
FY 2010-11 NEW FREEDOM Project Application

Part I – Applicant Overview

A. Applicant Information

Project Title	
Legal Name of Applicant	
Name of Executive Director/CEO	
Contact Person	
Address	
City/State/Zip Code	
Telephone	
Email	
Name of Person Completing this Application	
Provide your Internal Revenue Service Employee Identification Number/ Federal Tax Identification Number	

B. Organization Type Place an X in the appropriate box.

<input type="checkbox"/>	Private, non-profit organization
<input type="checkbox"/>	State or local authority
<input type="checkbox"/>	Operator of public transportation service, including private operators of public transportation service

C. Specify if this is a continuing or new project Place an X in the appropriate box.

<input type="checkbox"/>	Continuation of an Existing New Freedom Project
<input type="checkbox"/>	New Project

D. Specify the category of project that you are applying for Place an X in the appropriate box(s). Please note: *If you are proposing additional projects a separate application is required for each project.*

	Capital
	Operating

Part II - Project Information and Capacity to Implement

A. Project Background and Funding Program Relevance

1. Specify the type of project that you are applying for. Eligible projects include those listed in the New Freedom Circular: FTA C 9045.1 pages III-8 to III-11 and numbered 11a through 11b(g). If your project type is listed in the Circular write it in below. If it is not listed, summarize the project in one sentence.

If you are proposing additional projects, a separate application is required for each project.

2. Are you submitting one or more additional applications? Place an X in the appropriate box.

	Yes, however the projects are not related.
	Yes and this project is related to another application. Please identify it and describe the relationship. Limit responses to 100 words. .
	No.

3. Provide a brief description of the project, including the goals of the project and how they relate to the Federal New Freedom program. Reference the New Freedom Circular: FTA C 9045.1 page II – 1. Limit your response to 500 words.

4. What days and hours will the project provide services

5. Describe the project's service area. Attach an 8.5 x 11 inch map depicting the project boundaries, if applicable. Applications for fixed route type service should illustrate the route.

6. The Federal Transit Administration (FTA) has established three measures for the New Freedom program. (Explain for each how the numbers were derived and provide verifiable data sources):

A. Explain the increases or enhancements related to geographic coverage, service quality and/or service times that impact availability of transportation services for individuals with disabilities as a result of the project.

B. Describe the additions or changes to environmental infrastructure (e.g., transportation, facilities, sidewalks, etc), technology, and vehicles that impact availability of transportation services as a result of the project.

C. Actual or estimated number of rides (as measured by one-way trips) provided for individuals with disabilities as a result of the project (if project provides rides).

B. Sustainability and Capacity

1. Describe the anticipated duration of the project (e.g., one year, two years, indefinitely, etc.).

2. Identify long-term financial sources, independent of Federal New Freedom grants, PennDOT matching funds and farebox generated revenue, to support continuation of the proposed project beyond the State FY 2010-11 funding cycle.

Funding Source	2010-11	2011-12	2012-13	2013-14

3. Describe the agency’s capital resources (facilities, equipment, other) that will ensure the ability to house, maintain, and implement the project.

C. Management and Organizational Structure

1. Briefly, describe the key personnel assigned to this project along with their qualifications to implement the project and oversee a Federal grant (e.g., project manager, agency director, operations manager, etc.).

2. Provide a brief description of the agency’s history, mission, and programs.

Part III – Coordination, Addressing Unmet Needs, Budget, and Performance

A. Enhanced Coordination

1. Does the project augment existing public transit and/or human service agency transportation services? Place an X in the appropriate box and explain your response if necessary. *Augmentation of existing services includes providing connections to other services, encouraging the use of other services, and accommodating gaps in other services among others.*

	Yes. Please describe the details of the augmentation; also include the point of contact of the other transportation service(s).
	No. Please describe why (optional).

2. Does the project duplicate any other existing services (e.g., coverage of services, participant eligibility, etc.)? Place an X in the appropriate box and provide the appropriate explanation.

	Yes. If yes, please describe the nature and justification of the duplication. Include why your service is more effective and an improvement over the existing service.
	No. Explain how you have verified that there is no duplication.

B. Unmet Needs of the Target Populations

1. Which of the gaps or issues identified in the coordinated transportation plan will the project address? Include the page reference(s) from the coordinated plan for each gap/issue.

2. Describe how the project will mitigate the transportation need for each gap or issue by explaining how your project affects it.

C. Budget

- 1. Total project budget, including FTA requests, Matching funds, and other sources.
- 2. Please complete the project funding request matrix.

New Freedom	Federal New Freedom Request	PennDOT Match	Other Match Total	Other Sources Total	Total
Operating					
Capital					
Administration					
Total Request					

NOTE: The Federal share of eligible capital and planning costs may not exceed 80 percent of the net cost of the activity. The Federal share of the eligible operating costs may not exceed 50 percent of the net operating costs of the activity. Recipients may request up to 10 percent of the total request to support program administrative costs including administration, planning, and technical assistance. Allowable administrative costs may include, but are not limited to, general administrative and overhead costs, staff salaries, office supplies, and development of specifications for vehicles and equipment.

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3. Please complete the following information for non-PennDOT matching funds:

Name of Funding Source	Amount of Funding Source
1.	
2.	
3.	
4.	

D. Performance Plan

Agencies with projects selected for New Freedom funding will be responsible for periodic reporting to the designated recipient (granting agency) on the following factors:

1. Actions taken to address specific goals and objectives of the project.
2. Number of rides (as measured by one-way trips) provided for individuals with disabilities and/or the number of individuals with disabilities served as a result of the New Freedom project implemented during the reporting period.
3. Increases or enhancements related to service quality and/or service times that impact availability of transportation services for individuals with disabilities as a result of the New Freedom project during the reporting period.
4. Changes to infrastructure (transportation facilities, sidewalks, etc.), technology, and vehicles that impact availability of transportation services for individuals with disabilities as a result of the New Freedom project implemented during the reporting period.
5. The cost per one-way passenger trip for each trip type, and/or the cost per user, with a brief explanation of the methodology for calculating costs.
6. Total Project expense during the reporting period.
7. Proposed changes in service, if any.
8. Proposed changes in project, if any.