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Franklin County Commission
1428 S. Main, Suite 2
Ottawa, Kansas 66067
(785) 229-3485

January 7, 2009

Sharon Geiss
Franklin County Services for the Elderly
1538 Industrial Avenue
Ottawa, Kansas 66067

Re: Letter of Support for Kansas Department of Transportation Grant

Dear Ms. Geiss,

Franklin County fully supports the grant of Franklin County Services for the Elderly, Inc., to the Kansas Department of Transportation for capital assistance and operating funds in purchasing buses for transportation service for the elderly in Franklin County. This special service is necessary to supplement regularly scheduled public transportation service.

Franklin County will cooperate fully with your endeavors to meet the special transportation needs of the elderly.

Sincerely,

Karen S. Farrell
Commission Chair
Board of Franklin County Commissioners

KANSAS DEPARTMENT OF TRANSPORTATION

Application for Public Transportation
Assistance Project
For 7/1/2009 – 6/30/2010

SECTION 5311 FUNDING TYPE OF APPLICATION

Current Level Operating Assistance only

REPLACEMENT CAPITAL
KDOT Purchased

NEW STARTS
 Capital Assistance
 Operating Assistance

EXPANSIONS
 Capital Assistance
 Operating Assistance

GENERAL INFORMATION

1. APPLICANT NAME: Franklin County Services for the Elderly

ADDRESS: 1538 Industrial Ave.

CITY, STATE, ZIP: Ottawa, KS. 66067

CONTACT PERSON: Sharon Geiss

TELEPHONE NUMBER: 785-242-8341

FAX NUMBER: 785-242-0055

E-MAIL ADDRESS: sdgeiss@midamericanutrition.org

AGENCY WEBSITE: N/A

FEDERAL IDENTIFICATION NUMBER: 38-3767596

2. SUMMARY OF THIS APPLICATION'S FUNDING REQUEST

| | CAPITAL | | OPERATING |
|-------|----------|-------|------------------|
| Total | \$ _____ | Total | \$ <u>117982</u> |
| Fed | \$ _____ | Fed | \$ <u>58991</u> |
| Local | \$ _____ | Local | \$ <u>58991</u> |

3. TYPE OF AGENCY

Non-Profit Corporation

Local Unit of Government

Other (Specify)

SECTION A – Identification of Needs

1. Describe the current demand for service in your area. Additional documentation can include, but is not limited to, log sheets of trip turn downs, surveys, testimonials from people not served, and additional services requested by existing riders and the general public.

~~Demand for services decreased in 2008. We provided fewer rides in calendar year 2008 than we did in 2007. Due to changes in demand and high gas prices we are replacing one bus with a more fuel efficient mini van in 2009. We are not planning to replace a vehicle in 2010.~~

We turn down about 2 riders each week. Most of the trips turned down are due to a desire to be taken outside of our service area. 1 or 2 turn downs each month are due to not having a vehicle available or requested time of service being outside our normal hours of operation.

Demand for Medical mileage reimbursement increased by 63% from Calendar year 2006 through calendar year 2007. In response to the enormous increase in 2007 we decreased the reimbursement offered for medical mileage in 2008. This change kept us well within our budget for 2008 and 2009 is showing a slight decrease in demand. As many rural areas undoubtedly see, clients go outside the area for medical treatment sometimes by choice but often out of necessity.

2. Estimate the number of people in your service area as well as the number of transit dependent people (i.e. no vehicle, elderly, disabled, low income).

The population of Franklin County is 26,247. Of that population, 14% are elderly (65+), 5.1% of the adults are below the poverty level. 6.1% of households report having no vehicle and 10% are 1 car households. 4.5% of the population report being disabled.

3. Identify the types of trips your agency provides (medical, personal business, employment, etc.).

Transportation is provided to Doctor's appointments, Cancer treatments, dialysis, pharmacies, banking, shopping and nutrition sites.

4. Does the proposed service and schedules meet the needs of the identified riders?

There continues to be increased requests for transportation that cannot be met due to lack of resources. There is some need to go to Hospitals and Dr's outside of the area we serve, i.e. VA hospitals in Leavenworth and Kansas City, KU medical Center. Medical mileage reimbursement continues to be requested as many patients go outside our service area for treatment.

5. Estimate the number of total clients within the following group:

| | |
|---------------------------|-----------|
| African American | <u>5</u> |
| Hispanic | <u>15</u> |
| Asian or Pacific Islander | <u>15</u> |
| Native American | <u>5</u> |

6. Do you primarily provide service to any of the following populations: Black, Hispanic, Asian-Pacific American, or Native American?

yes no

If no, do you provide any service to any of the following populations: Black, Hispanic, Asian-Pacific American, or Native American?

yes no

7. Have you had any discrimination complaints based on Title VI – Nondiscrimination in the Provision of Service in the last year?

yes no

If yes, you must attach a response page with a concise description of any active lawsuit or complaint alleging discrimination in service delivery, as well as the status or outcome of any lawsuit or complaint.

8. Within the last year, have you refused service to anyone within the following populations: Black, Hispanic, Asian-Pacific American, or Native American?

yes no

If yes, please explain:

9. Your agency must not discriminate against its employees because of race, religion, color, sex, disability, national origin or ancestry, or age in the admission or access to, or treatment or employment in, its programs or activities. Has your agency had any

discrimination complaints based on these EEO (equal employment opportunity) requirements within the last year? No.

If yes, you must attach a response page with a concise description of any active lawsuit or complaints alleging EEO discrimination, as well as the status or outcome of the lawsuits or complaints.

10. Describe any activities that your agency has undertaken to plan for the future transportation needs of your service area. Do you plan to expand your services to other geographic areas or other population groups in the next 3-5 years? Does your agency have a 3-5 year long range plan? If no, why not? If yes, attach a copy.

We are made aware of unmet needs by our dispatcher who tracks requests we are unable to honor. The increased demand in transportation led us to make our dispatcher a full time employee three years ago.

Fears related to the liability associated with General Public Transportation have led the Franklin County Commissioners to vote that Transportation Services will no longer be provided by a department of the county. In 2008, Franklin County Services for the Elderly became a not for profit corporation separate from the county.

It is essential to transportation that the public be made aware of the value of these services to those living in Franklin County. Additionally those in control of county funds must be aware of both the current value of these services and the steadily increasing need for transportation to all segments of the population in Franklin County. The County Commission is committed to funding transportation at the current level as long as possible.

We have not drafted a formal 3-5 year plan because we have not seen the need for it up to this time.

11. Describe, in detail, what services are provided by your agency other than transportation. Include a description of the geographic area in which these other services are provided.

At this time transportation and medical mileage reimbursement are the only services provided by our agency. We help fund other services through financial support of the Area Agency on Aging and Mid America Nutrition Program.

12. DESCRIPTION OF TRANSPORTATION SERVICE – Include a map showing where your transportation service operates. This description **must** include the routes and schedules used by your transportation project. Describe the service area by counties and cities for which transportation is provided. This means the area from which you pick up riders, not necessarily to where you take them. **Attach additional pages as necessary.**

We provide services throughout Franklin County. We transport passengers from all communities in Franklin County.

SECTION B – New Starts, Expansion, or Replacement Vehicle

1. For REPLACEMENT VEHICLE funding, give a detailed description of the current transportation service being provided. In the case of replacement vehicle, be sure to fully complete Section C, Item 5 to indicate which vehicle will be replaced. Also provide documentation of the need to replace the vehicle (for example, mileage, age, and maintenance history). Vehicles being replaced must have a minimum of 100,000 miles at time of application. Mileage requirements may be waived if major and/or excessive maintenance problems are documented. For replacement vehicles you must include the following (attach additional pages if necessary). For each vehicle requested make a copy of this page and fill it out for each one of them.

Vehicle ID # _____

Make _____

Year _____

Mileage _____

2. For NEW STARTS funding, give a detailed description of the proposed transportation service and how it will benefit the general public, elderly, and disabled riders.
3. For EXPANSION funding, give a detailed description of the current transportation service and an explanation of the proposed expansion of service. Explain how the current service will benefit from the expanded transportation service. If expanding KDOT transit fleet by asking for replacement of agency-purchased transit vehicle, you must include the following:

Vehicle ID # _____

Make _____

Year _____

Mileage _____

4. Describe vehicle maintenance procedures and schedules. Who is in charge of the maintenance on the vehicles? Indicate where the vehicle(s) are housed while not in operation.

The drivers are each responsible to complete the pre trip inspection sheet for any vehicle they plan to drive. Any problems are noted on a maintenance request sheet which is given to the dispatcher who will schedule necessary repairs and maintenance. The dispatcher is responsible to see that repairs and maintenance are done in a timely manner.

Oil changes and tire rotation are completed based on mileage vehicle has driven.

The vehicles are kept in a city parking lot behind the Ottawa Senior Center located at 130 S. Main, Ottawa.

SECTION C – Utilization of Services

1. Identification of Trip Generators

List the types of local activities and housing centers that you have identified as destination or pick-up points for riders of your transportation service. This may include, but is not limited to, employers, training centers, senior citizen centers, housing units, shopping centers, and medical facilities.

Wal-Mart, Dollar General and Country Mart grocery store are the destinations that are the most popular shopping destination. Doctor's office's, the dialysis Center and the local hospital's out patient clinic are nearly daily destinations for which we receive requests. We have regularly scheduled routes for shopping trips from every community in Franklin County. In addition we regularly pick up at the apartment complexes within the city of Ottawa. A large number of our passengers also visit the Ottawa Senior Center where they can get a meal, socialize, have entertainment, get legal advise and other assistance.

2. Availability to the General Public

Describe your procedures for making the transportation service available to the general public. How is the general public made aware of the availability of the transportation service?

We run an ad in the Ottawa Shopper weekly. This newspaper is distributed to every home in Franklin County. We have an ad in the Southwestern Bell yellow pages. All our vehicles have General Public Transportation with the phone number displayed on both sides.

We have made Human service agencies aware of the services we provide.

3. Service Hours

What hours of the day and days of the week does the transportation system operate? **Be specific.**

Dispatchers are on duty from 7:00am to 3:00pm Monday through Friday. The Coordinator is available from 8:00am to 4:00pm daily. The vans are in operation from at least 8:00am until the last scheduled ride is returned to the place of origin, generally before 5:00pm.

4. Annual Cost Indicators

List annual cost indicators. If applying for a new start, please provide estimates.

- a) Cost per mile
 - b) Cost per one way passenger trip
 - c) Annual fare revenues
 - 1) Set fares
 - 2) Donation fare
 - d) Other sources of revenue (contributions, mill levy, advertising, or other grants)
-
- a) \$1.38/mile
 - b) Cost per one way passenger trip \$11.85
 - c) Annual revenue from donation fares \$6200
 - d) all other revenue comes from a Mill levy

5. Vehicle Inventory

Complete the following inventory sheet. Please fill in all the blanks for each vehicle as completely and accurately as possible. The list should include all vehicles that were purchased for your agency by KDOT and all vehicles that you plan to receive KDOT operating assistance on whether they were purchased by KDOT or not. If more space is needed, either copy the form or list on a separate sheet.

| Vehicle Inventory | | | | | | | | | | |
|--|---------|---------------------|------------------|------------------------------|------------------|--|--|--|--|--|
| VEHICLE I.D. NUMBER (Last 4 digits) | 0123 | 3443 | 8397 | 8104 | 0800 | | | | | |
| YEAR | 2000 | 2004 | 2006 | 2000 | 2005 | | | | | |
| MAKE | DODGE | Chevy Eldorado | Ford Eldorado | Chevy Eldorado | Ford Eldorado | | | | | |
| CURRENT MILEAGE | 123,123 | 92591 | 42655 | 104021 | 75408 | | | | | |
| ACCESSIBLE (LIFT EQUIPPED) Y/N | | Y | Y | Y | Y | | | | | |
| CONDITION | | Good | Excellent | fair | Excellent | | | | | |
| AVERAGE MONTHLY RIDERSHIP | | 165 | 190 | 185 | 150 | | | | | |
| AVERAGE MONTHLY MILEAGE | | 1300 | 1075 | 850 | 1000 | | | | | |
| NO. HOURS IN USE WEEKLY | | 40 | 40 | 40 | 40 | | | | | |
| ORIGINAL FUNDING SOURCE | | County Mill levy | KDOT | KDOT | KDOT | | | | | |
| OPERATING ASSIST Y/N | Y | Y | Y | Y | Y | | | | | |
| BEING REPLACED Y/N | N | N | N | Being replaced in 2000 | N | | | | | |

EXAMPLE

6. Trip Purpose

List all trip purposes (for example, medical, shopping, nutrition, etc.) made by your transportation project. Include an appropriate number for each trip purpose.

Trips provided by Franklin County Services for the Elderly with the percentage of total trips made include:

| | |
|-----------------|-----|
| Shopping | 35% |
| Hospital | 12% |
| Nutrition Site | 35% |
| Doctor's Office | 12% |
| Dialysis | 4% |
| Other | 2% |

7. Type of Service (Refer to Instructions for Definitions)
(Check appropriate type, if more than one, include percentage)

| | |
|------------------------|------------|
| Demand response | |
| Same-day service | |
| 24-hour or more notice | <u>50%</u> |
| Point Deviation | <u>50%</u> |
| Other (specify) | _____ |

8. Fare Structure

Describe your procedure for collecting any fares and donations. Include in your description the fare structure, how they are collected on the vehicle, and how they are handled (turned in, deposited, etc.). Are some fares subsidized from another source? If so, what is that source and describe how it is handled by your accounting system.

A \$1.00 per ride donation is requested. Donations are given to the driver. The money bag containing the donations is turned in to the dispatcher daily. The dispatcher is responsible to keep the money locked up until it is taken to the Bank to be deposited at the end of each week.

SECTION D – Coordination Efforts

NOTE: Coordination of services within individual service areas is a very important component of the grant review process. This section requires you to provide information regarding your efforts to coordinate your transportation services with others operating in the area.

1. Existing Transportation Services

List all existing transportation services within your transportation service area. Complete the following information on each transportation provider.

| Provider Name | Clientele | Service Area | Service Days and Hours | Fares | Contact Person | Telephone No. |
|-------------------------|----------------|-------------------------------------|------------------------------|-------|----------------|---------------|
| Elizabeth Layton Center | E,D,NE,N, D | Franklin and Miami Counties | M-F, 8 to 5 | None | Marc McCall | 785-242-3780 |
| COF Training Services | D,ND | Franklin Coffey, and Osage Counties | S-S, as needed for residents | None | Wayne Baylor | 785-242-5035 |

SECTION D -

2. Describe, in detail, the efforts that you have undertaken to coordinate your transportation service with other transportation services within your service area. Also describe the efforts that you have undertaken to coordinate your transportation service with private transportation providers in your service area. This would include taxi operators. If you have entered into coordination agreements, please include copies of those agreements as attachments to this application.

There is no other General Public Transportation available in Franklin County. When gas prices got so high the local taxi service went out of business. COF training services is a 5310 who provide transportation for their clients (the disabled). The Elizabeth Layton Center is also a 5310 who provide transportation to their clients. While our services are certainly available to those same clients they serve, they do not offer services to the general public. Clearly we could not provide the services required for all of their clientele and meet the needs of the clientele we are currently serving. Because we belong to the same CTD both COF training and Franklin County Mental health are well aware of the services provided by Franklin County Services for the Elderly.

3. Services Provided to Riders Other Than Clientele

Describe what efforts are being undertaken to provide transportation service to the elderly, disabled and general public in your service area other than your own clientele.

The elderly, disabled and the general public are our clientele. We are the only provider in the area.

4. Coordination With Local Government (PLANNING REVIEW):

a. Urbanized Area Requirements: (Wichita, Kansas City, Topeka and Lawrence.)

As per the Instructions for Application, the applicant is referred to the Metropolitan Planning Organizations for review of the Transportation Project and its inclusion into the Annual Element of the Transportation Improvement Program. If these requirements have been satisfied, please place a check in the brackets at the beginning of this paragraph.

Attach to this application a copy of the letter your agency submitted to the Metropolitan Planning Organization requesting to be included within the Transportation Improvement Program.

b. Nonurbanized Area Requirements: (excluding Wichita, Kansas City, Topeka and Lawrence.)

Local governments must be given an opportunity to comment on the transportation proposals. The applicant should submit the proposal to city and county commissioners in the proposed area, requesting review and comment on the proposal. Please attach all current comments received from local governments. (See instructions for procedures.)

5. Coordination With Social Service Agencies

Describe what efforts your agency has undertaken to meet with local government agencies, human services agencies or other social service agencies to determine their needs for transportation services. What have been the results of these efforts?

Indicate any barriers to coordination and how they were resolved. If they were not resolved, explain why.

We have met with the Area Agency on Aging on a regular basis to become aware of any changes in needs. We have met with the County Administrator to discuss the rising needs for transportation as well as the rising cost of providing those services. We have met with representatives of the Cancer Society and the Girls clubs.

We feel we are doing a good job of meeting the transportation needs in Franklin county. We are aware that the funding available to us will not meet the needs in the next few years and have discussed this with the County Administrator. We will continue to make the County Commissioners and the Administrator aware of the growing demand for transportation and the associated cost of meeting that demand.

SECTION E - Accessibility, Safety & Training

1. In compliance with ADA criteria, do you have accessible vehicles? If no, describe your efforts to meet criteria.

Our 4 KDOT vehicles are all ADA compliant.

2. List all training activities your drivers and other personnel are involved in. What training sessions does your agency require of drivers and others involved in your transportation program?

Upon hire we require the 30 minute drug and alcohol training. We send all new drivers to the trainings provided through KTPA. Many of our drivers have attended a defensive driving course.

SECTION F – Financial Management/Grant Management Capability

1. The new federal or state funds provided **MUST NOT** be used to replace local funds being provided to your program. Describe your financial support from local government and local match in excess of minimum requirements.

The County has provided up to one mil to be used for Services for the Elderly. This has allowed for the purchase of and operation of 2 vehicles in addition to the KDOT vehicles covered under this grant.

2. Attach a copy of your agency transportation budget for the previous year (but not just a copy of your KDOT "Attachment A" budget sheet that is provided to you annually).

3. Describe the experience your agency has in managing grants and/or other governmental grant programs.

Franklin County Services for the Elderly contracts with Mid America Nutrition Program, Inc.(MANP) to provide administrative services. MANP is a not for profit corporation established 33 years ago to provide nutrition services under both federal and state grants. This experience with grants applies to the management of transportation services very well.

4. Does your agency have an annual audit performed by a CPA firm?
 yes no

Franklin County Services for the Elderly functioned as a department of the county prior to 2008. In 2008 Franklin County Services for the Elderly was incorporated and applied for and received designation as a 501 (c)3. 2008 will be the first year for which an audit can be performed. Prior years Franklin County always had an audit which included Services for the Elderly as a department of the county.

SECTION G – KDOT Contract Activities

1. Every applicant must be a member of a Coordinated Transit District (CTD) to receive general public, elderly, and disabled transportation funding from the Kansas Department of Transportation. Are you a participating member of the CTD for your area? A list of CTDs and their chairpersons is included in the application package. If you are a new applicant, you must contact the chairperson of the CTD in your area to make arrangements for becoming a member and attend CTD meetings. All applicants **MUST** indicate their involvement level with the CTD; this would include membership, attending meetings, serving on committees, etc. List your involvement in the space provided.

Attach to application a letter from your CTD's administration personnel verifying your agency's participation, attendance, and status of good standing.

2. Please indicate with a yes/no answer below, your agency's past performance on the following:

- a) Timely completion of application? Yes
- b) Timely submission of DBE report Yes
- c) Monthly submission of ridership and/or expenditure reports? Yes
- d) Attendance as outlined by your CTD's bylaws? Yes
- e) Date of last KDOT On-Site Review? 1/2008 Are there any required actions pending? No
- f) Timely completion and response to all KDOT vehicle inspection required repairs? yes

Please be advised that KDOT will verify this information and have it available during grant review.

SECTION H – Local Commitment to Transit

1. Please describe the local commitment to public transportation in your area. Attach current letters of support from local units of government.

The Franklin County Commissioners have committed up to one mil of tax revenue for the provision of Aging Services. It is from this money that the public transportation match is made.

1. Describe what efforts have been undertaken to coordinate with local governmental officials in identifying transportation needs and whether these are currently being met.

We have met with the County Administrator and discussed the future of the transportation program. The main concern from the County is the steadily increasing cost of services. Transportation needs seem to be being met. Conversations with the City Manager indicate his belief that we are doing a good job meeting the need.

SECTION I-CAPITAL BUDGET

Vehicles to be Ordered Fall/Winter 2008 and Delivered Spring/Summer 2009

1. Estimated Vehicle Costs

| Vehicle Type | Quantity | Estimated Unit Cost | Total Cost |
|--|----------|---------------------|------------|
| Mini-Van | | \$26,400 | |
| Ramp Accessible Mini-Van | | \$42,488 | |
| 12-passenger van, extended top (NO LIFT AVAILABLE) | | \$40,854 | |
| 13-passenger composite narrow body mini bus | | \$59,000 | |
| 13-passenger metal narrow body mini bus | | \$58,000 | |
| 13-passenger composite wide body mini-bus | | \$59,000 | |
| 13-passenger metal wide body mini bus | | \$58,000 | |
| 14-passenger, Metal Multi-Function School Activity Bus | | \$75,000 | |
| 20-passenger composite body small transit but | | \$64,686 | |
| 20-passenger metal body small transit bus | | \$61,628 | |

SUBTOTAL \$ _____

2. Estimated Costs for Modifications and Accessories

| Modification | Quantity | Estimated Unit Cost | Total Cost |
|-----------------------------|----------|---------------------|------------|
| Wheelchair Lift | | \$ 3,300 | |
| Wheelchair Restraint System | | \$ 550 | \$ |
| Other Equipment (Specify) | | | |
| | | | |
| | | | |
| | | | |

SUBTOTAL \$ _____

3. Total Estimated Cost (Items 1 and 2)

\$ _____

- 4. Contingencies (5% of Line 3) \$ _____
- 5. Total Estimated Capital Cost (Line 3 and 4) \$ _____
- 6. Section 5311 Grant Request (80% of Line 5) \$ _____
- 7. Local Matching Share (20% of Line 5) \$ _____

8. Itemize the sources and amounts of funds to be used as the **Local Matching Share**.

| Source | Amount |
|----------------------------------|----------|
| | \$ _____ |
| | |
| | |
| | |
| Grand Total Local Matching Share | \$ _____ |

9. Indicate when the matching funds will be available.

SECTION J-OPERATING ASSISTANCE BUDGET

(July 1, 2009 to June 30, 2010)

1. Personnel Costs: indicate both paid and volunteer costs. **Do not** include administrative personnel costs (such as Transit Manager/Director)

| Job Title | Number of Employees | Salary (Annual) | Fringe Benefits Paid (Annual) | Total Personnel Costs |
|------------|---------------------|-----------------|-------------------------------|-----------------------|
| Dispatcher | 1 | \$18720 | \$2808 | \$21528 |
| Drivers | 8 | \$49040 | \$4904 | \$53944 |
| | | | | |

Total Personnel Costs \$75472

2. Vehicle Insurance \$7000

3. Advertising \$3600

4. Medical Mileage \$10,500

5. Fuel \$17000

6. Maintenance, Repair, Lubrication, Parts, Labor \$6000

7. Maintenance (In Kind) _____

8. Storage (Paid) _____

9. Storage (In Kind) _____

10. Contract Services (Specify Name and Reason)* _____

11. Communications/Phone \$3600

12. Other (Must Specify Each Item) _____

| | | |
|---|-------|-----------------|
| a. | _____ | _____ |
| b. | _____ | _____ |
| c. | _____ | _____ |
| d. | _____ | _____ |
| 13. License and Tags | | \$60 _____ |
| 14. KPTA Membership Dues | | \$150 _____ |
| 15. KPTA Annual Meeting Expenses | | _____ |
| 16. RTAP Driver Training | | \$450 _____ |
| 17. RTAP Manager Training | | \$150 _____ |
| 18. KCC Registration Fee | | _____ |
| 19. Driver's Physical (KCC/FMSCA Regs.) | | \$600 _____ |
| 20. TOTAL OPERATING EXPENSES | | <u>\$124582</u> |

21. List any general comments and explanation of any of the line item costs shown in the budget above. **Be sure to fully explain any new or increased expenses for significant increase in operating expenses.**

Our budget shows a decrease of \$6,000. This is due to overestimating the cost of insurance last year and a decrease in our budget for medical mileage. We had seen our medical mileage reimbursement skyrocketing last year but this year it has not been as high as we had projected.

22. PROJECT INCOME \$6600
 List sources of project income

Donations

23. NET OPERATING COST (Line 19 minus Line 21) \$117982

24. SECTION 5311 GRANT REQUEST (50% of Line 22) \$58991

25. LOCAL MATCHING SHARE (50% of Line 22) \$58991

26. Itemize the sources and amounts of funds to be used as the **Local Matching Share**. Include the in-kind amount that has been shown in the budget as a part of the matching funds. **Do not include KDOT grant or project income.**

| Source | Amount |
|------------------------|----------------|
| <u>Mill Levy money</u> | <u>\$58991</u> |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Grand Total Local Matching Share \$58991

27. 10% Administrative Operating Funds \$11798

SECTION K - Certifications

1. FISCAL AND MANAGERIAL CAPABILITIES CERTIFICATION

I certify that based on my experience with the _____
and a review of the organization records, that the organization has the requisite fiscal
and managerial capability to carry out the project.

_____ Date _____
Agency CEO, President, Director or comparable authorized official

2. MAINTENANCE CERTIFICATION

_____ certifies that vehicles purchased under
Section 5311 will be maintained in accordance with detailed maintenance and
inspection schedule provided by the manufacturer.

_____ Date _____
Agency CEO, President, Director or comparable authorized official

**3. ASSURANCE OF COMPLIANCE WITH 49 CFR PART 40 PROCEDURES FOR
TRANSPORTATION WORKPLACE DRUG TESTING PROGRAMS AND 49 CFR
PART 655 PREVENTION OF ALCOHOL MISUSE AND PROHIBITED DRUG USE IN
TRANSIT OPERATIONS CERTIFICATION:**

_____ certifies that the agency will comply with
all applicable federal DOT drug and alcohol testing regulations. The agency will
participate in and comply with the Drug and Alcohol Program administered by KDOT. All
employees of 5311 funding recipients, subrecipients, operators, or contractors who
perform safety-sensitive functions as defined in 49 CFR Part 655 will be included in the
drug and alcohol program.

_____ Date _____
Agency CEO, President, Director or comparable authorized official

4. ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 CERTIFICATION:

Name of Organization:

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by the U.S. Department of Transportation, to the end that, in accordance with Title VI of the Act, no person in the United States shall, on the grounds of race, color, sex or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Recipient receives Federal financial assistance from the Department under Federal Transit Administration Act programs; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Recipient by the Department under Federal Transit Administration programs, this assurance shall obligate the Recipient, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided this assurance shall obligate the Recipient for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Recipient for the period during which the Federal financial assistance is extended to it by the Department under Federal Transit Administration programs.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts, property, discounts, or other Federal financial assistance extended after the date hereof to the Recipient by the Department under Federal Transit Administration programs. The Recipient recognizes and agrees that such Federal financial assistance will be extended in reliance on the representatives and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Recipient, its successors, transferees, and assignees. The person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Recipient.

_____ Date _____
Agency CEO, President, Director or comparable authorized official

(To be completed and signed by each agency—no exceptions)

CERTIFICATIONS AND ASSURANCES FOR FTA ASSISTANCE

Name of Transportation Provider Agency (hereafter referred to as Applicant):

Franklin County Aging Services _____
(fill in agency name)

The Applicant assures compliance with the following regulations:

I. Certifications and Assurances Required of each Applicant

A. Standard Assurances: The Applicant assures that it will comply with all applicable Federal statutes, regulations, executive orders, Federal Transit Administration (FTA) circulars, and other Federal requirements in carrying out any project supported by an FTA grant or cooperative agreement.

B. Intergovernmental Review Assurance: The Applicant assures that its application for FTA assistance has been forwarded to the Kansas Dept. of Transportation.

C. Nondiscrimination Assurance: No person on the basis of race, color, religion, national origin or ancestry, sex, or age will be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination in any program or activity (particularly in the level and quality of transportation services and transportation-related benefits) for which the Applicant receives Federal assistance awarded by the FTA.

D. Assurance of Nondiscrimination on the Basis of Disability: No otherwise qualified person with a disability shall be, solely by reason of that disability, excluded from participation in, denied the benefits of, or otherwise subjected to discrimination in any program or activity receiving or benefiting from Federal assistance administered by the FTA.

E. Procurement Compliance: The Applicant certifies that its procurements and procurement system will comply with all applicable requirements imposed by Federal laws, executive orders, regulations, and the requirements of FTA Circular 4220.1E "Third Party Contracting Requirements".

F. Certifications and Assurances Required by the U.S. OMB: The Applicant certifies that it has the legal authority to apply for Federal assistance and has the institutional, managerial, and financial capability (including the funds sufficient to pay the local share of project cost) to ensure proper planning, management, and completion of the project described in its grant application. The Applicant will give FTA, the Comptroller General of the United States, and the Kansas Dept. of Transportation, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant award.

G. Lobbying Certification

Each Applicant that submits an application for Federal assistance exceeding \$100,000, hereby certifies that no Federal appropriated funds have been or will be paid, by or on behalf of the Applicant, to any person to influence or to attempt to influence an officer or employee of any Federal agency a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress regarding the award of Federal assistance, or the extension, continuation, renewal, amendment, or modification of any Federal assistance agreement.

H. Public Hearing Certification for Major Projects with Substantial Impacts

An Applicant seeking Federal assistance for a capital project authorized by 49 U.S.C. Chapter 53 (except Urbanized Area Formula Program assistance), that will substantially affect a community or its transit service must provide an adequate opportunity for a public hearing with adequate prior notice of the proposed project published in a newspaper of general circulation in the geographic area to be served.

I. Certification for the Acquisition of Rolling Stock

The Applicant will conduct or cause to be conducted the requisite pre-award and post-delivery reviews, and will maintain on file the certifications required by 49 CFR Part 663, subparts B, C, and D.

J. Bus Testing Certification

The Applicant certifies that before expending any Federal assistance to acquire the first bus of any new bus model or any bus model with a new major change in configuration or components, or before authorizing final acceptance of that bus:

- a. The model of the bus will have been tested at a bus testing facility approved by FTA.
- b. It will have received a copy of the test report prepared on the bus model.

K. Charter Service Agreement

The Applicant agrees that it and its recipients will provide charter service that uses equipment or facilities acquired with Federal assistance authorized for 49 U.S.C. 5307, 5309, or 5311 or Title 23 U.S.C., only to the extent that there are no private charter service operators willing and able to provide the charter service that it or its recipients desire to provide.

L. School Transportation Agreement

The Applicant agrees that it and all of its recipients will engage in school transportation operations in competition with private school transportation operators only to the extent permitted by an exception provided by 49 U.S.C. 5323(f).

M. Certification for Demand Responsive Service

The Applicant certifies that its demand responsive services offered to persons with disabilities, including persons who use wheelchairs, is equivalent to the level and quality of service offered to persons without disabilities.

N. Substance Abuse Certification

The Applicant certifies that it has established and implemented an alcohol misuse prevention program, an anti-drug program and has conducted employee training complying with the requirements of 49 CFR part 655, when required.

O. Interest or Other Financing Costs

The Applicant certifies that it will not seek reimbursement for interest and other financing costs unless its records demonstrate it has used reasonable diligence in seeking the most favorable financing terms underlying those costs, to the extent FTA may require.

Date: _____

Authorized Representative of Applicant

Service Profile

Agency: Franklin County Aging Services _____ CTD #:9 _____

Contact Person: Sharon D Geiss _____

Address: 1538 Industrial Ave, Ottawa, KS. 66067 _____

Phone Number:785-242-8341 _____ Fax Number:785-242-0055 _____

E-mail:sdgeiss@midamericanutrition.org Website: _____

Clientele

- XX Elderly
- XX Disabled
- XX General Public

Description of System

Trips Made

- X Medical
- X Personal Business
- X Education
- X Recreational
- X Shopping
- X Employment
- X Nutrition Site
- Other Trips: _____

Service Area

Franklin County _____

Service Hours

Weekdays.....7:00am to 3:00pm _____

Weekends..... _____

Additional Hours _____

Fares

Rates: \$1.00 donation _____

Funding

- Section 5311, Capital
- XX Section 5311, Operating
- Section 5307, Capital
- Section 5307, Operating
- Section 5310, Capital
- Section 5309, Capital
- X State, Operating Funds
- State, Capital

Vehicles (list 'KDOT' vehicles only)

Total Vehicles.....4 _____

Total Lift or Ramp Vehicles..4 _____

XX Communications on board

Organization Characteristics

Organization Type:

- X Non-Profit Corporation
- Local Government (City or County)
- Native American Tribe
- Other: _____

Service Type:

- X Demand Response
- X Deviated Route
- Fixed Route
- Other: _____

APPLICATION VERIFICATION

Franklin County Services for the Elderly declares that the statements in the
(Legal Name of Applicant)

foregoing application are true and correct.

Signed by: _____
(Authorized Representative)

Coordinator
(Title)

SECTION L – Completeness of Application

Please be advised that your application should include all of the following:

1. Typed and completed application
2. All signature forms have been signed
3. All attachments are included:
 - a. Articles of Incorporation **OR** a current letter of good standing by Secretary of State. *Include only if your agency is a private not for profit organization.*
 - b. Map of service area
 - c. Last year's transportation budget showing all funding sources
 - d. Letter to the MPO (if in urbanized area)
 - e. Letter of good standing from CTD Administration
 - f. Current letters of support from local units of government
 - g. Optional inventory sheet
4. Submit one 'original' application and one additional copy for each type of vehicle being requested.