Name of Organization: _____

Federal Transportation legislation requires a Locally Coordinated Public Transit Human Services Transportation Plan before the State of Connecticut can access funds for the Section 5310 plan. Projects to serve the elderly, people with disabilities or low income workers must be derived from this plan. Attachment A describes this planning process. Your RPO can help your agency be included in the planning process. The success of your application will be affected by the extent to which you coordinate with existing services provided in your region. **Describe plans to coordinate and/or combine your proposed service with the existing transportation services in your proposed service area, indicating efforts made toward regional coordination of service.** (Please see Appendix D and Appendix E for definitions of coordinated transportation). **ATTACH purchase of service agreements, interagency agreements or documentation of unsuccessful coordination efforts.** (Use additional sheets if necessary).

Name of Organization: _____

Attach evidence of efforts made to notify other public and private transit and paratransit providers of your proposed service. This MUST include:

1. Copies of Public Notice placed in major newspapers in the proposed service area. This must include tear sheets. (See Appendix B).
2. A list of agencies and operators contacted. (See Sample Letter of Notification, Appendix C). The applicant, whenever practical, must request individual sign-offs from public and private for-profit transit operators in the service area stating that, “the services the for-profit or public operator is able to provide are not designed to meet the special needs of elderly and/or disabled proposed in the application”.
3. Written comments from interested parties.

Name of Organization: _____

In order for the State to make the required assurance to FTA, each **public body** and **private nonprofit organization** applying for Section 5310 funding must provide to the State information addressing the following. **This section MUST BE COMPLETED IN ITS ENTIRETY or your application cannot be processed.** (Use additional sheets if necessary).

1. Does your transportation system currently utilize a private operator - such as a taxi/livery company - for all or part of your transportation requirements? If yes, please describe.

If no, please describe methods for periodically reviewing your transportation services to determine whether they can be provided more efficiently by the private sector.

2. Please describe all forums, meetings, hearings or other opportunities for involving the private sector early in the service development process.[†]
3. Please describe the process for reviewing any private sector transportation service proposals offered for consideration and the rationale for inclusion or exclusion.
4. Please list the criteria used for making public/private service decisions, including the methodology for making cost comparisons when there are two or more operators interested in providing service.
5. Please give a description and status report of any unresolved complaints received from private operators.
6. Please describe the local mechanism for resolving conflicts or complaints involving private operators.

[†]Public body applicants must afford an adequate opportunity for a public hearing, and such hearings must be held if someone with a significant economic, social or environmental interest in the matter

Name of Organization: _____
requests a hearing.

Name of Organization: _____

IV. PROPOSED PROJECT BUDGET

a) Estimate reasonable annual OPERATING expenses **for the vehicle(s) for which you are applying:**

salaries	_____
maintenance	_____
fuel	_____
insurance	_____
overhead	_____
other	_____
TOTAL	\$_____

b) Indicate expected sources and dollar amounts of funds to be used to meet OPERATING expenses **for the vehicle(s) for which you are applying.** Please list specific funding sources, along with an estimation of your chances for obtaining this funding.

<u>Funding Source</u>	<u>Dollar Amount</u>	<u>Probability of Funding %</u>
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c) Indicate expected sources and dollar amounts of funds to be used to provide the non-federal share of the CAPITAL expenses **for the vehicle(s) for which you are applying.** Please list specific funding sources, along with an estimation of your chances for obtaining this funding.

<u>Funding Source</u>	<u>Dollar Amount</u>	<u>Probability of Funding %</u>
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Name of Organization: _____

V. MAINTENANCE OF PROJECT EQUIPMENT

Maintenance of Project Equipment is a priority of ConnDOT. Describe in detail your maintenance plan or the maintenance required by your service contract agreement. What is the schedule for maintenance on your vehicle? Please explain who performs the maintenance on your vehicles. If your organization subcontracts maintenance, who is the subcontractor?

APPENDIX B

PUBLIC NOTICE

A public notice must be placed in a major newspaper with the greatest appropriate readership in the proposed service area on two occasions, one week apart. A minimum of fifteen days response time must be provided. The second public notice must be published no later than March 13, 2008 in order to allow for the fifteen day response time. Any public notice that appears after this date will not be accepted for this grant application. In order for this application to be considered, both copies of the public notice and a copy of the tear sheet(s) must be attached to this application.

The notice should be consistent with the following format:

Public Notice
to
Bus and Taxi Operators

The (Name of Your Organization) _____, is applying for a capital grant under Section 5310 of the Federal Transit Act, as amended, to (replace/acquire) vehicles to be used in meeting the special transportation needs of the (elderly and/or disabled) in the (geographic area to be served).

Any interested transit or paratransit operator in the proposed service area may review the proposed application by contacting (Name, Address, and Phone Number of person in your organization to be contacted).

A public hearing will be held if requested by interested parties.

Any comments should then be sent to (Name of your Organization) with a copy to the (Regional Planning Organization in your area).

APPENDIX C

SAMPLE LETTER OF NOTIFICATION TO PRIVATE TRANSIT AND PARATRANSIT OPERATORS

Date

Private Transit and
Paratransit Operators
Proposed Service Area, CT

To Whom It May Concern:

I have enclosed a copy of the legal notice that will appear on (date) in the (major newspaper in proposed service area). The notice will be published again on (date).

Please call me if you have any questions.

Very truly yours,

Executive Director/Authorized Official
Private Nonprofit Organization/ Public Body

Enclosure

APPENDIX D

DEFINITION OF COORDINATED TRANSPORTATION

Whenever possible, Section 5310 recipients should coordinate with other local providers of transportation services, in order to enhance opportunities for cost effective operations.

Coordination is equal parts cooperation, calculation, negotiation and flexibility, resulting in reduced costs and fewer headaches in providing needed transportation services for your clients. Above all, coordination begins with...."we."

The concept of coordinated transportation can be likened to a pie - you can partake of one piece, several pieces, or the whole pie. How much coordination you want depends on your organizational structure, your budget and the transportation needs of your clients.

Let's take a look at a few of the more common coordination approaches and definitions so that we're all talking the same language. This is also the first step in helping you decide just how much participation you want in a coordinated effort.

RIDE SHARE:

Two or more separate agencies transporting to the same general vicinity alternate to pick up all clients in that area. Each agency retains management functions for vehicle operation, maintenance and administration of their own transportation system. Cost savings are realized from making fewer vehicle trips for the same number of passenger trips.

TIME SHARE:

One agency allows another agency to use a vehicle during idle times on a cost reimbursement basis. The agency retains management functions for vehicle operations, maintenance and administration of the transportation system. Costs to the owner agency are reduced by the income received from "renting" the vehicle to the other agency. The renting agency has fewer headaches since they won't need to purchase and maintain their own vehicle.

OPERATIONS COORDINATION:

Two or more separate agencies combine or centralize all activities necessary to transport passengers (routing, scheduling, dispatching). Or, an agency contracts this function out to a specified transportation provider via a purchase of service agreement. Participating agencies retain management functions for maintenance and administration. Vehicle operations functions are delegated. Cost savings are realized either through increased productivity which reduces cost per passenger trip, a reduction in necessary staff positions or through the income received from the purchase of service agreement, depending on the type and extent of participation by the agency.

MAINTENANCE COORDINATION:

Two or more separate agencies combine or centralize all or part of activities related to taking care of vehicles (maintenance, parts purchasing, vehicle storage). Or, an agency contracts this function out to a specified transportation provider. Participating agencies retain management functions for operations and administration and any portion of maintenance responsibilities retained. Cost savings result from pooling space requirements for storage and bulk purchasing of parts as well as possible reduction of staff positions.

ADMINISTRATIVE COORDINATION:

Two or more separate agencies combine all activities related to ensuring that transportation is provided safely, reliably and efficiently under a single transportation manager, whose responsibilities include personnel (drivers, dispatchers), training, major purchases, or insurance. Or, an agency contracts this function out to a professional transportation manager or firm. Participating agencies may retain management functions related to operations and maintenance, although this approach is more successful when combined with operations and/or maintenance coordination.

COORDINATED TRANSPORTATION SYSTEM:

Combining all the parts shown previously by contracting with a separate organization for the complete responsibility of providing transportation services. The terms, cost, accountability and reporting requirements are spelled out in a negotiated purchase of service agreement, which also can include management of a participating agency's vehicles. Savings include increased productivity which reduces cost per trip, as well as reductions in costs for transportation staff, overhead, maintenance, insurance and many other areas.

APPENDIX E

ESTIMATING COSTS OF COORDINATING TRANSPORTATION SERVICES

In this section, passenger trip data plus the transportation expenses previously identified are combined to give you a general picture of the per-trip or per-vehicle hour cost of transportation.

A detailed cost analysis is not always necessary for determining how much and what type of coordination best meets the needs of your organization. Employing several basic formulas will give you enough information to decide how coordinating will save you money.

To calculate the cost per trip and cost per hour, you will need to determine the annual number of passenger trips provided by your agency and the annual number of vehicle hours needed to provide those trips. A passenger trip is a one-way trip for one person from origin to destination. If your agency brings individuals from several locations to a common destination on a regularly-scheduled basis, you would count each client's one-way ride as a passenger trip. Rides back to the point of initial pickup are counted as another passenger trip for each client. A vehicle hour is the sum of the hours when a vehicle is being used to transport clients, plus the hours when a vehicle is not carrying passengers but has a driver on duty.

The formula for calculating cost per trip is the annual expense divided by the annual passenger trips. For example, if your agency provides 10,000 annual passenger trips at an annual cost of \$40,000, you have a current cost of \$4 per trip. To determine a starting point for negotiating costs under a coordination agreement, you will want to back out your unavoidable costs. Let's assume that \$2,000 of your annual expense is unavoidable, such as a share of the agency insurance premium, or agency overhead. Under coordination, you can negotiate a cost of up to \$3.80 per trip without any change to your current budget. If you purchase services from a transportation provider, you are freed from responsibilities like routing, scheduling, maintenance, hiring drivers and other activities involved in operating your own transportation system.

To calculate your cost per vehicle hour, divide the annual expense by the number of vehicle hours. Continuing the above example, let's assume that 2,000 vehicle hours are required to provide 10,000 passenger trips. Using \$40,000 as your annual cost, you would have a \$20 cost per vehicle hour. Under coordination, the cost per hour would be offset by the increased use of the vehicle made possible by contracting the vehicle management to a transportation provider. Under the terms of a purchase of service agreement, the transportation provider could also be responsible for all the costs associated with providing a fully-trained driver. This is particularly attractive to agencies that utilize professional or para-professional staff to also perform the duties of a driver.

APPENDIX F

SECTION 5310 QUARTERLY OPERATING REPORT

QUARTERLY MONTHS OF: _____

DATE PREPARED: _____

1) ORGANIZATION NAME: _____

2) VEHICLE LICENSE (MARKER) PLATE NUMBER: _____

3) ODOMETER READING: _____

INSTRUCTIONS FOR ONE-WAY TRIPS PROVIDED – TYPES OF PASSENGERS & TRIP PURPOSE:

In #4 & #5, record the number of one-way trips provided, NOT the number of individuals that are receiving service. A one-way trip should be recorded each time a passenger boards the vehicle. For example, a ROUND TRIP for a single individual will account for 2 ONE-WAY trips, because the passenger boarded the vehicle on 2 different occasions.

4) **TYPES OF PASSENGERS**

-60 HAND. (WHEELCHAIR) _____

-60 HANDICAPPED _____

-60 OTHER _____

+60 ELDERLY _____

+60 HAND. (WHEELCHAIR) _____

+60 HANDICAPPED _____

TOTAL: _____

5) **TRIP PURPOSE**

MEDICAL _____

EMPLOYMENT _____

NUTRITION _____

SOCIAL/REC. _____

EDUCATION _____

SHOP/PERSONAL _____

ESTIMATE THE NUMBER OF INDIVIDUALS IN THE FOLLOWING GROUPS THAT RECEIVE SERVICE:

_____ BLACK

_____ HISPANIC

_____ WHITE

_____ ASIAN/PACIFIC ISLANDER

_____ AMERICAN INDIAN/ALASKAN NATIVE

6) TOTAL MILES DRIVEN FOR THE QUARTER _____

7) TOTAL NUMBER OF DAYS OPERATED FOR THE QUARTER _____

8) AVERAGE NUMBER OF HOURS IN SERVICE PER DAY _____

9) AVERAGE NUMBER OF MILES DRIVEN PER DAY _____

10) NUMBER OF GALLONS OF FUEL USED FOR THE QUARTER _____

11) QUARTERLY OPERATING EXPENSES:

PERSONNEL _____

INSURANCE _____

MAINTENANCE _____

REPAIRS _____

FUEL _____

MISC. _____



SECTION 5310 SAMPLE OPERATING REPORT

SECTION 5310 MAINTENANCE & REPAIRS REPORT

MONTHS OF: _____

ORGANIZATION NAME: _____

LICENSE (MARKER) PLATE NUMBER: _____

	AMOUNT
Lube, Oil, Filter	
Tune Up (Plugs, Points, PVC, Filters, etc.)	
Tires (Replace, Repair, Balance)	
Brake System (Adjust, Bleed, Replace, Repair)	
Cooling System (Compressor, Pump, Fan, Motor, Coolant)	
Heating System (Hoses, Clamps, Radiator Repairs, Belts)	
Transmission (Replace, Repair, Fluid, etc.)	
Drive Train (Drive Shaft, Universal Joints, Differential, Axles, etc.)	
Electrical (Battery, Alternator, Belts, Lamps, Switches)	
Exhaust System	
Suspension (Front & Rear Springs, Shocks, Ball Joints, Tie Rod Ends)	
Lift	
Engine (Carburetor, Manifolds)	
Other (Specify)	

Application Checklist

Please complete this checklist prior to submitting your application.

Did you remember to:

- Attach** a copy of your organization's Articles of Incorporation if you were **not** a prior year Section 5310 recipient?
- Attach** purchase of service agreements, interagency agreements or documentation of unsuccessful coordination efforts?
- Attach** copies of Public Notices published in a major newspaper and copies of the tear sheets? [ATTACHMENT B]
- Attach** a list of agencies and operators contacted, notifying them of your Public Notice? [ATTACHMENT C]
- Attach** any written comments received from interested parties?
- Clearly **list** all vehicles currently in operation and **identify** vehicles to be replaced by this application? (refer to pages 7 and 8)

*Please allow time for delivery of this application. One copy must be submitted to ConnDOT, and another to your local Regional Planning Organization. They must be **received** by **4:00 p.m.** on **Friday, March 28, 2008.***

We suggest you review your application for accuracy. If you are selected as a grant recipient, this application will become part of your contract with the State of Connecticut.

Please do not submit information beyond what is requested for the application.