



5310 CALL FOR PROJECTS APPLICATION

One project per application

COVER LETTER & APPLICATION

Please provide the selection committee members with copies of both a signed cover letter and completed application by the end of business **MARCH 15, 2019**. The cover letter should be signed by an individual with the authority to execute contracts on the organization's behalf and should (at a minimum) include the following information:

- Organizational Vision/Mission Statement(s)
- Brief description of the Population(s) served
- Brief description of Geographic Area Served
- Verification of proposed local match amount and source
- Attach 5310 Public Notice (see instruction packet for details)

Submission detail:

Five (5) hard copies and one (1) electronic copy of the **COMPLETED APPLICATION WITH COVER LETTER** should be mailed or delivered to the WAMPO offices and marked to the attention of Tricia Thomas at 271 W. Third Street, Suite 208, Wichita, Ks 67202-1212. For questions, please E-Mail trthomas@wichita.gov or call 316-352-4860.

APPLICANT INFORMATION

Organization Sedgwick County Division on Aging Date: 02/11/2019

Address: 271 W 3rd St N, Suite 500
Street Address

Wichita KS 67202
City State ZIP Code

Contact: Kandace Bonnesen E-Mail kandace.bonnesen@sedgwick.gov
Name

Phone: 316-660-5157 Sam.gov Registration Expiration Date: 11/06/2019 DUNS #: 056577166

Project Title or Descriptive Statement: Operating Assistance

Total Project Cost: \$249,664.00 Amount of Funding being Requested: \$124,832.00 Match Contribution: \$124,832.00

Please select the category of project you are applying for: Traditional Capital ☐ Non-Traditional Other ☒
(select only one)

ELIGIBILITY

Eligible applicants of section 5310 program funding include nonprofit organizations, state and/or local governments, and private transportation operators. See instructions for further details.

Is your organization a Non-Profit?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Is your organization a State/Local Government?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Is your organization a private transportation operator?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

If you did not answer **YES** to at least **ONE** of the above questions, your organization is **NOT** eligible to apply.

The organization administering the project has the ability and resources to carry out the proposed project?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
The organization administering the project is aware and able to address all federal requirements needed to carry out this project?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

PROJECT PROPOSAL

Please include all of the following requested information to the fullest extent practical. Refer to the application instructions for details and clarification on match rate by project category and type.

Nonprofit Organizations that are requesting a project that is eligible under BOTH Traditional and Non-traditional projects would find the most benefit in submitting their project under the "Traditional" category. For projects denoted with an ****** below please see detail provided in the applicant instructions on page 6.

PROJECT TYPE BY CATEGORY

Please select the type of project you are applying for (select only one).

TRADITIONAL CAPITAL

<input type="checkbox"/> ** Acquisition of transportation services under a contract, lease or other arrangement	<input type="checkbox"/> Preventive maintenance
<input type="checkbox"/> ** Acquisition, expansion, or replacement of buses or vans, and related procurement, testing, inspection, and acceptance costs	<input type="checkbox"/> ** Projects that support mobility management & coordination programs
<input type="checkbox"/> Capital investments that support ADA-complementary paratransit services	<input type="checkbox"/> Purchase and installation of benches, shelters, and other passenger amenities
<input type="checkbox"/> Computer hardware and software	<input type="checkbox"/> Radios and communication equipment
<input type="checkbox"/> Dispatch systems	<input type="checkbox"/> Support facilities and equipment for Section 5310 funded vehicles
<input type="checkbox"/> Extended warranties that do not exceed the industry standard	<input type="checkbox"/> Transit-related intelligent transportation systems (ITS)
<input type="checkbox"/> Fare collection systems	<input type="checkbox"/> Vehicle rehabilitation or overhaul
<input type="checkbox"/> Lease of equipment when lease is more cost effective than purchase	<input type="checkbox"/> Vehicle wheelchair lifts, ramps, and securement devices

NON- TRADITIONAL OTHER

- ☐ Public transportation projects (capital only) planned, designed, and carried out to meet the special needs of seniors and individuals with disabilities when public transportation is insufficient, inappropriate, or unavailable;
- ☒ Public transportation projects (capital and operating) that exceed the requirements of ADA;
- ☐ Public transportation projects (capital and operating) that improve access to fixed-route service and decrease reliance by individuals with disabilities on ADA-complementary paratransit service; or
- ☐ Alternatives to public transportation (capital and operating) that assist seniors and individuals with disabilities with transportation.

PROJECT INFORMATION: Please use the below field to share the proposed project information. This information should include (at a minimum):

- Project description (ex. service type, estimated cost of one-way trips, etc.)
- Estimated number of people to be served
- Description of gaps in service that this project will fill

Sedgwick County Transportation (SCT) will provide demand response, door-to-door, origin to destination trips to and from the Wichita Metro areas – offering the rider a low cost \$3 fare per a one-way trip (round-trip \$6). Cost per one-way includes and is contingent on receiving the vehicle acquisition and preventative maintenance project. Operating costs supports scheduling and dispatching of the 5310 fleet, two driver positions with benefits and fuel of the 5310 fleet. Average cost of a one-way = \$76.24 (based on three projects totals). Estimated number of trips during the grant period July 1, 2019 – June 30, 2021 is 4400 one-ways. Gaps that will be filled by increased fleet and staff during SCT hours are enhanced coverage of non-ambulatory rides and those above ADA lift minimums; persons coming to town for recreational options limited by many services to only medical, door-to-door assistance and shorter return time wait.

DESCRIPTION OF BENEFITS: Use the below field to describe the expected benefits to the community:

SCT would be a one-stop shop for transportation needs for persons in the various communities: Bel Aire, Derby, Furley, Goddard, Haysville, Kechi, Maize, Mulvane, Park City, Schulte and Valley Center. Additional benefits are: increased service for general public, flexibility of use, independence, appropriateness of vehicles to match disability of the general public, increased capacity, and economic stability of the communities by keeping individuals in their choice of community and non-institutionalized of group homes or nursing facilities. Riders will have access to food markets of choice, the ability to keep medical appointments, be independent, and live a lifestyle similar to those that are not transit dependent.

PROJECT SCHEDULE: The program timeline for all project implementation is July 1, 2019 through June 30, 2021. Please use the below field to describe the proposed project schedule or timeline that includes the major milestones and/or deliverables as appropriate:

Sedgwick County would implement the program starting July 1, 2019 – June 30, 2021. Project is subject to full award and complimentary projects [two (2)]. If awarded an additional new full driver position will be posted 05/06/19. Vehicle delivered by 12/31/19. Driver to begin with SCT on 07/01/19, trained and road approved by 07/26/19. 07/29/19 - Back-up 5310 vehicle used by new hire until new vehicle is received. 06/30/21 - Full usage of award(s).

VEHICLE INFORMATION: If applying for vehicle purchase/expansion or a replacement, please complete the following section as appropriate. **Please reference the VEHICLE PRICING LIST in the instruction packet for details.**

PURCHASE: What type of vehicle(s) is being requested?

Vehicle #1

- ☐ Cutaway Paratransit Van
- ☐ Full Sized Van
- ☐ Ramp Accessible Minivan
- ☐ Other, please describe: [click here to enter text](#)

Vehicle #2

- ☐ Cutaway Paratransit Van
- ☐ Full Sized Van
- ☐ Ramp Accessible Minivan
- ☐ Other, please describe: [click here to enter text](#)

Vehicle #3

- ☐ Cutaway Paratransit Van
- ☐ Full Sized Van
- ☐ Ramp Accessible Minivan
- ☐ Other, please describe: [click here to enter text](#)

Vehicle #4

- ☐ Cutaway Paratransit Van
- ☐ Full Sized Van
- ☐ Ramp Accessible Minivan
- ☐ Other, please describe: [click here to enter text](#)

Vehicle #5

- ☐ Cutaway Paratransit Van
- ☐ Full Sized Van
- ☐ Ramp Accessible Minivan
- ☐ Other, please describe: [click here to enter text](#)

Vehicle #6

- ☐ Cutaway Paratransit Van
- ☐ Full Sized Van
- ☐ Ramp Accessible Minivan
- ☐ Other, please describe: [click here to enter text](#)

REPLACEMENT VEHICLE(S): Please describe the vehicle(s) that will be replaced (skip this section if not replacing a vehicle(s)).

Vehicle #1: Make/Model: [click here to enter text](#)
VIN Number: [click here to enter text](#)
Current Odometer: [click here to enter text](#)
Vehicle Condition: [click here to enter text](#)
Funding Source: [click here to enter text](#)

Vehicle #2: Make/Model: [click here to enter text](#)
VIN Number: [click here to enter text](#)
Current Odometer: [click here to enter text](#)
Vehicle Condition: [click here to enter text](#)
Funding Source: [click here to enter text](#)

Vehicle #3: Make/Model: [click here to enter text](#)
VIN Number: [click here to enter text](#)
Current Odometer: [click here to enter text](#)
Vehicle Condition: [click here to enter text](#)
Funding Source: [click here to enter text](#)

Vehicle #4: Make/Model: [click here to enter text](#)
VIN Number: [click here to enter text](#)
Current Odometer: [click here to enter text](#)
Vehicle Condition: [click here to enter text](#)
Funding Source: [click here to enter text](#)

Vehicle #5: Make/Model: [click here to enter text](#)
VIN Number: [click here to enter text](#)
Current Odometer: [click here to enter text](#)

Vehicle Condition: [click here to enter text](#)

Funding Source: [click here to enter text](#)

Vehicle #6: Make/Model: [click here to enter text](#)

VIN Number: [click here to enter text](#)

Current Odometer: [click here to enter text](#)

Vehicle Condition: [click here to enter text](#)

Funding Source: [click here to enter text](#)

APPLICATION SUBMISSION & DEADLINE: Applicants should submit five (5) hard copies and one (1) electronic copy of the project COVER LETTER & APPLICATION by the end of business on **March 15, 2019**.

Applications should be mailed or delivered to the WAMPO offices and marked to the attention of Tricia Thomas at 271 W. Third Street, Suite 208, Wichita, Ks 67202-1212.

Contact Tricia Thomas, WAMPO Communications Manager at 316-352-4860 or E-Mail tthomas@wichita.gov for further assistance.