APPLICATION FORMS
FOR FEDERAL
CAPITAL GRANTS
UNDER SECTION 5310
OF THE
MOVING AHEAD FOR PROGRESS IN THE
21ST CENTURY ACT (MAP-21)
Enhanced Mobility of Seniors and Individuals With Disabilities Program
FY2018 and FY2019 Funding

MARYLAND DEPARTMENT OF TRANSPORTATION
MARYLAND TRANSIT ADMINISTRATION
Office of Local Transit Support
8/2016
INTRODUCTION AND PROGRAM INFORMATION ...................................................... 3

Notice to Applicants .................................................................................................. 4

Application Schedule .............................................................................................. 5

Planning and Coordination Requirements .............................................................. 7
  Federal Requirements .......................................................................................... 7
  Regional Coordination Plans in Maryland .......................................................... 7
  Endorsement of Local Applications by Regional Coordination Bodies ............. 8

Public and Transportation Operator Notice Requirements ..................................... 8
  Public Notice ..................................................................................................... 8
  Written Notification to Transportation Providers ............................................. 9

Program Description .............................................................................................. 9
  Program Purpose ............................................................................................... 9
  Program Goals and Objectives ......................................................................... 10
  Eligible Applicants ........................................................................................... 10
  Eligible Project Expenses ............................................................................... 11
  Local Match ..................................................................................................... 13
  Compliance with State and Federal Requirements ........................................... 13
  Project Selection Criteria and Method of Distributing Funds .......................... 14
  Grant Awards for Vehicle Purchases ............................................................... 16

For More Information .......................................................................................... 17

PART I:  APPLICATION INSTRUCTIONS AND FORMS

PART II: CERTIFICATIONS AND ASSURANCES
NOTICE TO APPLICANTS

As a result of Federal program changes following the enactment of the Moving Ahead for Progress in the 21st Century Act (MAP-21), the Section 5310 program now funds not only capital purchases such as vehicles, equipment, and Preventative Maintenance for private non-profit organizations, it also funds operating and mobility management projects.

Under the new Federal regulations the Washington Metropolitan Council of Governments (MWCOG) has been named as the direct recipient of funding for the Urbanized Area within the Washington, Maryland and Virginia region. If you would like to apply for funding for “non-traditional” projects and have service that originates and/or terminates in the Washington DC-VA-MD Urbanized Area http://www.mwcog.org/tpbcoordination/resources/geography.asp you should apply to MWCOG.

If you are applying for “traditional” projects you should submit an application to the MTA regardless of your service area.

If you are requesting funding for “traditional” and “non-traditional” projects (given you are in the Washington Urbanized Area) you will have to apply to both. For those agencies providing service outside of the Washington Urbanized Area you will only apply to MTA for both “traditional” and “non-traditional” projects.
APPLICATION SCHEDULE

All applicants must adhere to the following schedule. There will be **NO EXCEPTIONS to these deadlines.**

**September 27, 2016**
- Program Announcement and application meetings with MTA staff.

**October 3, 2016**
- Webinar for follow up questions on application process

**October 7, 2016**
- Application meeting for any new organizations that wish to apply for 5310 grants.

**October 28, 2016**
- Deadline for publishing public notice of application.
- Deadline for mailing letter of notification of application to existing private providers.

**November 28, 2016**
- Deadline for submission of comments by transportation providers and private citizens.
- Deadline for submitting application Part I (1 hard copy and 1 electronic copy) to the Regional Planning offices: Washington Council of Governments and/or Baltimore Metropolitan Council or the Regional Coordination Body: Tri County Council of Lower Eastern Shore, Maryland Upper Shore Transit (MUST), Southern Maryland Regional Transportation Coordination Committee (RTCC) or Tri County Council of Western Maryland.

**December 12, 2016**
- Deadline for response from applicant to transportation providers and private citizens on their comments.

**December 19, 2016**
- Deadline for Regional Coordinating Body/Metropolitan Planning Organizations (MPO) to contact applicants to notify them that their projects were endorsed or not endorsed. (Endorsed applications must include their S. 5310 Certificate of Endorsement with their application to MTA).
- Deadline for Regional Bodies to send list of endorsed applications to MTA.
January 9, 2017 – 4:00 p.m.
- Deadline for submission of endorsed applications to the Maryland Transit Administration. DO NOT USE THE UNITED STATES POSTAL SERVICE (USPS) REGULAR MAIL TO SEND YOUR APPLICATION. PLEASE HANDCARRY IT TO OUR OFFICES, SEND BY CERTIFIED MAIL OR USE A COURIER.
  ▪ Part I: submit 1 electronic copy, 1 paper original, 5 paper copies
  ▪ Part II: submit 1 electronic copy, 1 paper original

January 9-23, 2017
- MTA will review Part II of the application for completeness.

January 23, 2017
- Endorsed applications will be sent to the 5310 Application Review Sub-committee of the State Coordinating Committee for Human Services Transportation (SCCHST) for scoring.

February 15, 2017
- Sub-committee will meet to review scores and rank projects.

February 28, 2017
- Final recommendations will be sent to MTA Capital Programming.

These deadlines must be met. If they are not met, the non-profit organization's application will not be accepted. NO EXCEPTIONS
PLANNING AND COORDINATION REQUIREMENTS

FEDERAL REQUIREMENTS

To be eligible for Section 5310 funding, MAP-21 requires that projects funded through the Section 5310 Program be “included in a locally developed, coordinated public transit-human services transportation plan” that was “developed and approved through a process that included participation by seniors, individuals with disabilities, representatives of public, private, and nonprofit transportation and human services providers, and other members of the public.”

FTA guidance defines a coordinated public transit-human service transportation plan as one that identifies the transportation needs of individuals with disabilities, seniors, and people with low incomes, provides strategies for meeting those needs, and prioritizes transportation services for funding and implementation. Required elements of the plan are:

- An assessment of available services that identifies current transportation providers (public, private, and nonprofit);
- An assessment of transportation needs for individuals with disabilities and seniors. This assessment can be based on the experiences and perceptions of the planning partners or on more sophisticated data collection efforts, and gaps in service;
- Strategies, activities, and/or projects to address the identified gaps between current services and needs, as well as opportunities to achieve efficiencies in service delivery; and
- Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities identified.

Detailed guidance from FTA on the coordinated planning requirements for the Section 5310 Program can be found on pages V-1 through V-10 in the most recent Section 5310 Program Circular (FTA C 970.1G, issued June 6, 2014). This circular can be found on the FTA website at: here.

REGIONAL COORDINATION PLANS IN MARYLAND

In Maryland, preparing and updating locally developed, coordinated public transit-human services transportation plans are the responsibility of five (5) regional coordinating planning organizations. Each of the five (5) Statewide regions has developed a Coordinated Public Transit-Human Services Transportation Plan that 1) identified the transportation needs of individuals with disabilities, elderly individuals and individuals with low incomes, 2) provided strategies for meeting those local needs, and 3) identified potential projects that correspond to each strategy. These Maryland regional plans, which were initially completed in September, 2007 and updated in September, 2010, are available via the project website: http://www.kfhgroup.com/mdcoordinationplans.htm.
The Washington, DC metropolitan area coordinated plan (which includes Montgomery and Prince George’s counties) is updated by MWCOG. The October 2014 draft of this plan can be found on the MWCOG website at: http://www.mwcog.org/uploads/committee-documents/IF1XX19e20141031142338.pdf

The latest version of each region’s plan will serve as the basis for selection of projects to be funded through the MTA administered Section 5310 Program for State FY2018 and 2019. The Coordinated Transportation Plans have been updated as of September 2015 to meet the cycle required by FTA.

Applicants are encouraged to familiarize themselves with the current plan in their region to ensure their project is consistent with the plan. Additionally, applicants are expected to coordinate with other private, public, and non-profit and human services transportation providers. All awarded projects are required to be derived from their region’s Coordinated Public Transit-Human Services Transportation Plan.

ENDORSEMENT OF LOCAL APPLICATIONS BY REGIONAL COORDINATING BODIES

A required step in the local application process is to submit Part I of the application to the appropriate Regional Coordinating Body for endorsement. Regional Coordinating Bodies are responsible for reviewing local applications before they are submitted to the MTA, and endorsing only those applications that are derived from/included in the current regional coordinated plan. **Indication of endorsement must be received from the appropriate Regional Coordinating Body prior to submitting the application to the MTA. The deadline for submission of Part I of applications to the Regional Coordinating Body is November 28, 2016. Please submit 1 hard copy and 1 electronic copy.**

Contacts for the Regional Coordinating Bodies can be found in the Appendix at the back of this application package.

PUBLIC AND TRANSPORTATION OPERATOR NOTICE REQUIREMENTS

Prior to submission of a Section 5310 application to the MTA, the applicant must provide formal notice to the general public as well as to operator transportation providers in the region, and address comments received as a result of these notifications.

PUBLIC NOTICE

Each applicant must publish a public notice in a local area wide newspaper briefly describing the transportation services your organization is proposing to provide with the vehicle or equipment for which you are applying in this application. Members of the public must be given an opportunity to submit comments on the proposed project to the applicant, and the applicant must respond to any comments received. All such comments and responses must be included as part of the final application. **Specific requirements for this notice are found in Part II of the application package.**
For this grant application cycle, the deadline for publishing the notice is October 28, 2016, the deadline for submission of comments from the public to the applicant is November 28, 2016, and the deadline for responding to any comments received is December 12, 2016.

**WRITTEN NOTIFICATION TO TRANSPORTATION PROVIDERS**

To ensure that the Section 5310 program does not fund projects that will duplicate or compete with existing services, all transportation providers in the proposed service area of the Section 5310 grant application must be notified in writing, by postal mail, of the intended submittal. Transportation operators to be notified include public transit operators, private transit and paratransit operators such as charter bus and taxi operator, social service operators, particularly those funded previously under the Section 5310 or other Federal programs, and specialized transit operators funded by the Maryland Statewide Special Transportation Assistance Program (SSTAP).

All providers in the proposed service area must be informed of the proposed project so they can submit comments to the applicant, and the applicant must respond to any comments received. All such comments and responses must be included as part of the final application. Specific requirements for this notice are found in Part II of the application package, and lists of past recipients of FTA and Section 5310 grants are provided as an appendix.

For this grant application cycle, the deadline for mailing these notifications is October 28, 2016 the deadline for submission of comments from transportation providers to the applicant is November 28, 2016 and the deadline for responding to any comments received is December 12, 2016.

**PROGRAM DESCRIPTION**

**PROGRAM PURPOSE**

Title 49 U.S.C. 5310 authorizes the formula assistance program for the Enhanced Mobility of Seniors and Individuals with Disabilities Program and provides formula funding to States and designated recipients (recipients) to improve mobility for seniors and individuals with disabilities. In Maryland, the Maryland Transit Administration (MTA) of the Maryland Department of Transportation (MDOT) has been designated by the Governor to receive these funds and administer the program.

The Maryland Section 5310 program provides grant funds for capital and operating expenses to recipients for public transportation projects planned, designed, and carried out to meet the special needs of seniors and individuals with disabilities when public transportation is insufficient, inappropriate, or unavailable, as well as for alternatives to public transportation projects that assist seniors and individuals with disabilities with transportation.
**Program Goals and Objectives**

The goal of the Federal Section 5310 program is to improve mobility for seniors and individuals with disabilities throughout the country by removing barriers to transportation services and expanding the transportation mobility options available. Toward this goal, FTA provides financial assistance for transportation services planned, designed, and carried out to meet the special transportation needs of seniors and individuals with disabilities in all areas—large urbanized, small urbanized, and rural. The program requires coordination with other Federally assisted programs and services in order to make the most efficient use of Federal resources.

The program is designed to supplement other capital and operating assistance programs by funding transportation projects for seniors and individuals with disabilities in all areas — urbanized, small urban, and rural. The program seeks to enhance coordination of State and Federally-assisted programs and services in order to encourage the most efficient use of resources and achieve the programs’ goal of improved mobility.

The objectives of the Section 5310 Program in Maryland are to:

- Maximize the use of funds available to the State of Maryland;
- Distribute funds in an equitable and effective manner;
- Promote and encourage applications from a broad spectrum of interested agencies;
- Establish criteria for evaluating applications for program funds;
- Provide technical assistance to organizations through workshops and administrative assistance; and
- Coordinate Maryland’s efforts to provide quality human services transportation services by working with appropriate Federal, State and local agencies, transit customers and transportation providers to develop a cooperative, coordinated, and human services transportation system.

**Eligible Applicants**

*Eligible Direct/Designated Recipients under the Federal Program*

Since the passage of MAP-21, eligible direct recipients for Federal Section 5310 program funds include:

- Designated recipients in Urbanized Areas over 200,000 population:
  - For the Washington Urbanized Area within the District of Columbia, Maryland and Virginia region, the designated recipient is Metropolitan Washington Council of Governments (MWCOG).
  - For the Baltimore Urbanized area, the designated recipient is the MTA.
• States for all Rural and Small Urbanized Areas under 200,000 in population.
• Federally recognized Indian tribes for Section 5310 funds that a State or designated recipient has awarded to the tribe.

The designated recipient applies for funding from the FTA for itself and on behalf of sub-recipients, and in turn awards funding to sub-recipients.

**Eligible Local Applicants (Sub-recipients)**

Eligible applicants for Section 5310 funds in Maryland are private non-profit corporations that submit either:

• A copy of the Articles of Incorporation filed with the Maryland Department of Assessments and Taxation, or

• A copy of the determination from the U.S. Internal Revenue Service documenting their organization's private, non-profit status.

Although the Federal Section 5310 Program provides that a recipient may allocate funds to a State or local government authority under certain circumstances, the State of Maryland has determined that these public bodies will not be eligible to apply for Section 5310 funds for the following reasons:

• The limited funding available through the Section 5310 program is not adequate to meet the equipment needs of the non-profit organizations now eligible for funding. Approximately 50 percent of those applying each year actually receive funding.

• Non-profit organizations have extremely limited financial resources and few grant programs. Public bodies have access to expanded resources and broader access to grant programs.

**Eligible Project Expenses**

As described under the coordinated planning requirements, all awarded Section 5310 projects are required to be derived from the most recent regional Coordinated Public Transit-Human Services Transportation Plans. In addition to being within a project derived from or included in the applicable regional plan, Section 5310 project funding eligibility is limited to the following types of project expenses.

**Eligible Capital Expenses**

In accordance with FTA guidance, at least 55 percent of Section 5310 funds must be utilized for public transportation capital projects that are planned, designed, and carried out to meet the
specific needs of seniors and individuals with disabilities. Eligible capital expenses that meet this 55 percent requirement involve the following:

1) Rolling stock and related activities for Section 5310-funded vehicles
   a. Acquisition of expansion or replacement buses or vans, and related procurement, testing, inspection, and acceptance costs;
   b. Vehicle rehabilitation or overhaul;
   c. Preventative maintenance;
   d. Radios and communication equipment; and
   e. Vehicle wheelchair lifts, ramps, and securement devices.

2) Support equipment for Section 5310 Program
   a. Computer hardware and software;
   b. Transit-related intelligent transportation systems (ITS);
   c. Dispatch systems.

3) Support for mobility management and coordination programs among public transportation providers and other human service agencies providing transportation. Mobility management activities may include:
   a. The promotion, enhancement, and facilitation of access to transportation services, including the integration and coordination of services for individuals with disabilities, seniors, and low-income individuals;
   b. Support for short-term management activities to plan and implement coordinated services;
   c. The support of State and local coordination policy bodies and councils;
   d. The operation of transportation brokerages to coordinate providers, funding agencies, and passengers;
   e. The provision of coordination services, including employer-oriented transportation management organizations’ and human service organizations’ customer-oriented travel navigator systems and neighborhood travel coordination activities such as coordinating individualized travel training and trip planning activities for customers;
   f. The development and operation of one-stop transportation traveler call centers to coordinate transportation information on all travel modes and to manage eligibility requirements and arrangements for customers among supporting programs; and
   g. Operational planning for the acquisition of intelligent transportation technologies to help plan and operate coordinated systems inclusive of geographic information systems (GIS) mapping, global positioning system technology, coordinated vehicle scheduling, dispatching and monitoring technologies, as well as technologies to track costs and billing in a coordinated system, and single smart customer payment systems. (Acquisition of technology is also eligible as a standalone capital expense).
**Other Eligible Capital and Operating Expenses**

Up to 45 percent of a rural, small urbanized area, or large urbanized area’s annual apportionment may be utilized for the following:

1) 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;
2) Public transportation projects (capital and operating) that exceed the requirements of ADA;
3) 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
4) Alternatives to public transportation (capital and operating) that assist seniors and individuals with disabilities with transportation.

**Local Match**

The Section 5310 Federal share of eligible capital expenses may not exceed 80% of the net project costs, and the Federal share of eligible operating expenses may not exceed 50% of the net operating costs. A local match of 20% is required for capital projects, and 50% of the net operating costs for operating project.

The local match **must be provided in cash** for all projects except for a capital mobility management project. The local match (20%) may be provided in the form of In-Kind Service. All proper documentation must be provided in the grant application for the In-Kind Match to be considered as meeting the local match requirements.

All of the local share must come from sources other than Federal Department of Transportation (DOT) funds. Federal DOT program funds cannot be used as a source of local match for other FTA programs, even when used to contract for service. Some examples of non-DOT Federal funds are the Community Development Block Grant, and the Appalachian Regional Commission funds. Examples of other sources for local match monies that may be used for any or all of the local share include local appropriations, dedicated tax revenues, private donations, revenue from human service contracts, and net income generated from advertising and concessions.

**Compliance with State and Federal Requirements**

Section 5310 supplements other transportation funding programs and must be coordinated with those FTA programs and with transportation programs funded by other Federal and State sources. The coordinated planning requirements were described earlier in this application package.
Project Selection Criteria and Method of Distributing Funds

The MTA is the State agency designated by the chief executive officer of Maryland charged with developing project selection criteria. The MTA/OLTS conducts a competitive selection process that is separate, but coordinated with, the planning process.

Each local application must be submitted to the appropriate Regional Coordinating Bodies. The Regional Coordinating Bodies are facilitated by the following organizations:

- Baltimore Region (Annapolis, Anne Arundel, Baltimore, Carroll, Harford, and Howard counties and Baltimore City): Baltimore Metropolitan Council (BMC)
- Lower Eastern Shore (Somerset, Wicomico, and Worcester counties): Tri-County Council for the Lower Eastern Shore of Maryland
- Southern Maryland (Calvert, Charles, and St. Mary’s counties): Tri-County Council for Southern Maryland (TCCSMD)
- Upper Eastern Shore (Caroline, Cecil, Dorchester, Kent, Queen Anne’s, and Talbot counties): Maryland Upper Shore Transit (MUST)
- Western Maryland ( Allegany, Frederick, Garrett, and Washington counties): Tri-County Council for Western Maryland (TCCWMD)
- Washington Region (Montgomery and Prince George’s counties): Metropolitan Washington Council of Governments (MWCOG)
**Note to applicants:** Applicants who provide all or most of their service within one region should send their applications to that Region. If some of your service originates or terminates in another region but your vehicles and services are “housed” in a “home” region, then send your project applications to the region where housed. Some applicants, however, have multiple facilities/locations across the state that operate under their organization’s administrative umbrella. If you are submitting a project request for more than one facility/location for your organization, then you must send a separate project application to each Regional Coordinating Body that applies.

The Regional Coordinating Bodies will review and endorse or not endorse each application/project within their region.

The Regional Coordinating Bodies send their recommendations to the MTA. The MTA then reviews the applications to ensure compliance, and sends those that are responsive to the 5310 Review Sub-committee of the SCCHST to be scored and ranked for selection.

The committee will use the following criteria:

1. **Extent and Urgency of Local Needs (10 pts.)**

   This criterion relates to project justification; i.e. the transportation needs to be met by an agency's proposed project, the urgency of these transportation needs, and the benefits that will accrue to elderly persons and persons with disabilities because of the transportation proposed in the application.

2. **Coordination and Cooperation (20 pts.)**

   Proposed projects must be derived from the region’s Coordinated Transportation Plan. Other considerations include the degree to which the proposed project demonstrates coordination or cooperation among local service agencies and existing transit and paratransit operators. Coordination among agencies serving the elderly and agencies serving persons with disabilities is very important. Coordination may include the sharing of vehicles among agencies, or one agency transporting clients of another agency, or coordinating unused vehicle time with another agency, so that maximum vehicle utilization is achieved. This coordination will also take into consideration projects that do not include vehicles.

3. **Vehicle Utilization (10 pts.)**

   Refers to the degree to which the service plan provides for the fullest possible utilization of the requested vehicle(s) as well as vehicles currently or proposed to be operated, i.e., ridership projections, miles, and hours of operations, etc. This also refers to proposed operational arrangements for project services.
4. Fiscal and Managerial Capability (10 pts.)

The degree to which the applicant appears to be capable of conducting the proposed project, with particular reference to the source and availability of both capital and operating funds and to the capacity of the agency for providing an efficient service. In particular, the provision of efficient transportation services, maintenance, driver training, and administrative oversight will be evaluated.

The maximum possible score is 50 points. Failure to complete any section will result in a score of zero for that section.

The selection process provides for a broad and equitable approach for selection of recipients for Section 5310 funds that meets the requirements of Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance. The MTA/OLTS encourages participation of minority organizations and organizations that serve minority communities in the Section 5310 Program area.

Once the SCCHST has reached a decision on the award of grant funds, the MTA completes a single State-wide application that includes all the equipment and all necessary information on the successful applicant organizations.

The Statewide application is submitted for Federal approval. Local funding awards are contingent upon Federal funding award to the State.

**GRANT AWARDS FOR VEHICLE PURCHASES**

MTA conducts a centralized procurement of certain vehicles funded under the Section 5310 program on a State-wide basis on behalf of the sub-recipients.

The MTA will generally award the grants to purchase vehicles during the fall following the application period, subject to FTA funding approval.

Successful applicants for vehicle funding will be asked for their 20% local contribution upon delivery of the vehicles, which is typically one year after the grant application is submitted to the MTA.

The entire cycle, from the initial announcement of allocations is approximately as follows:

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Announcement</td>
<td>Fall 2016</td>
</tr>
<tr>
<td>Application Deadline</td>
<td>Winter 2017</td>
</tr>
<tr>
<td>SCCHST Selection of Projects</td>
<td>Winter 2017</td>
</tr>
<tr>
<td>State Application Submission to FTA</td>
<td>Spring 2017</td>
</tr>
<tr>
<td>Federal Approval</td>
<td>Fall 2017</td>
</tr>
</tbody>
</table>
The MTA will retain a lien on vehicles funded under the Section 5310 program until the vehicle meets useful life criteria (provided in part I of this application package) and the vehicle is retitled. The MTA/OLTS monitors vehicles funded through the Section 5310 program for which the MTA is a lien holder on the title, to ensure ongoing compliance with Federal and State requirements.

Procurement of sufficient vehicle insurance coverage is very important for the continued operation of your transportation program. We request that your agency review the insurance limit requirements outlined in this application on page 65. It is imperative that these limits be met by all grant recipients of Section 5310 funds.

FOR MORE INFORMATION

If you need clarification on anything in this application, call or email the Program Manager.

Regional Planner
Monica L. White (410)-767-3906
mwhite2@mta.maryland.gov
PART I
APPLICATION FORMS AND INSTRUCTIONS
GENERAL INSTRUCTION FOR YOUR FINAL SUBMISSION

Part I of the application contains information that will be circulated to the Application Review Subcommittee of the SCCHST for their review, scoring and selection.

SUBMIT THE ORIGINAL, FIVE PRINT COPIES AND ONE ELECTRONIC COPY OF PART I.

(Note: Please mark Original)

Part II of the application contains the various assurances and requirements that must be met in order for your organization's application to be considered by the SCCHST.

SUBMIT THE ORIGINAL AND ONE ELECTRONIC COPY OF PART II.

The General Information and Application Summary (next page) must be the first page of your application

THE DEADLINE FOR SUBMITTING APPLICATIONS THIS YEAR:

MONDAY, JANUARY 9, 2017, 4:00 P.M.

NO EXCEPTIONS

Submit your application with the above-specified copies to:

Ms. Monica L. White
Regional Planner
Office of Local Transit Support, 8th Floor
Maryland Transit Administration
6 St. Paul Street
Baltimore, MD 21202-1614
### Legal Name of Applicant Organization:
**DBA (Doing Business As) Name:**
**Federal Tax ID #:**
**DUNS #:**
**CAGE:**

### Address

<table>
<thead>
<tr>
<th>Contact Person</th>
<th>Name</th>
<th>Telephone Number</th>
<th>Fax Number</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director</td>
<td></td>
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<tr>
<td>Project Director</td>
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<tr>
<td>Primary Contact Person</td>
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</tbody>
</table>

### Counties Served

- **MTA Region(s) Which Proposed Projects Will Serve (check all that apply)**
  - Baltimore Region (Annapolis, Anne Arundel, Baltimore, Carroll, Harford, and Howard counties and Baltimore City)
  - Lower Eastern Shore (Somerset, Wicomico, and Worcester counties)
  - Southern Maryland (Calvert, Charles, and St. Mary’s counties)
  - Upper Eastern Shore (Caroline, Cecil, Dorchester, Kent, Queen Anne’s, and Talbot counties)
  - Western Maryland (Allegany, Frederick, Garrett, and Washington counties)
  - Washington Region (Montgomery and Prince George’s counties)

*Please refer to note on bottom of Page 14 to determine areas of service.

### Summary of Current Program and Services

(one trip equals one, one-way passenger trip)

<table>
<thead>
<tr>
<th># trips provided per day</th>
<th># lift vehicles in service</th>
</tr>
</thead>
<tbody>
<tr>
<td># total vehicles in service</td>
<td># seats available</td>
</tr>
<tr>
<td># vehicles currently on order</td>
<td># wheelchair places available</td>
</tr>
</tbody>
</table>

### Estimated number of clients within the following groups who receive any of your agency’s services

<table>
<thead>
<tr>
<th>Number</th>
<th>Number of clients you transport with your agency’s transportation services* (these do not overlap)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>Ambulatory</td>
</tr>
<tr>
<td>Hispanic</td>
<td>Elderly</td>
</tr>
<tr>
<td>American Indian</td>
<td>Disabled</td>
</tr>
<tr>
<td>Asian or Pacific Islanders</td>
<td>Total</td>
</tr>
<tr>
<td>Caucasian</td>
<td># of Eligible Low-Income Individuals</td>
</tr>
<tr>
<td>Alaskan Native</td>
<td>% of Eligible Low-Income Individuals</td>
</tr>
</tbody>
</table>

### Total Agency Clientele
### Vehicle, Equipment and Mobility Management Request in Priority Order

<table>
<thead>
<tr>
<th>Description (Gas or Diesel if Vehicle)</th>
<th>Replacement (Vehicle #)</th>
<th>Expansion</th>
<th>Rehab</th>
<th>Cost**</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td></td>
<td></td>
<td>$</td>
</tr>
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<td>2.</td>
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<td>4.</td>
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<td>$</td>
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</tbody>
</table>

**Application Budget (Estimated)**

| Total Budget | $ |
| Federal Funds (80%) | $ |
| Local Funds (20%) | $ |

- Age of your elderly clients depends on your agency’s guidelines
- Eligible Low-Income Individual is an individual whose family income is at or below 150 percent of the poverty line
- ** see page 61-62 for approx. cost

### Operating Request in Priority Order

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Federal</th>
<th>Local</th>
<th>Total Cost**</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>$</td>
<td></td>
<td>$</td>
</tr>
<tr>
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<td>4.</td>
<td>$</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

**Application Budget (Estimated)**

| Total Budget | $ |
| Federal Funds (50%) | $ |
| Local Funds (50%) | $ |
AGENCY AND TRANSPORTATION PROGRAM INFORMATION

Part I of application is to be submitted according to the format. You must submit each section, completed or labeled “N/A”, before your application will be considered complete. Sample charts should be duplicated as appropriate for use by the applicant.

Applications for financial assistance must contain or address the following in Part I of this application:

- General Agency Information
- Extent and Urgency of Local Needs
- Coordination and Cooperation
- Vehicle Utilization
- Fiscal and Managerial Capability
PART I

GENERAL AGENCY INFORMATION
GENERAL AGENCY INFORMATION

I. Please provide a brief agency description on a separate piece of paper. At a minimum, include in this description the following information:

a. Purpose of the agency

b. Specific goals of the agency

c. Length of time the agency has provided client services

d. Length of time the agency has provided transportation services

e. Brief overview of your transportation program

f. Specific ways in which your transportation program serves your agency’s clients

g. Geographic area served by your agency (region, county, or city)

II. Please complete the attached pages regarding your agency’s Civil Rights/Cell Phone Policies.
A. CIVIL RIGHTS

Do you employ 50 or more persons whose primary function deals with the transportation of clients?

YES

NO

How much State/Federal transportation funding did you receive in your last year of funding?

____________

Is the amount of State/Federal transportation funds more than $1 million in capital or operating assistance or in excess of $250,000 in planning assistance?

YES

NO

If you were awarded a grant, you will be asked to develop an EEO plan.

The State and any sub-recipients that receive funds from FTA for planning, capital, or operating assistance in excess of $250,000 to award in prime contracts, exclusive of funds for transit vehicle purchases, in a given Federal fiscal year must prepare a DBE program.

Is the amount of State/Federal transportation funds received in your last year of funding for planning, capital, or operating assistance more than $250,000?

YES

NO

If "Yes," please provide a copy of your approved DBE program.

If your organization does not have an FTA/MTA approved DBE plan, please contact your regional planner. A list of regional planners is included in the Appendix at the back of this document.
Do you have an approved MTA/FTA Title VI Policy Statement/Plan?

YES

NO

Date of Approval

Please provide a copy of your most recent Title VI Policy Statement/Plan.

If you do not have an approved plan please contact your regional planner. A list is attached in the Appendix at the end of this document.
B. CIVIL RIGHTS CONTACTS - Applicant

EEO CONTACT - Applicant

Name __________________________
Title __________________________
Department/Organization __________________________
Phone _______________ E-Mail _______________
Address __________________________
City, State ZIP __________________________

MBE/DBE CONTACT - Applicant

Name __________________________
Title __________________________
Department/Organization __________________________
Phone _______________ E-Mail _______________
Address __________________________
City, State ZIP __________________________

Title VI CONTACT - Applicant

Name __________________________
Title __________________________
Department/Organization __________________________
Phone _______________ E-Mail _______________
Address __________________________
City, State ZIP __________________________
C. CELL PHONE USE

Do you have a policy regarding the use of cell phones and other portable electronic devices for employees of your program?

YES  
NO

Please attach a copy of your policy.
PART I

EXTENT AND URGENCY

OF LOCAL NEEDS
EXTENT AND URGENCY OF AGENCY NEEDS

This section relates to project justification; i.e., the transportation needs to be met by your agency's proposed project, the urgency of these transportation needs, and the benefits that will accrue to the individuals with disabilities and elderly individuals because of the transportation proposed in the application.

In responding to the following questions please remember that it is very important that you provide a clear picture of the needs described above.

1. Please describe the proposed project. What equipment, facilities, or services would be funded if your request is approved? What is the time period of the proposed project? What counties, cities and towns would be served? Who would be eligible to use the services?

2. Describe the needs, urgency of these needs and benefits of this request. Please provide supporting information such as surveys, waiting lists, requests denied, planning documents, etc. You may need to use a separate piece of paper. (Do not submit clients’ names with this application.)

3. Is your agency requesting a vehicle in this application?
   ________Yes ________No

   If yes, is this vehicle an:
   ________ Replacement of 5310 vehicle
   ________ Replacement of non-5310 vehicle
   ________ Expansion

   If Expansion, indicate reason for expansion:
   ________ Adding program component
   ________ Increasing number of clients
   ________ Insufficient number of vehicles for current agency needs

4. Is your agency requesting equipment other than a vehicle in this application?
   ________Yes ________No

   If yes:
   Equipment   Purpose (How it will be used in your transportation program)

   __________________________
   __________________________
   __________________________
5. Is your agency requesting **preventative maintenance** for Section 5310-funded vehicles in this application?

______Yes _______No

If yes, please describe your maintenance program.

6. Is your agency requesting funding for **mobility management and coordination activities** in this application?

______Yes _______No

If yes, please describe the activities to be supported by this funding.

7. Is your agency requesting funding for **public transportation alternatives that assist seniors and people with disabilities with transportation** in this application?

______Yes _______No

If yes, please describe the services to be supported by this funding.

What is the need for these alternative services that current public transportation services are unable to meet?

8. Is your agency requesting **Operating** funding in this application?

______Yes _______No

If yes, please describe the services to be supported by this funding.

**AGENCY SERVICES CHART**

The chart on the following page should provide information on your agency, current transportation program description and justification for your application request. If it is necessary to provide additional or supporting information such as surveys, waiting lists, requests denied or planning documents, please include information as an attachment.

The Agency Description Chart requires two (2) categories of information: services provided and clients served. The following is a definition and explanation of the information requested.

```
Age range of current clients - What is the age range of the individuals with disabilities and elderly individuals currently served by your agency?
```
"Age range eligible for serving" - Is your agency able to serve clients of a wider age range? If so, please indicate.

"Services provided by agency" - Place an "X" next to all the services provided by your agency. Also indicate how much service is being provided by indicating on the chart the number of clients served by category. If a specific function of your agency is not listed, indicate as other and explain.

"Current total clients" - How many clients are currently enrolled in your agency services?

"Current riders" - How many clients are currently using your agency's transportation services per week, per service?

"Total" - Provide the total number of clients listed per column for each category of client. The total number of current individuals with disabilities and elderly individuals should be placed in column (1), etc.
<table>
<thead>
<tr>
<th>Age Range of Current Clients</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Age Range Eligible for Serving</th>
<th>Elderly/ Ambulatory</th>
<th>Elderly/ Non-Ambulatory</th>
<th>Disabled/ Ambulatory</th>
<th>Disabled/ Non-Ambulatory</th>
<th>Employment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Current Total Clients</td>
<td>Current Riders</td>
<td>Current Total Clients</td>
<td>Current Riders</td>
<td>Current Total Clients</td>
<td>Current Riders</td>
</tr>
<tr>
<td>Service Provided by Agency: enter no. of Clients served per week</td>
<td></td>
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<td></td>
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<tr>
<td>________ Adult Day Care</td>
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<tr>
<td>________ Nursing Home</td>
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<td></td>
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<tr>
<td>________ Vocational Training</td>
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<tr>
<td>________ Activity Center</td>
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<tr>
<td>________ Sheltered Workshop</td>
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<tr>
<td>________ Senior Center/Services</td>
<td></td>
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<tr>
<td>________ Residential Services</td>
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<td></td>
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<tr>
<td>________ Family &amp; Community Programs</td>
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<tr>
<td>________ Medical Transportation</td>
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<tr>
<td>________ Other</td>
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</tbody>
</table>

*Please indicate if new or expanded service. Elderly/Non-Ambulatory includes cognitive and physical disabilities.*
PART I

COORDINATION AND COOPERATION
PROJECT COORDINATION

This section relates to the degree to which the proposed project demonstrates coordination or cooperation among local service agencies and existing transit and paratransit operators. Coordination and cooperation among agencies serving individuals with disabilities and elderly individuals is very important. To interface most effectively, service providers must be knowledgeable about each other's purpose, capabilities and areas served.

1. Please list below all other providers of transportation services to the individuals with disabilities and elderly individuals in your locality. (These operators must also be on the Operator Notification Certification in Part II.) Include public, private non-profit agencies. Next to the agency name, explain how your services are the same or differ from those of the named agency.

<table>
<thead>
<tr>
<th>Operator</th>
<th>Type of Service provided</th>
<th>Difference/Similarity</th>
</tr>
</thead>
</table>

2. Coordination of your organization's transportation with that operated by other providers can take many forms. Examples of some arrangements are: obtaining fuel and oil through a joint purchase agreement with another provider, obtaining maintenance for vehicles under an agreement with another provider, referring your clients to other agencies/operators, transporting other agencies' clients, or coordinating unused vehicle time with another agency, so that maximum vehicle utilization is achieved, having an ongoing and active advisory committee which includes agencies providing transportation.

Explain how your transportation operation is or will be coordinated with existing services operated by public, private-non-profit, or private-for-profit transportation providers in your locality, considering all of the possibilities listed above.

3. If other agencies do have use of your vehicles indicate:

<table>
<thead>
<tr>
<th>VIN#</th>
<th>Agency</th>
<th>% Operating Time</th>
</tr>
</thead>
</table>

38
4. Identify which Strategy(ies) within the Coordinated Public Transit-Human Services Transportation Plan this project responds to. (Regional Strategies can be found on the following pages. For Baltimore, Lower Eastern Shore, Southern Maryland, Upper Eastern Shore and Western Maryland, you would at least state the first strategy.) Explain how your agency implements this strategy/these strategies.
Regional Strategies Identified in each Region’s Coordinated Public Transit-Human Services Transportation Plan

Note that the Baltimore, Southern Maryland, and Western Maryland regions identified multiple strategies as equally important priorities, while the Lower and Upper Shore regions ranked identified strategies in a priority order.

**Baltimore Area (Annapolis, Anne Arundel, Baltimore, Carroll, Harford, and Howard Counties and Baltimore City) – 2015 Plan Update**

- Continue to support capital needs of coordinated human service/public transportation providers.
- Improve coordination among public transportation and human service transportation providers.
- Establish “centralized points of access” that provides information on available transportation options in the region and/or provide travel training to the targeted populations.
- Expand availability of demand-response and specialized transportation services to provide additional trips for targeted populations.
- Provide flexible transportation options and more specialized and one-to-one services through expanded use of volunteers.
- Provide “centralized point of access” that offer information on available aging and disability resources and/or offer travel training to targeted populations.
- Expand availability of accessible transportation services.
- Expand access to taxi and other private transportation providers.

**Lower Eastern Shore (Somerset, Wicomico, and Worcester Counties) – 2015 Plan Update**

- Maintain existing services through appropriate operating and capital funding.
- Ensure customers are aware of existing transportation options and can use these services effectively.
- Expand public transportation options in the region.
- Expand specialized transportation services for people who unable to use or access public transit services.
- Consider a broader variety of transportation services that target specific needs identified through the coordinated transportation planning process.
• Secure additional funding and resources to support community transportation services.
• Provide more flexible transportation services that respond to seasonal nature of the region.
• Improve coordination and connectivity in the region.

**Southern Maryland (Calvert, Charles, and St. Mary’s Counties) – 2015 Plan Update**

• Maintain existing services through appropriate operating and capital funding
• Ensure customers are aware of existing transportation options and can use these services effectively
• Expand public transportation options in the region
• Expand specialized transportation services for people who are unable to use or access public transit services
• Consider a broader variety of transportation services that target specific needs identified through the coordinated transportation planning process
• Secure additional funding and resources to support community transportation services
• Improve coordination and connectivity in the region

**Upper Eastern Shore (Caroline, Cecil, Dorchester, Kent, Queen Anne’s, and Talbot Counties) – 2015 Plan Update**

• Maintain existing services through appropriate operating and capital funding
• Ensure customers are aware of existing transportation options and can use these services effectively
• Expand public transportation options in the region
• Expand specialized transportation services for people who are unable to use or access public transit services
• Consider a broader variety of transportation services that target specific needs identified through the coordinated transportation planning process
• Secure additional funding and resources to support community transportation services
• Improve coordination and connectivity in the region
Strategies for Improved Coordination and Services

I. Coordinate Transportation Services and Programs

- Improved service and agency communication across jurisdictions at the local and State levels on transportation (public, non-profit, private and Medicaid)
- Coordination should improve services for customers and reduce cost to agencies
- Improve Local and State Interagency coordination with planning efforts and mobility managers
- Improve Nonprofit agency coordination
- Involve Private transportation Providers
- Provide customer services that plan for the whole trip, and not simply the ride, i.e., individuals often need information about various transportation options, and assistance in researching those options and planning and preparing for the trip

II. Provide Customer-Focused Services, Improve Marketing and Training

- Train transportation managers, agency staff and others who have direct contact with customers to improve communication, interactions and understanding of user’s needs and concerns
- Train customers on the use of available options, including but not limited to fixed-route services
- Provide tailored transportation services for low-income individuals with physical and developmental disabilities and older adults
- Market and advertise existing services; target and customize information to people who need them most, such as people who utilize public housing, senior centers, adult day care and dialysis facilities.
- Improve information on existing services and provide in appropriate formats (including electronic media) to customers, caregivers, social service and nonprofit agencies -- both public and specialized – that are available to people with disabilities and that can most effectively meet their transportation needs.

III. Improve the Accessibility and Reliability Existing Services

- Provide alternatives to traditional fixed-route transit and paratransit with an emphasis on shared rides and privately-provided services
- Improved connections to existing services, including first mile/last mile connections, such as improved infrastructure, deviated route services, shuttles, or taxis to transit stations. These connections are critical in areas where services have been cut.
- Improve pathways and physical infrastructure at bus and rail stations
- Provide better methods for reporting needed bus stop and sidewalk improvements

IV. Develop And Implement Additional Transportation Options

- Improve the frequency, availability and accessibility of specialized services (both capital and operating improvements).
• Provide services or programs that cross jurisdictional boundaries travel, as well as services that can effectively accommodate individual trip requirements.
• Additional funding should be identified and secured to support and sustain these programs.

**Priority Projects:**

A. Mobility Manager Positions at the Local Government Level  
B. Challenge Grant for Coordinated Planning Efforts  
C. Personal Mobility Counseling Services  
D. Travel Training  
E. Door-through-Door or Escorted Transportation Service  
F. Expanded and On-Going Sensitivity and Customer Service Training for Drivers  
G. Shuttle or Taxi service to Bus Stops and Rail Stations  
H. Bus Stop and Sidewalk Improvements  
I. Deviated Bus or Feeder Service for Targeted Area or Population Groups  
J. Pilot Programs that Expand the Use of Taxis for Medical Trips  
K. Volunteer Driver Programs  
L. Tailored Transportation Service for Clients of Human Service Agencies

**Western Maryland ( Allegany, Frederick, Garrett, and Washington Counties) – 2015 Plan Update**

• Maintain existing services through appropriate operating and capital funding.
• Ensure customers are aware of existing transportation options and can use these services effectively.
• Expand public transportation options in the region.
• Expand specialized transportation services for people who are unable to use or access public transit services.
• Consider a broader variety of transportation services that target specific needs identified through the coordinated transportation planning process.
• Secure additional funding and resources to support community transportation services. Expand access to employment opportunities in the region.
• Improve coordination and connectivity between transportation providers in the region.
SERVICE CONTRACTS

" List any current or proposed contracts or other agreements your organization has for providing transportation to other agencies. Attach copies to Part I.

Check here if this is not applicable  ____

" List names and addresses of any public or private transportation provider from which your organization purchases, or plans to purchase, transportation service.

Check here if this is not applicable  ____
PART I

VEHICLE UTILIZATION

AND

REQUESTED VEHICLES
VEHICLE UTILIZATION

1. Vehicle and Equipment Request in Priority Order:

<table>
<thead>
<tr>
<th>Description</th>
<th>Expansion</th>
<th>Replacement</th>
<th>Rehabilitation</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>2.</td>
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<td></td>
<td>$</td>
</tr>
<tr>
<td>3.</td>
<td></td>
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<td></td>
<td>$</td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

2. Vehicle Replacement

If replacement vehicles are being requested, complete the following for each vehicle to determine eligibility: (Criteria for replacement follows chart).

Since there is a lag period between the time of your application and the actual delivery date of an approved vehicle, allowance must be made for the mileage which will be added to the vehicle during this lag time.

The following formula should be used to account for this additional mileage and thereby determine if your vehicle will meet the minimal service life criteria.

<table>
<thead>
<tr>
<th>Vehicle Description</th>
<th>Vehicle to be replaced</th>
<th>Vehicle to be replaced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vehicle Identification Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date Vehicle was placed in service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Months of Ownership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Vehicle Mileage (Date _____________)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average Miles per Month (Current Mileage divided by Total Months of Ownership)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Projected Mileage (Average Mileage per Month X 36 Projected Months)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Vehicle Mileage</strong> (Current &amp; Projected Mileage)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Projected Age of Vehicle in Months (Total Months of Ownership + 36 Months)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Age of Vehicle (in years) (Projected Age of Vehicle in Months divided by 12)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you are awarded a Section 5310 replacement vehicle, how will you dispose of the vehicle to be replaced?

- _______Sell Vehicle  _______Use Vehicle as Backup  _____Junk Vehicle  ______Other

- If requesting more than two vehicles to be replaced please duplicate this form and include with application
Minimum Vehicle Service-Life Policy

Minimum Service-Life Standards

To ensure that vehicles are adequately maintained and remain in service for their normal service life, the Maryland Transit Administration (MTA) has established minimum service-life standards for vehicles funded with State or Federal funds. These standards apply to all vehicles purchased with Sections 5307, 5309, 5310, 5311, 5316, 5317, American Disabilities Act (ADA), or Statewide Special Transportation Assistance Program (SSTAP) funds, and to all vehicles that will be replaced with vehicles funded from these programs, regardless of the initial funding source.

Service-life begins on the date the vehicle was placed in service and continues until it is removed from service.

<table>
<thead>
<tr>
<th>Classification</th>
<th>Yrs.</th>
<th>Miles</th>
<th>GVWR</th>
<th>LENGTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small Specialized Vehicles (Accessible Minivans and Accessible Taxicabs) &amp;</td>
<td></td>
<td></td>
<td>&lt; 14,000 lbs.</td>
<td></td>
</tr>
<tr>
<td>Sedans</td>
<td>4</td>
<td>150,000</td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Fleet Support Vehicles (Pick up trucks and utility vehicles)</td>
<td>6</td>
<td>200,000</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Light Duty Small Bus (Cutaway)</td>
<td>6</td>
<td>200,000</td>
<td>15,000 lbs. or less</td>
<td>n/a</td>
</tr>
<tr>
<td>Medium Duty Bus</td>
<td>8</td>
<td>250,000</td>
<td>15,000 lbs. &lt; 23,000 lbs.</td>
<td>Under 30’</td>
</tr>
<tr>
<td>Heavy Duty Bus</td>
<td>10</td>
<td>350,000</td>
<td>all</td>
<td>Under 35’</td>
</tr>
<tr>
<td>Heavy Duty Bus</td>
<td>12</td>
<td>500,000</td>
<td>all</td>
<td>Over 35’</td>
</tr>
</tbody>
</table>

Vehicle Classifications

- Small Specialized Vehicles (Accessible Minivans and Accessible Taxicabs) & Sedans: at least four (4) years of service and an accumulation of at least 150,000 miles.

- Support Vehicles (Pick-up trucks and utility vehicles): at least six (6) years of service and an accumulation of at least 200,000 miles.

- Light Duty Small Bus, body on chassis-type (cutaway): at least six (6) years of service and an accumulation of at least 200,000 miles.

- Medium duty (under 30’) transit buses: at least eight (8) years of service and an accumulation of at least 250,000 miles.

- Heavy duty (30’-35’) transit buses: at least ten (10) years of service and an accumulation of at least 350,000 miles.

- Heavy duty (greater than 35’) transit buses: at least twelve (12) years of service and an accumulation of at least 500,000 miles.
Although a minimum standard for service-life is adopted, additional information about the condition of the vehicle is necessary for all replacement requests. Vehicles will not be replaced based solely on age and accumulated mileage, therefore details such as repair records or estimated repair costs must be provided with the request.

Below is minimum information that is requested to submit for a replacement vehicle. Use forms provided in the applications.

- Fleet Vehicle Number,
- Present Mileage,
- Vehicle Identification Number and delivery date (if the vehicle to be replaced was purchased under a previous Sections 5307, 5309, 5310, 5311, 5316, 5317, ADA, or SSTAP grant),
- A description of the condition of the vehicle to be replaced, including the reasons for replacing the vehicle at this time, and
- An indication of how the vehicle will be disposed of (sell, salvage, or used as backup or other).

**NOTE:** any insurance proceeds received for this vehicle will be deducted from MTA’s State and Federal portion of the eligible cost of a replacement vehicle.

**Replacement Prior to Meeting Minimum Service-Life Criteria**

If a replacement vehicle is being requested for a vehicle which has not or will not meet the established Service-Life criteria, the applicant must describe the circumstances necessitating the replacement of the vehicle. The applicant would need to complete the information above, in addition to providing the following information:

- A list of any repairs that will be required to keep the vehicle in service, and an estimated cost of each repair,
- A description and cost of repairs made to the vehicle to date (attach the repair and preventative maintenance records, if available).

FTA classifies this as early asset replacement.
**Vehicle Rehabilitation**

If you are applying for funding for vehicle rehabilitation, identify each vehicle to be rehabilitated, give a description of work to be done for each, and provide an estimate for the cost of rehabilitation.

Note: Rehabilitation of vehicles will only be approved for those vehicles purchased with FTA funds or if the Maryland Department of Transportation is added on the vehicle title. Rehabilitated vehicles will not be eligible for replacement until at least three years after rehabilitation takes place.

A vehicle may be rehabilitated if:

- it is at least four (4) years old or has 100,000 miles (this may be projected in accordance with the vehicle replacement formula chart).
- the cost of the rehabilitation is less than 50% of the purchase price of a “like” vehicle.
- the rehabilitation work restores the vehicle to a “nearly new” vehicle status
- the vehicle can meet, after rehabilitation, the current Section 5310 safety standards and specifications
- the rehabilitation work will add 36 months or approximately 65,000 miles to the life of the vehicle

If such rehabilitation work is approved for funding under this Section 5310 application, the Maryland Transit Administration will have final approval on specifications and solicitation.

**Vehicle Inventory**

Please complete this form for your agency’s entire vehicle inventory. List all vehicles in the following order:

- vehicles that are to be replaced or rehabilitated; [list highest priority first]
- currently used vehicles that will not be affected by this application;
- vehicles that are currently on order through a previous year’s application or another funding source and are yet to be received.

If you are replacing a vehicle in which the status is inactive or back up, please explain why. The Committees’ current policy is not to replace inactive or back up vehicles unless adequate justification is made. Use a separate page if needed to explain in detail. If a vehicle is used daily during peak service it is not considered a back up vehicle.
THIS PAGE INTENTIONALLY LEFT BLANK
Section 5310 Program Application for FY 2018 and FY 2019

Jurisdiction ______________________
Organization ______________________

Form 6: VEHICLE INVENTORY

Indicate all vehicles currently owned by the applicant organization, as well as vehicles requested in FY18/19 and funded in previous years that are currently on order, for your transportation program. Insert additional pages as needed.

<table>
<thead>
<tr>
<th>Agency Fleet Number</th>
<th>Vehicle Identification Number (VIN)</th>
<th>Model Year</th>
<th>Make</th>
<th>Vehicle Type</th>
<th>Title Number</th>
<th>Equipped with Lift or Ramp?</th>
<th>Seating Capacity</th>
<th>Communications Equipment</th>
<th>Capital Funding Source</th>
<th>Current Mileage</th>
<th>Current Status</th>
<th>Average Annual Mileage</th>
<th>Fiscal Year Budgeted for Replacement</th>
</tr>
</thead>
<tbody>
<tr>
<td>REVENUE VEHICLES: All vehicles used for client transportation &amp; all 5310 vehicles</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency Fleet Number</td>
<td>Vehicle Identification Number (VIN)</td>
<td>Model Year</td>
<td>Make</td>
<td>Vehicle Type</td>
<td>Title Number</td>
<td>Equipped with Lift or Ramp?</td>
<td>Seating Capacity (Ambulatory, Wheelchair)</td>
<td>Communications Equipment</td>
<td>Capital Funding Source</td>
<td>Current Mileage</td>
<td>Current Status</td>
<td>Average Annual Mileage</td>
<td>Fiscal Year Budgeted for Replacement</td>
</tr>
<tr>
<td>---------------------</td>
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<td>------------</td>
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<td>---------------------------------------</td>
</tr>
</tbody>
</table>

**REVENUE VEHICLES (cont):** All vehicles used for client transportation & all 5310 vehicles

*Copy page and insert if needed.*
<table>
<thead>
<tr>
<th>Vehicle Type</th>
<th>Equipped with Lift or Ramp?</th>
<th>Seating Capacity</th>
<th>Communications Equipment</th>
<th>Capital Funding Source</th>
<th>Current Mileage</th>
<th>Grant # AND Award Year</th>
<th>Order Date</th>
<th>Indicate Vehicle being replaced</th>
</tr>
</thead>
<tbody>
<tr>
<td>VEHICLES AWARDED BUT NOT RECEIVED (prior to 2016):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REPLACEMENT VEHICLES REQUESTED IN FY 2018/2019:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXPANSION VEHICLES REQUESTED IN FY 2018/2019:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Copy page and insert if needed.*
Form 6a: FIXED ASSET INVENTORY

List all existing property assigned to or available to the transportation program, regardless of ownership or funding source, in which you wish to replace in this application.

<table>
<thead>
<tr>
<th>Inventory Control Number</th>
<th>Department (Ops, Admin., Maint, etc.)</th>
<th>Date Acquired</th>
<th>Asset</th>
<th>Description: Use and Condition</th>
<th>Original Cost</th>
<th>Federal/State (Percent Share)</th>
<th>Grant Number</th>
<th>Disposition Action</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Copy page and insert if needed.

Inventory control number: The number assigned, if any, by your organization to each asset.
Department: The department within your organization that manages/uses the property. For example, the asset may be a printer, and it is located in “Admin”.
Product: For example, Desktop computer, Laptop, Bus Shelter, etc.
Description: Provide a description of the daily use and condition of the asset.
Form 7: VEHICLE UTILIZATION PLAN

Indicate how each vehicle listed in the Vehicle Inventory (Form 6) is used on a regular basis. If vehicles are used for multiple services, please use a separate line for each route or service. If schedules are different on different days of the week, please use a separate line for each day. Insert additional lines and pages as needed. Please call for clarification if you have any questions on completing this form.

<table>
<thead>
<tr>
<th>Usual Vehicle (Agency Fleet No.)</th>
<th>Route Name or Number</th>
<th>Origin of Route</th>
<th>Geographic Areas Served</th>
<th>Destination of Route</th>
<th>Trip Purpose</th>
<th>Passenger/Client Group</th>
<th>One-way Trip Length</th>
<th>Usual No. of Riders/Day</th>
<th>Days of the Week</th>
<th>Hours of Day Operated</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Example</strong></td>
<td>Yourtown Shuttle</td>
<td>101 Main St., Yourtown</td>
<td>Yourtown area</td>
<td>Yourtown Mall</td>
<td>general purpose</td>
<td>general public</td>
<td>12 miles</td>
<td>25</td>
<td>M-F</td>
<td>Start Time</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>End Time</td>
</tr>
</tbody>
</table>
PART I

FISCAL AND MANAGERIAL CAPABILITY
FISCAL AND MANAGERIAL CAPABILITY

This section measures the degree to which your agency is capable of conducting the proposed project, with particular reference to the source and availability of both capital and operating funds.

If your organization receives expend more than $750,000 in federal grant awards in a single fiscal year you must identify their Federal sources and amounts of funding. If your total Federal funding spent exceeds $750,000 in the most recent fiscal year for which an audit has been completed, the sub-recipient must provide appropriate audit prior to receiving Section 5310 funding.

The project budget section should provide information on the cost of the requested vehicles and equipment, your transportation program's budget, and the source of funds for the local contribution portion of the procurement. There are also sections on maintenance of vehicles, driver training and administrative oversight.

1. Transportation Program Capital Budget

   This section should provide information on the cost of the requested vehicles and equipment, your transportation program budget, and the source of funds for the local contribution portion of the procurement. Please complete the following:

   Source of Local Contributions

   List the specific sources and amounts of funds that will be provided for the local contributions.

   Source*  
   Amount

   TOTAL $  

*If your source of income is In-Kind please contact Regional Planner Monica White for additional instructions on required documentation.
# Small Bus Worksheet and Order Form

**Jurisdiction/Program:**

**Legal Name:**

---

**Form C-2: CAPITAL PROJECT PLAN**  
**Small BUS COST WORKSHEET (Type IA)**

This form must be completed by all applicants awarded or ordering small buses.  
Prices may fluctuate +/- 10 to 20% when the actual contract is approved.

### A. UNIT BASE PRICE

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Quantity</th>
<th>Unit Base Price Per Vehicle</th>
<th>Total Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Type IA - 138” Wheelbase, Single Rear Wheel (SRW) with 4/2 seating, Gas Engine</td>
<td></td>
<td>$53,100.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

### B. OPTION LIST

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Total Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Option 1 - Electronic Destination Signs</td>
<td></td>
<td>$3,377.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>3</td>
<td>Option 2 - Fire Suppression System</td>
<td></td>
<td>$2,777.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>4</td>
<td>Option 3 - Farebox Accommodation</td>
<td></td>
<td>$1.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>5</td>
<td>Option 4 - Farebox</td>
<td></td>
<td>$1,212.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>6</td>
<td>Option 5 - Full Camera System</td>
<td></td>
<td>$6,931.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>7</td>
<td>Option 6 - Dual Vision Camera System</td>
<td></td>
<td>$795.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>8</td>
<td>Option 7 - Passenger Stop Request</td>
<td></td>
<td>$334.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>9</td>
<td>Option 8 - Not Applicable</td>
<td></td>
<td>($759.00)</td>
<td>$0.00</td>
</tr>
<tr>
<td>10</td>
<td>Option 9 - Manually Operated Passenger Door</td>
<td></td>
<td>$1,585.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>11</td>
<td>Option 10 - Bike Rack</td>
<td></td>
<td>$165.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>12</td>
<td>Option 11 - Strobe Light</td>
<td></td>
<td>$460.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>13</td>
<td>Option 12 - Public Address System</td>
<td></td>
<td>$264.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>14</td>
<td>Option 13 - Radio Delete</td>
<td></td>
<td>($900.00)</td>
<td>$0.00</td>
</tr>
<tr>
<td>15</td>
<td>Option 14 - Not Applicable</td>
<td></td>
<td>$23,412.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>16</td>
<td>Option 15 - Baltimore MTA Mobility Option II (Type IA - 138” SRW with Gas Engine)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Option 16 - Diagnostic Equipment</td>
<td></td>
<td>$1,800.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>18</td>
<td>Option 17 - Training</td>
<td></td>
<td>$80.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>19</td>
<td>Option 18 - Back-up Camera System</td>
<td></td>
<td>$271.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>20</td>
<td>Option 19 - XL3 Hybrid Electric Drive System</td>
<td></td>
<td>$13,880.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>21</td>
<td>Option 20 - Driver’s Storage Compartment</td>
<td></td>
<td>$300.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>22</td>
<td>Option 21 - Passenger Counters</td>
<td></td>
<td>$220.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>23</td>
<td>Option 22 - Four Tally 4-Digit Passenger Counter</td>
<td></td>
<td>$788.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>24</td>
<td>Option 23 - MOR-ride RL Suspension System</td>
<td></td>
<td>$895.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**SUB TOTAL - B (LINES 02 - 24)**  
$58,489.00  
$0.00
### Small Bus Worksheet and Order Form

**Jurisdiction/Program:**

**Legal Name:**

---

**Form C-2: CAPITAL PROJECT PLAN**  
**Small BUS COST WORKSHEET (Type IA)**

This form must be completed by all applicants awarded or ordering small buses. Prices may fluctuate +/- 10 to 20% when the actual contract is approved.

#### C. ADDITIONAL OPTIONS - Seating

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Unit Price</th>
<th>Total Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>Single flip seat</td>
<td>$248.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>26</td>
<td>Double flip seat</td>
<td>$412.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>27</td>
<td>Double fold flip seat</td>
<td>$508.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>28</td>
<td>Extra-long retractable seat belts (in lieu of standard)</td>
<td>$23.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>29</td>
<td>Cloth fabric (Level 4) on passenger seats</td>
<td>$1.00</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td><strong>SUB TOTAL - C</strong></td>
<td><strong>$1,192.00</strong></td>
<td><strong>$0.00</strong></td>
</tr>
</tbody>
</table>

#### D. ADDITIONAL OPTIONS - Exterior Options

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Unit Price</th>
<th>Total Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Lettering on exterior of vehicle - basic (agency name on two sides)</td>
<td>$350.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>31</td>
<td>Lettering on exterior of vehicle - advanced (agency name and logo on two sides)</td>
<td>$650.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>32</td>
<td>Full Body Paint (Alternate Color)</td>
<td>$3,500.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>33</td>
<td>Stripes – single color &amp; stripe</td>
<td>$325.00</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td><strong>SUB TOTAL - D (LINES 30 - 33)</strong></td>
<td><strong>$4,825.00</strong></td>
<td><strong>$0.00</strong></td>
</tr>
</tbody>
</table>

#### E. PARATRANSIT

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Unit Price</th>
<th>Total Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>34</td>
<td>Folding Platform Lift (in lieu of standard lift)</td>
<td>$(300.00)</td>
<td>$0.00</td>
</tr>
<tr>
<td>35</td>
<td>Additional Q sprint QRT-300 Fully Automatic tiedown system per position</td>
<td>$789.00</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td><strong>SUB TOTAL - E (LINES 34 - 35)</strong></td>
<td><strong>$589.00</strong></td>
<td><strong>$0.00</strong></td>
</tr>
</tbody>
</table>

**GRAND TOTAL:** **$0.00**

---

**MTA GRANT SHARE (80%)**: $0.00  
**GRANTEE SHARE (20%)**: $0.00

---

**F. GRANT NUMBER - enter your grant number in the cell below**

---

Signature: ___________________________________________ Date: ______________
Small Bus Worksheet and Order Form

Jurisdiction/Program:

Legal Name:

Form C-2: CAPITAL PROJECT PLAN
Small BUS COST WORKSHEET (Type 2A)

This form must be completed by all applicants awarded or ordering small buses.
Prices may fluctuate +/- 10 to 20% when the actual contract is approved.

### A. UNIT BASE PRICE

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Quantity</th>
<th>Unit Base Price Per Vehicle</th>
<th>Total Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Type 2A - 138&quot; Wheelbase, Single Rear Wheel (SRW) with 8/2 seating, Gas Engine</td>
<td></td>
<td>$53,700.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

### B. OPTION LIST

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Total Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Option 1 - Electronic Destination Signs</td>
<td></td>
<td>$3,877.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>3</td>
<td>Option 2 - Fire Suppression System</td>
<td></td>
<td>$3,477.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>4</td>
<td>Option 3 - Firebox Accommodation</td>
<td></td>
<td>$1.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>5</td>
<td>Option 4 - Firebox</td>
<td></td>
<td>$3,212.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>6</td>
<td>Option 5 - Full Camera System</td>
<td></td>
<td>$6,911.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>7</td>
<td>Option 6 - Dual-Vision Camera System</td>
<td></td>
<td>$795.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>8</td>
<td>Option 7 - Passenger Stop Request</td>
<td></td>
<td>$334.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>9</td>
<td>Option 8 - Flat Floor</td>
<td></td>
<td>$429.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>10</td>
<td>Option 9 - Manually Operated Passenger Door</td>
<td></td>
<td>($759.00)</td>
<td>$0.00</td>
</tr>
<tr>
<td>11</td>
<td>Option 10 - Bike Rack</td>
<td></td>
<td>$1,585.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>12</td>
<td>Option 11 - Strobe Light</td>
<td></td>
<td>$165.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>13</td>
<td>Option 12 - Public Address System</td>
<td></td>
<td>$460.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>14</td>
<td>Option 12.1 Optional Hands Free Microphone</td>
<td></td>
<td>$264.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>15</td>
<td>Option 13 - Radio Delete</td>
<td></td>
<td>($300.00)</td>
<td>$0.00</td>
</tr>
<tr>
<td>16</td>
<td>Option 14 - Not Applicable</td>
<td></td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>17</td>
<td>Option 15 - Not Applicable</td>
<td></td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>18</td>
<td>Option 16 - Diagnostic Equipment</td>
<td></td>
<td>$1,800.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>19</td>
<td>Option 16.1 Laptop Computers</td>
<td></td>
<td>$80.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>20</td>
<td>Option 17 - Training</td>
<td></td>
<td>$1.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>21</td>
<td>Option 18 - Back-up Camera System</td>
<td></td>
<td>$503.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>22</td>
<td>Option 19 - XL3 Hybrid Electric Drive System</td>
<td></td>
<td>$17,123.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>23</td>
<td>Option 20 - Driver's Storage Compartment</td>
<td></td>
<td>$300.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>24</td>
<td>Option 21 - Passenger Counters</td>
<td></td>
<td>$595.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**SUB TOTAL - B (LINES 02 - 24)** $30,985.00 $0.00
### Small Bus Worksheet and Order Form

**Jurisdiction/Program:** [Name]

**Legal Name:** [Name]

---

**Form C-2: CAPITAL PROJECT PLAN**

**Small BUS COST WORKSHEET (Type 2A)**

This form must be completed by all applicants awarded or ordering small buses. Prices may fluctuate +/- 10 to 20% when the actual contract is approved.

---

**C. ADDITIONAL OPTIONS - Seating**

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Unit Price</th>
<th>Total Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>Single flip seat</td>
<td>$248.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>26</td>
<td>Double flip seat</td>
<td>$412.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>27</td>
<td>Double fold flip seat</td>
<td>$508.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>28</td>
<td>Extra-long retractable seat belts (incl. standard)</td>
<td>$23.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>29</td>
<td>Cloth fabric (Level 4) on passenger seats</td>
<td>$1.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**SUB TOTAL - C (LINES 25 - 29)**

$1,192.00 | $0.00

---

**D. ADDITIONAL OPTIONS - Exterior Options**

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Unit Price</th>
<th>Total Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Lettering on exterior of vehicle - basic (agency name on two sides)</td>
<td>$350.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>31</td>
<td>Lettering on exterior of vehicle - advanced (agency name and logo on two sides)</td>
<td>$650.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>32</td>
<td>Full Body Paint (Alternate Color)</td>
<td>$3,800.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>33</td>
<td>Stripes - single color 6&quot; stripe</td>
<td>$325.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**SUB TOTAL - D (LINES 30 - 33)**

$5,125.00 | $0.00

---

**E. PARATRANSIT**

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Unit Price</th>
<th>Total Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>34</td>
<td>Folding Platform Lift (in lieu of standard lift)</td>
<td>($200.00)</td>
<td>$0.00</td>
</tr>
<tr>
<td>35</td>
<td>Additional QSR qRT-360 Fully Automatic bed down system per position</td>
<td>$789.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**SUB TOTAL – E (LINES 34 - 35)**

$589.00 | $0.00

**GRAND TOTAL**

$6,780.00 | $0.00

---

**MTA GRANT SHARE (80%)**

$0.00

**GRANTEE SHARE (20%)**

$0.00

---

**C. GRANT NUMBER - enter your grant number in the cell below**

---

**Signature:** __________________________  **Date:** __________________________
Small Bus Worksheet and Order Form

Jurisdiction/Program: 

Legal Name: 

**Form C-2: CAPITAL PROJECT PLAN**

Small BUS COST WORKSHEET (Type 3A)

This form must be completed by all applicants awarded or ordering small buses. Prices may fluctuate +/- 10 to 20% when the actual contract is approved.

### A. UNIT BASE PRICE

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Quantity</th>
<th>Unit Base Price Per Vehicle</th>
<th>Total Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Type 3A - 138' Wheelbase, Dual Rear Wheel (DRW) with 12 - 2 seating, Gas Engine</strong></td>
<td></td>
<td>$57,275.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

### B. OPTION LIST

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Total Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Option 1 - Electronic Destination Signs</td>
<td></td>
<td>$3,677.00</td>
<td>0.00</td>
</tr>
<tr>
<td>3</td>
<td>Option 2 - Fire Suppression System</td>
<td></td>
<td>$2,777.00</td>
<td>0.00</td>
</tr>
<tr>
<td>4</td>
<td>Option 3 - Farebox Accommodation</td>
<td></td>
<td>$1.00</td>
<td>0.00</td>
</tr>
<tr>
<td>5</td>
<td>Option 4 - Farebox</td>
<td></td>
<td>$1,212.00</td>
<td>0.00</td>
</tr>
<tr>
<td>6</td>
<td>Option 5 - Full Camera System</td>
<td></td>
<td>$6,931.00</td>
<td>0.00</td>
</tr>
<tr>
<td>7</td>
<td>Option 6 - Dual-Vision Camera System</td>
<td></td>
<td>$793.00</td>
<td>0.00</td>
</tr>
<tr>
<td>8</td>
<td>Option 7 - Passenger Stop Request</td>
<td></td>
<td>$334.00</td>
<td>0.00</td>
</tr>
<tr>
<td>9</td>
<td>Option 8 - Flat Floor</td>
<td></td>
<td>$429.00</td>
<td>0.00</td>
</tr>
<tr>
<td>10</td>
<td>Option 9 - Manually Operated Passenger Door</td>
<td></td>
<td>($759.00)</td>
<td>0.00</td>
</tr>
<tr>
<td>11</td>
<td>Option 10 - Bike Rack</td>
<td></td>
<td>$1,385.00</td>
<td>0.00</td>
</tr>
<tr>
<td>12</td>
<td>Option 11 - Strobe Light</td>
<td></td>
<td>$165.00</td>
<td>0.00</td>
</tr>
<tr>
<td>13</td>
<td>Option 12 - Public Address System</td>
<td></td>
<td>$460.00</td>
<td>0.00</td>
</tr>
<tr>
<td>14</td>
<td>Option 13 - Optional Hands Free Microphone</td>
<td></td>
<td>$264.00</td>
<td>0.00</td>
</tr>
<tr>
<td>15</td>
<td>Option 13 - Radio Delete</td>
<td></td>
<td>($300.00)</td>
<td>0.00</td>
</tr>
<tr>
<td>16</td>
<td>Option 14 - Not Applicable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Option 15 - Baltimore MTA Mobility Option I (Type 3A - 138' DRW with Gas Engine)</td>
<td></td>
<td>$30,474.00</td>
<td>0.00</td>
</tr>
<tr>
<td>18</td>
<td>Option 16 - Diagnostic Equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Option 17 - Laptop Computers</td>
<td></td>
<td>$1,800.00</td>
<td>0.00</td>
</tr>
<tr>
<td>20</td>
<td>Option 18 - Engine Diagnostic Readers/Scanners</td>
<td></td>
<td>$80.00</td>
<td>0.00</td>
</tr>
<tr>
<td>21</td>
<td>Option 18 - Back-up Camera System</td>
<td></td>
<td>$1,00</td>
<td>0.00</td>
</tr>
<tr>
<td>22</td>
<td>Option 19 - XL3 Hybrid Electric Drive System</td>
<td></td>
<td>$16,880.00</td>
<td>0.00</td>
</tr>
<tr>
<td>23</td>
<td>Option 20 - Driver’s Storage Compartment</td>
<td></td>
<td>$300.00</td>
<td>0.00</td>
</tr>
<tr>
<td>24</td>
<td>Option 1 - Passenger Counters</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Option 22 - MORryde SL Suspension System</td>
<td></td>
<td>$805.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**SUB TOTAL - B (LINES 02 - 25)**: $69,280.00 | 0.00
### C. ADDITIONAL OPTIONS - Seating

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Unit Price</th>
<th>Unit Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>26</td>
<td>Single flip seat</td>
<td>$248.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>27</td>
<td>Double flip seat</td>
<td>$412.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>28</td>
<td>Double fold flip seat</td>
<td>$508.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>29</td>
<td>Extra-long retractable seat belts (in lieu of standard)</td>
<td>$23.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>30</td>
<td>Cloth fabric (Level 4) on passenger seats</td>
<td>$1.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**SUB TOTAL - C (LINES 26 - 30)**  
$1,192.00  
$0.00

### D. ADDITIONAL OPTIONS - Exterior Options

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Unit Price</th>
<th>Unit Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>Lettering on exterior of vehicle - basic</td>
<td>$350.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>32</td>
<td>Lettering on exterior of vehicle - advanced</td>
<td>$650.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>33</td>
<td>Full Body Paint (Alternate Color)</td>
<td>$3,500.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>34</td>
<td>Stripes – single color 6” stripe</td>
<td>$325.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**SUB TOTAL - D (LINES 31 - 34)**  
$4,825.00  
$0.00

### E. PARATRANST

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Unit Price</th>
<th>Unit Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>Folding Platform Lift (in lieu of standard lift)</td>
<td>($200.00)</td>
<td>$0.00</td>
</tr>
<tr>
<td>36</td>
<td>Additional U’strant QRT-360 Fully Automatic tie-down</td>
<td>$789.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**SUB TOTAL – E (LINES 35 - 36)**  
$589.00  
$0.00

### F. MTA GRANT SHARE (80%)  
$0.00

### G. GRantee SHARE (20%)  
$0.00

**Signature:** ____________________________  
**Date:** ____________________________

---

Form C-2: CAPITAL PROJECT PLAN  
Small BUS COST WORKSHEET (Type 3A)

This form must be completed by all applicants awarded or ordering small buses. 
Prices may fluctuate +/- 10 to 20% when the actual contract is approved.
## Small Bus Worksheet and Order Form

### Form C-2: CAPITAL PROJECT PLAN
**Small BUS COST WORKSHEET (Type 4A)**

This form must be completed by all applicants awarded or ordering small buses. Prices may fluctuate +/- 10 to 20% when the actual contract is approved.

### A. Unit Base Price

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Quantity</th>
<th>Unit Base Price Per Vehicle</th>
<th>Total Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Type 4A - 176” Wheelbase, Dual Rear Wheel (DRW) with 16/2 seating, Gas Engine</strong></td>
<td></td>
<td>$59,975.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

### B. OPTION LIST

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Unit Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Option 1 - Electronic Destination Signs</td>
<td></td>
<td>$3,877.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>3</td>
<td>Option 2 - Fire Suppression System</td>
<td></td>
<td>$3,277.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>4</td>
<td>Option 3 - Farebox Accommodation</td>
<td></td>
<td>$1.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>5</td>
<td>Option 4 - Farebox</td>
<td></td>
<td>$1,212.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>6</td>
<td>Option 5 - Full Camera System</td>
<td></td>
<td>$6,931.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>7</td>
<td>Option 6 - Dual-Vision Camera System</td>
<td></td>
<td>$795.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>8</td>
<td>Option 7 - Passenger Stop Request</td>
<td></td>
<td>$334.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>9</td>
<td>Option 8 - Flat Floor</td>
<td></td>
<td>$459.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>10</td>
<td>Option 9 - Manually Operated Passenger Door</td>
<td></td>
<td>$759.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>11</td>
<td>Option 10 - Bike Rack</td>
<td></td>
<td>$1,585.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>12</td>
<td>Option 11 - Strobe Light</td>
<td></td>
<td>$165.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>13</td>
<td>Option 12 - Public Address System</td>
<td></td>
<td>$460.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>14</td>
<td>12.1 Public Address system</td>
<td></td>
<td>$264.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>15</td>
<td>12.2 Optional Hands Free Microphone</td>
<td></td>
<td>$300.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>16</td>
<td>Option 13 - Radio Delete</td>
<td></td>
<td>$300.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>17</td>
<td>Option 14 - Not Applicable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Option 15 - Not Applicable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Option 16 - Diagnostics Equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>16.1 - Laptop Computers</td>
<td></td>
<td>$1,800.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>21</td>
<td>16.2 - Engine Diagnostic Readers/Scanners</td>
<td></td>
<td>$80.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>22</td>
<td>Option 17 - Training</td>
<td></td>
<td>$1.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>23</td>
<td>Option 18 - Back-up Camera System</td>
<td></td>
<td>$271.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>24</td>
<td>Option 19 - XL3 Hybrid Electric Drive System</td>
<td></td>
<td>$16,880.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>25</td>
<td>Option 20 - Driver's Storage Compartment</td>
<td></td>
<td>$300.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>26</td>
<td>Option 21 - Passenger Counters</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>21.1 - Single Tally 4-Digit Passenger Counter</td>
<td></td>
<td>$220.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>28</td>
<td>21.2 - Four Tally 4-Digit Passenger Counter</td>
<td></td>
<td>$788.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>29</td>
<td>Option 22 - MORTyde RL Suspension System</td>
<td></td>
<td>$895.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**SUB TOTAL - B (LINES 02 - 24)**

$39,536.00   $0.00
# Small Bus Worksheet and Order Form

**Jurisdiction/Program:**

**Legal Name:**

---

**Form C-2: CAPITAL PROJECT PLAN**  
**Small BUS COST WORKSHEET (Type 4A)**

This form must be completed by all applicants awarded or ordering small buses. Prices may fluctuate +/- 10 to 20% when the actual contract is approved.

## C. ADDITIONAL OPTIONS - Seating

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Unit Price</th>
<th>Unit Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>Single flip seat</td>
<td>$248.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>26</td>
<td>Double flip seat</td>
<td>$412.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>27</td>
<td>Double fold flip seat</td>
<td>$508.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>28</td>
<td>Extra-long retractable seat belt (in lieu of standard)</td>
<td>$23.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>29</td>
<td>Cloth fabric (Level 4) on passenger seats</td>
<td>$1.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**SUB TOTAL - C (LINES 25-29)** $1,192.00 $0.00

## D. ADDITIONAL OPTIONS - Exterior Options

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Unit Price</th>
<th>Unit Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Lettering on exterior of vehicle - basic</td>
<td>$350.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>31</td>
<td>Lettering on exterior of vehicle - advanced</td>
<td>$650.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>32</td>
<td>Full Body Paint (Alternate Color)</td>
<td>$3,902.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>33</td>
<td>Stripes - single color 6&quot; stripe</td>
<td>$325.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**SUB TOTAL - D (LINES 30-33)** $4,825.00 $0.00

## E. PARATECHS

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Unit Price</th>
<th>Unit Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>34</td>
<td>Folding Platform Lift (in lieu of standard lift)</td>
<td>($200.00)</td>
<td>$0.00</td>
</tr>
<tr>
<td>35</td>
<td>Additional Q'Strant QRT-160 Fully Automatic tie-down</td>
<td>$789.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**SUB TOTAL – E (LINES 34 - 35)** $5,889.00 $0.00

**Grand Total** $0.00

| MTA GRANT SHARE (50%) | $0.00 |
| GRANTEE SHARE (20%)   | $0.00 |

## G. GRANT NUMBER - enter your grant number in the cell below

---

**Signature:** ___________________________  **Date:** ________________________
NOTICE TO APPLICANTS REQUESTING CAPITAL EQUIPMENT, PREVENTATIVE MAINTENANCE AND MOBILITY MANAGEMENT

Funding for capital expenditures will not be limited to the purchase of vans and buses. Capital purchases may include but are not limited to radios and communication equipment, vehicle rehabilitation, microcomputer hardware and software that will be used for your transportation program, and spare parts with a unit cost of at least $300 and useful life of more than one year. Capital expenses under the Section 5310 program may also include preventative maintenance of Section 5310 vehicles and mobility management activities.

Capital funding for equipment purchases, Preventative Maintenance and mobility management may be requested by indicating so on the attached Equipment, Preventative Maintenance and Mobility Management Request Form. The request form must be attached to your main application and accompany your application through all steps of the application approval process. These requests, if awarded, may be eligible to be reimbursed by the MTA using 80% Federal funds and 20% grantee funds.

Requests for Preventative Maintenance funding should be in the form of a total dollar amount for the entire fiscal year. If awarded, the grantee shall submit quarterly requests for payments accompanied by the following back-up information in order to receive an 80% reimbursement from the MTA:

- Labor Costs
- Labor Hours
- Parts Cost
- Inspections Costs
- Repair Costs

Quarterly request for payment forms will be included with your grant agreement.

Preventative Maintenance as defined below:

All the activities, supplies, materials, labor, services, and associated costs required to preserve or extend the functionality and serviceability of the asset in a cost effective manner, up to and including the current State of the art for maintaining such asset.

Common eligible preventative maintenance requests include but are not limited to:

Oil Changes, tire rotation, tire replacement, transmission flushes, vandalism repairs, mechanic training, and the labor cost associated are considered eligible expenses.

Ineligible requests include but are not limited to:

Gas
Accident repairs
Insurable items
Warranty Items
Legal Applicant Name:

**CAPITAL EQUIPMENT, PREVENTATIVE MAINTENANCE AND MOBILITY MANAGEMENT REQUEST FORM**

*List all FY 2018 and FY 2019 equipment requests, preventative maintenance funding request and attach justification and supporting documentation for each request. List in priority order from top to bottom.*

<table>
<thead>
<tr>
<th>Priority Among All FY18 and FY19 Capital Requests</th>
<th>Equipment Description</th>
<th>Total FY17 and FY18 Project Cost</th>
<th>FY18 Funding 5310</th>
<th>FY19 Funding 5310</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Federal (80%)</td>
<td>Grantee (20%)</td>
<td>Federal (80%)</td>
</tr>
</tbody>
</table>

*Copy and insert additional pages if needed*

**Total Equipment Costs:** $ - $ - $ - $ - $ - $ -

For all Capital Requests an Independent Cost Estimate (ICE) must be completed. 2 minimum for each item

**Project Description** – Provide a description of the project request(s) above and justify its necessity.

**Is your maintenance contracted or performed within your agency / county?**

Please include copy of purchasing/procurement policy.
NAME OF Human Service AGENCY

INDEPENDENT COST ESTIMATE (ICE) FORM

Agency Name:              Project Name and Grant Number:              Date:

Project Description (must include type of good or service, number of units, preliminary specifications or dimensions, product longevity, warranty and/or product service requirements and number of purchase options expected to be exercised):

Date(s) and number of Estimates (cite each estimate source) *:

Estimate (cite expected unit price and extended price, including all services and required components):

Method of Obtaining Estimate (check appropriate section):
  ____ Obtained direct estimate from vendor(s):
  ____ Published List Price:
  ____ Past Agency Pricing (date and contract):
  ____ Engineering or Technical Estimate:
  ____ Independent Third Party Estimate:
  ____ Other (specify):

Additional Comments:

Rationale for Type of Procurement (explain why the type of procurement and cost estimate was selected):

Prepared By:              Date Prepared:

Phone:              Email:

* Minimum 2 estimates per Capital item requested
**Vehicle Insurance Requirements**

The following insurance limits are required for each vehicle purchased or rehabbed with FTA Section 5310 funds.

- **Comprehensive Business Automobile Liability:** The policy or policies shall cover all automobiles defined as motor vehicles, whether owned, non-owned leased, or hired, to a minimum combined single limit for Bodily Injury and Property Damage of $1,000,000.

- Each organization must have collision insurance for protection of FTA's 80% financial interest in each vehicle. This would include Comprehensive and Collision or Upset Coverage on the vehicle.

- There must be Uninsured Motorist coverage for limits of liability of $20,000 per person, and $40,000 per accident.

- The Maryland Department of Transportation **must** be named an additional insured party on each insurance policy for all vehicles procured under this program. Each applicant organization must present to the Administration a letter from its insurance company stating that the minimum limits of coverage, as specified above, can be provided.

**Section 5310 Two-Year Budget**

One budget template is provided that will allow you to include your current transportation budget and your requested application amounts. The amounts entered should reflect a two-year budget and requested amounts for fiscal years 2018 and 2019, a date span of July 1, 2017 through June 30, 2019.

**Columns:** Notice each column is labeled with a letter: A, B, C, D, E, F and G. There is a separate column for each type of program request. Column A is the total of Columns B through G. Your requested amount should be entered in the appropriate column.

**Line Items:** There are four sections related to expenditures: “Vehicles Operations,” “Maintenance,” “Administrative” and “Capital.” These sections should total in the “Total Expenses” line.

The sections blacked out indicate an area not applicable to that particular section. *For example, in the section for Vehicle Operations Expenses the Mobility Management (D), Equipment-Vehicles (E), Equipment-Not Vehicles (F) and Preventive Maintenance (G) columns are blacked out as they are not pertinent to Vehicle Operations Expenses.* Vehicle Operations Expenses are applicable for Current Transportation Budget (B) and Project Specific Operating (C) columns.
The Revenue section is “Farebox and Other Revenue Not Included as Local Share.” If you collect fares or donations, receive contract revenue or bus advertising dollars, these amounts should be listed in the appropriate line in this “Revenue” section. The amounts in this section will be deducted from your “Total Expenses” to culminate in the “Net Project Cost.” (You may elect to include this revenue in the Local Match section instead of the Revenue section.)

The “Local Funds/Match” section plus the “Federal Funds Requested” should add up to your “Net Project Cost.” Please be cognizant of the required percentage of Local versus Federal dollars making up your requested amount in each column.

The following pages contain definitions for each line item. If you would like assistance in determining your actual transportation costs, please call Ms. Monica White @ mwhite2@mta.maryland.gov or 410-767-3906.

1. **Column A - Overall Transportation Program Budget**

   The Overall Transportation Program (Column A) is the total amount of your Current Transportation Budget (Column B) and your Program Requests (Columns C through G) for a two year span.

2. **Column B - Current Transportation Budget**

   The Current Transportation Budget (Column B) should be filled out by all applicants and is to be completed only for the transportation component of your organization prior to the requested amounts in your application; do not include non-transportation related expenses in this column, or in any of the other columns; do include portions of expenses shared with transportation. This should include expenses related to all vehicles currently operated by your organization.

   If a cost category is not applicable to your program, put "N/A" in the line for that cost category. Use footnotes as needed to provide additional explanation where expenses may not be self-explanatory.

3. **Column C - Requested Project Specific Operating Budget**

   Requested Project Specific Operating (Column C) is to be completed only if you are requesting operational funding for non-traditional projects. Fill in each line item applicable to the operating amount you are requesting in your application. Please note that operational funding, if awarded, will be provided for up to 50% (Federal) of the total operational costs associated with the individual project.

4. **Column D - Requested Mobility Management Budget**
The Mobility Management (Column D) is to be completed only if you are requesting funding for Mobility Management projects. Please note that this funding, if awarded, will be provided for up to 80% (Federal) of the total costs associated with the individual project.

5. **Column E - Requested Equipment - Vehicles**

The Requested Equipment – Vehicles (Column E) is to be completed only if you are requesting funding for the acquisition of expansion or replacement buses or vans and related procurement, testing, inspection and acceptance costs. These costs should be placed in the “Capital Equipment Expenses” section. Please note that this funding, if awarded, will be provided for up to 80% (Federal) of the total costs associated with the individual project.

6. **Column F - Requested Equipment – Not Vehicles**

The Requested Equipment – Not Vehicles column is to be completed only if you are requesting funding for equipment such as vehicle wheelchair lifts, ramps, securement devices, radios and communication equipment and transit-related information technology systems including scheduling/routing/one-call systems. These costs should be placed in the “Capital Equipment Expenses” section. Please note that this funding, if awarded, will be provided for up to 80% (Federal) of the total costs associated with the individual project.

7. **Column G - Requested Preventive Maintenance**

The Requested Preventive Maintenance column is to be completed only if you are requesting funding for the preventive maintenance costs of the vehicles used in your Section 5310 transportation program. These costs should be placed in the “Capital Equipment Expenses” section. Please note that this funding, if awarded, will be provided for up to 80% (Federal) of the total costs associated with the individual project.

**DEFINITIONS FOR EXPENDITURES**

**Vehicle Operations**

**Driver salaries**  “ includes all wages paid to drivers for the operation of passenger vehicles or the value of time spent driving.

**Dispatcher salaries**  “ includes all wages paid to individuals responsible for the dispatching of passenger vehicles or the value of time spent dispatching.
<table>
<thead>
<tr>
<th>Fringe benefits</th>
<th>includes the cost of fringe benefits for drivers and dispatchers.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fuel and oil</td>
<td>includes the cost of gasoline, diesel fuel, engine oil and other lubricants.</td>
</tr>
<tr>
<td>Tubes and tires</td>
<td>Includes material for the maintenance of tires and purchase or rental of tires.</td>
</tr>
<tr>
<td>Vehicle insurance</td>
<td>includes the cost of vehicle and transportation related types of insurance including liability and property damage, workmen's compensation, fire and theft.</td>
</tr>
<tr>
<td>Vehicle lease</td>
<td>includes the cost of leasing vehicles used to transport passengers.</td>
</tr>
<tr>
<td>Vehicle license, registration</td>
<td>includes the cost of licensing and/or registration tax on vehicles used to transport passengers.</td>
</tr>
<tr>
<td>Vehicle storage facility rental</td>
<td>includes the costs of renting a facility to store passenger vehicles.</td>
</tr>
<tr>
<td>Other</td>
<td>includes the cost of expenses not categorized above. These items must be specified.</td>
</tr>
<tr>
<td>Purchased Service</td>
<td>includes the cost of any portion of service purchased from another operator.</td>
</tr>
</tbody>
</table>

**Maintenance**

<table>
<thead>
<tr>
<th>Mechanic salaries</th>
<th>includes all wages paid to mechanics on staff or the value of their time spent on maintenance.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fringe benefits</td>
<td>includes the cost of fringe benefits for mechanics on staff.</td>
</tr>
<tr>
<td>Maintenance service</td>
<td>includes the cost of outside contracts for maintenance of passenger vehicles.</td>
</tr>
<tr>
<td>Materials &amp; supplies</td>
<td>includes the cost of materials and supplies to maintain passenger vehicles and includes any materials and supplies not provided through a maintenance service contract.</td>
</tr>
<tr>
<td>Maintenance facility rental</td>
<td>Includes costs incurred by renting a facility in which vehicles are maintained by staff mechanics.</td>
</tr>
<tr>
<td>Category</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Equipment rental</td>
<td>Includes costs of renting maintenance equipment and includes any equipment rental costs not provided through a maintenance service contract.</td>
</tr>
<tr>
<td>Utilities</td>
<td>includes all utility costs for maintenance facilities. If maintenance facilities are not metered separately, all utility costs should be included in the Administration utilities costs.</td>
</tr>
<tr>
<td>Other</td>
<td>includes other maintenance expenses not categorized above. These items must be specified.</td>
</tr>
<tr>
<td>Administration</td>
<td></td>
</tr>
<tr>
<td>Administrator salary</td>
<td>includes all wages paid to the administrator of the agency for time allotted to the transportation programs or the value of their time spent on transportation-type administrative duties.</td>
</tr>
<tr>
<td>Manager salary</td>
<td>includes all wages paid to the manager of the transportation program for time allotted to the transportation programs or the value of their time spent on transportation management duties.</td>
</tr>
<tr>
<td>Secretary salary</td>
<td>includes all wages paid for secretarial/clerical support for the transportation programs or the value of their time spent on secretarial/clerical duties.</td>
</tr>
<tr>
<td>Bookkeeper salary</td>
<td>includes all wages paid for bookkeeping support for the transportation programs or the value of time spent on bookkeeping duties.</td>
</tr>
<tr>
<td>Other staff</td>
<td>includes all wages paid to other staff not categorized above supporting the transportation program or the value of their time. Other staff must be itemized.</td>
</tr>
<tr>
<td>Fringe benefits</td>
<td>includes the cost of fringe benefits for the staff included in the salary categories listed above.</td>
</tr>
<tr>
<td>Materials &amp; supplies</td>
<td>includes all the cost of office materials and supplies.</td>
</tr>
<tr>
<td>Telephone</td>
<td>includes all telephone rental, purchase and installation costs.</td>
</tr>
<tr>
<td>Office rental</td>
<td>includes the cost of renting office space for the transportation program.</td>
</tr>
<tr>
<td>Utilities</td>
<td>includes all utility costs for the administrative offices or for all facilities if they are not metered separately that are attributed to the space allocated to transportation.</td>
</tr>
<tr>
<td>Category</td>
<td>Description</td>
</tr>
<tr>
<td>------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Office equipment rental</td>
<td>Includes the cost of renting office equipment for the use of the transportation program or a proportionate amount.</td>
</tr>
<tr>
<td>Other</td>
<td>includes other administrative costs not categorized above that contribute to the operation of your transportation program. All items must be specified.</td>
</tr>
</tbody>
</table>
## Section 5310 Two-Year Budget

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Overall Total</td>
<td>Current</td>
<td>Requested Project</td>
<td>Requested</td>
<td>Requested</td>
<td>Requested</td>
<td>Requested</td>
</tr>
<tr>
<td></td>
<td>Transportation</td>
<td>Transportation</td>
<td>Specific Project</td>
<td>Mobility</td>
<td>Equipment</td>
<td>Equipment</td>
<td>Preventive</td>
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<tr>
<td></td>
<td>Program</td>
<td>Budget</td>
<td>Operating</td>
<td>Management</td>
<td>-Vehicles</td>
<td>-Not Vehicles</td>
<td>Maintenance</td>
</tr>
<tr>
<td></td>
<td>Years</td>
<td>Years</td>
<td></td>
<td></td>
<td></td>
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<td>2</td>
<td>2</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Enter amounts in Columns B and C, as applicable.
Column A = Column B + Column C

### VEHICLE OPERATIONS EXPENSES

- **Driver Salaries**: $ -
- **Dispatcher Salaries**: $ -
- **Fringe Benefits**: $ -
- **Fuel & Oil**: $ -
- **Vehicle Insurance**: $ -
- **Vehicle Depreciation (1)**: $ -
- **Vehicle Lease**: $ -
- **Vehicle License**: $ -
- **Vehicle Storage Facility**: $ -
- **Operations Training**: $ -
- **Other**: $ -

**Subtotal Operations**: $ -

**Purchased Service**: $ -
## Coordinated Plan Region:
Legal Name:

### Fiscal Year 2018 / 2019 - Section 5310 Application Budget

#### Section 5310 Two-Year Budget

<table>
<thead>
<tr>
<th></th>
<th>A</th>
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<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Overall Total Transportation Program Years 2</td>
<td>Current Transportation Budget Years 2</td>
<td>Requested Project Specific Operating</td>
<td>Requested Mobility Management</td>
<td>Requested Equipment - Vehicles</td>
<td>Requested Equipment - Not Vehicles</td>
<td>Requested Preventive Maintenance</td>
</tr>
</tbody>
</table>

*Enter amounts in Columns B, C, and D, as applicable.*

*Column A = Column B + Column C + Column D*

### ADMINISTRATIVE EXPENSES

<table>
<thead>
<tr>
<th>Item</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator Salary</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Manager Salary</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Secretary Salary</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Bookkeeper Salary</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Other Salary</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Materials &amp; Supplies</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Telephone</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Office Rental</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Utilities</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Office Equipment Rental</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Administrative Training</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Safety &amp; Security</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Other</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td><strong>Subtotal Administration</strong></td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
</tbody>
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## Section 5310 Two-Year Budget

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<td>Requested Equipment - Vehicles</td>
<td>Requested Equipment - Net Vehicles</td>
<td>Requested Preventive Maintenance</td>
</tr>
<tr>
<td>Capital Equipment - Vehicle</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Capital Equipment - Not Vehicle</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>PM-Capital Expense</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Other-Capital</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Subtotal Capital</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Column A = B + E + F + G</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
</tbody>
</table>

### CAPITAL EQUIPMENT EXPENSES

- Enter amounts in Columns B, E, F and G, as applicable.
- Column A = Column B + Column E + Column F + Column G

### TOTAL EXPENSES

- $ -
- $ -
- $ -
- $ -
- $ -
- $ -
- $ -
- $ -

(1) Depreciation is not an eligible expense for vehicles/equipment purchased with State or Federal funds.
### Section 5310 Two-Year Budget

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
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<td>Requested Equipment - Vehicles</td>
<td>Requested Equipment - Not Vehicles</td>
<td>Requested Preventive Maintenance</td>
</tr>
<tr>
<td></td>
<td>Years 2</td>
<td>Years 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Enter amounts in Columns B, C, D, E, F and G, as applicable.**  
**Column A = Column B + Column C + Column D + Column E + Column F + Column G**

**FAREBOX AND OTHER REVENUE NOT INCLUDED AS LOCAL SHARE**

|                                | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - | $ | - |

Column A = B + C + D + E + F + G
### Section 5310 Two-Year Budget

<table>
<thead>
<tr>
<th>Column</th>
<th>A: Overall Total Transportation Program Years</th>
<th>B: Current Transportation Budget Years</th>
<th>C: Requested Project Specific Operating</th>
<th>D: Requested Mobility Management</th>
<th>E: Requested Equipment - Vehicles</th>
<th>F: Requested Equipment - Net Vehicles</th>
<th>G: Requested Preventative Maintenance</th>
</tr>
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</table>

**Net Project Cost** = Total Expenses minus Total Revenue in Columns A, B, C, D, E, F and G, as applicable.

**NET PROJECT COST**

|        | $                                          | $                                     | $                                      | $                               | $                                 | $                                     | $                                      |

Enter amounts in Columns B, C, D, E, F and G, as applicable.

Column A = Column B + Column C + Column D + Column E + Column F + Column G

**LOCAL FUNDS/MATCH (itemize G):**

|        | $                                          | $                                     | $                                      | $                               | $                                 | $                                     | $                                      |

**TOTAL LOCAL FUNDS/MATCH**

|        | $                                          | $                                     | $                                      | $                               | $                                 | $                                     | $                                      |

Percentage Required for Local Match:

<table>
<thead>
<tr>
<th>Column</th>
<th>Percentage Required for Local Match</th>
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<tbody>
<tr>
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<td>50%</td>
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(2) If in-kind match is used, provide detail on separate attachment. Also, if in-kind used, the expenses must be included in the Total Expenses.

**Federal Funds Requested** = Net Project Cost minus Total Local Funds/Match in Columns A, B, C, D, E, F and G, as applicable.

<table>
<thead>
<tr>
<th>Column</th>
<th>Federal Funds Requested</th>
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Percentage Awarded by Grant:

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</tbody>
</table>
3. **MAINTENANCE PLAN**

Do you have a written maintenance plan? ________ YES ________ No
If Yes, please attach a copy.

If No, describe the maintenance program for vehicles used in providing transportation services. It is required that you develop a written maintenance plan.

Describe arrangements used for maintenance (i.e. in-house, contract, county, etc.).

Agencies that operate vehicles with a seating capacity of 16 passengers or more including the driver are subject to the Maryland Preventative Maintenance Program (PM). If you are subject to the PM Program; attach a sample of the certification kept on each vehicle.
4. **DRIVER TRAINING**

Describe your agency's driver training procedures. Indicate if your agency has a structured training program including defensive driving, safety inspection, passenger assistance, etc. How much training is provided and how often?

Provide a copy of your training schedule and curriculum.
THIS PAGE INTENTIONALLY LEFT BLANK
PART II

CERTIFICATIONS AND ASSURANCES
PART II

Complete the standard requirements and assurances, inserting the necessary forms at the back of this application.

I. Assurances
   • FTA Assurances and Certifications
   • Link to FY 2016 FTA Certifications and Assurances: https://www.transit.dot.gov/funding/grantee-resources/certifications-and-assurances/fiscal-year-2016-annual-list-certifications
   • Authorizing Resolution
   • Opinion of Counsel
   • Civil Rights
   • Project Assurances
   • Coordination Assurances
   • Lobbying Certification

II. Private Non-Profit Status

III. Regional Coordinating Body or Metropolitan Planning Organization Certificate of Endorsement

IV. Procedures for Notifying all Transportation Providers
   • Operator Notification Certification

V. Appendices
   • List of Planning Offices
   • List of FTA Public Transportation and Statewide Special Assistance Program (SSTAP) Grants in Maryland
   • List of all other Human Services Transportation Providers

PLEASE NOTE:
TYPE THE NAME OF YOUR ORGANIZATION IN EACH BLANK SPACE ON THE FOLLOWING PAGES, USE THE ASSURANCE FORMS PROVIDED.

DO NOT RETYPE
WHEREAS, the Maryland Transit Administration is the designated recipient in Maryland for grants under
the Federal Transit Act; and

WHEREAS, the Maryland Transit Administration will apply for a grant from the US Department of
Transportation, Federal Transit Administration and receives funds from the Maryland General Assembly
to provide assistance for public transportation projects; and

WHEREAS, the purpose of the Section 5310 program is to improve mobility for seniors and individuals
with disabilities throughout the country, by removing barriers to transportation services and expanding
the transportation mobility options available. Toward this goal, FTA provides financial assistance for
transportation services planned, designed, and carried out to meet the special transportation needs of
seniors and individuals with disabilities in all area.

WHEREAS, the Maryland Transit Administration has been designated as the State agency with principle
authority and responsibility for administering the Section 5310 Program for small urbanized and rural
areas; and

WHEREAS, (Legal Name of Applicant) hereby assures and certifies that it will
comply with the Federal and State statutes, regulations, executive orders, and all small administrative
requirements related to the applications made to and grants received from the Federal Transit
Administration, as well as the provisions of Section 1001 of Title 18, U.S.C.

NOW, THEREFORE, be it resolved that the (Authorized Official’s Title)*
of (Name of Applicant’s Governing Body) is hereby authorized to submit a
grant for Federal and State funding, provide the required local match, make the necessary assurances and
certifications and be empowered to enter into an agreement with the Maryland Transit Administration to
provide public transportation services.

I (Certifying Official’s Name)* (Certifying Official’s Title) do hereby certify that the above is true and correct copy of an excerpt from the minutes of a meeting of
the (Name of Applicant’s Governing Board) duly held on the day of , .

Signature of Certifying Official Date
SAMPLE

OPINION OF COUNSEL

Name of Recipient
Address of Recipient

Dear (Responsible Official for Recipient):

This communication will serve as the requisite opinion of counsel to be filed with the Federal Transit Administration, United States Department of Transportation, in connection with all applications of (Recipient) for financial assistance pursuant to the provisions of the Federal Transit Act (the "Act") for planning, capital, training, demonstration, and/or operating assistance project(s). The legal authority for (Recipient's) ability to carry out planning, capital, training, demonstration, and/or operating assistance projects directly, by lease, contract, or otherwise is set forth below:

1. (Recipient) is authorized under (cite and quote from legal authority) to provide and assist public transportation by acquisition, construction and operation of existing or additional transit facilities. This assistance may be provided directly by (Recipient) or be lease arrangements with other parties.

2. The authority of (Recipient) to provide for its share of project funds is set forth in (cite source and provide a copy of, for example, local ordinance passed by City Council making local funds available.)

3. I have reviewed the pertinent Federal, State and local laws, and I am of the opinion that there is no legal impediment to your making applications for financial assistance pursuant to the Act. Furthermore, as a result of my examination, I find that there is no pending or threatened litigation for other any which might in any way adversely affect any proposed project(s), or the ability of (Recipient) to carry out such projects.

Sincerely,

Legal Counsel
CIVIL RIGHTS INFORMATION

As a condition of receipt of funding from Section 5307, 5310, 5311, 5316 and/or 5317 of the Federal Transit Act, information is needed from you on the implementation of Title VI, Civil Rights. You must submit the following as part of your application.

1. Lawsuits or Complaints

Attach to this certification a list of any active lawsuits or complaints naming your agency which allege discrimination on the basis of race, color, or national origin with respect to service or other transit benefits. The list should include; the date the lawsuit or complaint was filed, a summary of the allegation, the status of the lawsuit or complaint, including whether the parties to a lawsuit have entered into a consent decree.

__________ Check here if no such lawsuits or complaints have occurred within the past year, a Statement to this effect must be submitted.

2. Federal Financial Assistance

Attach a description of all pending applications for financial assistance, and all financial assistance currently provided by other Federal agencies.

3. Civil Rights Compliance Reviews

Attach a summary of all civil rights compliance review activities conducted in the last three years. The summary should include; the purpose or reason for the review, the name of the agency or organization that performed the review, a summary of the findings and recommendations of the review, a report on the status and/or disposition of such findings and recommendations.

__________ Check here if a summary of all civil rights compliance review activities is not needed.

This review would be included as part of your A-128 or A-133 Single Audit or Triennial Review or conducted by the U.S. Office of Civil Rights, Federal Transit Administration.

________________________________________
(Signature of authorized official & date)

________________________________________
(Print authorized official’s name)

________________________________________
(Applicant’s title)
1. For applications for all capital projects, I certify that the 20% local contribution will be available when required, in the form of cash or certified check. I understand that for non-vehicle capital projects the maximum amount available for reimbursement from the MTA will be 80%. For all projects in this application, I certify that the local match will be provided from sources other than Federal DOT funds. (Federal Community Development Block Grant, Revenue Sharing, and Appalachian Regional Commission funds may be used.)

2. I have reviewed the foregoing estimates of operating expenses and revenues, and to the best of my knowledge, these Statements are reasonable and the proposed project is within the financial capability of the organization to operate. I understand that the maximum amount for reimbursement from the MTA will be 50%.

3. I certify that any vehicles purchased on behalf of ___________________________ under the Section 5310 Program in Maryland will not be used in the transportation of school pupils to and/or from educational facilities defined and recognized by the Maryland Department of Education. I further certify that said vehicles will be utilized in full compliance with program guidelines and regulations, and in general accordance with the plan as approved in this application.

4. I certify that ___________________________ is incorporated in the State of Maryland as a private, non-profit organization; and furthermore, that said organization is currently in good standing with the Maryland Department of Assessments and Taxation.

5. I certify that equipment purchased under this Federal grant program on behalf of ___________________________ will be maintained in accordance with the maintenance and inspections schedules provided by the manufacturer.

6. I certify that based on my experience with and a review of the organization's records, that the organization has the requisite fiscal and managerial capability to operate the project.

7. I certify that vehicles purchased under this Federal grant program on behalf of ___________________________ will, to the extent practical, be used for coordination with other non-profit organizations.

8. I certify that the services provided or offered to be provided by existing public or private transit or paratransit operators are unavailable, insufficient, or inappropriate to meet the special needs of the seniors and individuals with disabilities proposed to be served by the assistance sought under this application.

9. Verification
   I am an officer of the non-profit organization applying herewith and am authorized to make this verification on its behalf. The Statements and certifications in the foregoing document are true of my own knowledge.

I declare that the foregoing is true and correct.

Signature of Authorized Official ___________________________

Name (printed) ___________________________

Title ___________________________

Date ___________________________
COORDINATION ASSURANCE

The ____________________________________________(recipient) assures, in accordance with the requirements of Section 5310 (b)(5) of Federal Transit Laws, Title 49, United States Code, Chapter 53, as amended, that the program to be assisted under this grant application provides for the maximum feasible coordination of its transportation services with transportation services assisted by other Federal sources.

______________________________________________
Signature of Authorized Official

______________________________________________
Name (printed)

______________________________________________
Title

______________________________________________
Date
CERTIFICATION OF RESTRICTIONS ON LOBBYING

I, _____________________________________________ (Authorized Person) hereby certify to the Maryland Transit Administration of the Maryland Department of Transportation, on behalf of ______________________________________ (Applicant-Grantee) that to the best of my knowledge and belief:

1. No Federal appropriated funds have been or will be paid by or on behalf of the Applicant to any person to influence or 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; and

   a. If any funds other than Federal appropriated funds have been or will be paid to any person to influence or 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 in connection with any application for Federal assistance, the Applicant assures that it will complete and submit Standard Form-LLL, “Disclosure Form to Report Lobbying,” including information required by the instructions accompanying the form, which form may be amended to omit such information as authorized by 31 U.S.C. 1352.

   b. The language of this certification shall be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, subagreements, contracts under grants, loans, and cooperative agreements).

2. The Applicant understands that this certification is a material representation of fact upon which reliance is placed by the Federal Government and that submission of this certification is a prerequisite for providing Federal assistance for a transaction covered by 31 U.S.C. 1352. The Applicant also understands that any person who fails to file a required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

By: _____________________________________
Signature of Authorized Official & Date

___________________________________
Name (print)

___________________________________
Title
II. NON-PROFIT STATUS

Insert one of the following as evidence of your organization's non-profit status:

1. A copy of the Articles of Incorporation filed with the Maryland Department of Assessments and Taxation, or

2. A copy of the determination letter from the U.S. Internal Revenue Service documenting your organization's private, non-profit status.

Although a copy of either of the above is acceptable, submission of Item 2 (above), IRS documentation, greatly expedites the State and FTA reviews of your non-profit status.

The documents submitted for this part of your application must reflect the current and correct name of your organization.

III. Regional Coordinating Body Certificate of Endorsement

A certificate of endorsement by the appropriate Coordinating Body and or Metropolitan Planning Organization (MPO) is required for all applicants in order to be considered for Section 5310 funding in Maryland.

1. Applicants submit one hard copy and one electronic copy of Part I to the appropriate Regional Coordinating Body and or MPO by **November 28, 2016.**
   - Shore Transit (Somerset, Wicomico, Worcester)
   - Maryland Upper Shore Transit - MUST (Caroline, Cecil, Dorchester, Kent, Queen Anne's, Talbot)
   - Southern Maryland Regional Transportation Coordination Committee - Calvert, Charles and St. Mary's counties)
   - Tri County Council of Western Maryland ( Allegany, Frederick, Garrett and Washington counties)
   - Baltimore Metropolitan Council (Anne Arundel, Baltimore, Carroll, Harford, Howard counties)
   - Washington Metropolitan Council of Governments (Montgomery and Prince George’s counties)

2. A technical subcommittee of the Regional Coordinating Bodies reviews applications to ensure transportation services are coordinated to the maximum extent feasible and the projects are included in or derived from the region’s most recent human service transportation coordination plan. Applications are reviewed based on:
   - Applicant's knowledge of other providers purpose, capabilities, and areas served;
   - Degree to which proposed project demonstrates transportation coordination with local or regional service agencies and existing transit and paratransit providers;
   - Extent of coordination of services, maintenance, fuel, and training;
   - Percentage of operating time other agencies have use of applicant's vehicles;
• Existence of contracts or agreements for purchasing or providing transportation services;

• Applicant's involvement in local or regional coordination efforts.

3. The subcommittee makes recommendation to the full Coordinating Body. The Coordinating Body reviews subcommittee's recommendation, and determines applications for endorsement. Applications are not ranked, but are given an endorsement or non-endorsement. A debriefing from the Regional Coordinating Body may be requested by any applicant that receives a non-endorsement.


5. The SCCHST Review Subcommittee considers the Regional Coordinating Bodies endorsements as part of award process.

6. The SCCHST Review Subcommittee will meet to review and rank submitted projects on February 15, 2017.
This serves as recognition and certification of the transportation service to be provided to seniors and individuals with disabilities by (Applicant Agency) _____________________ as an essential service for the Region and is coordinated to the maximum extent feasible with other transportation services. The services proposed are found to be necessary to meet area transportation needs, are included in or derived from the most recent regional human service transportation coordination plan, and therefore this agency’s application for FY 2016-2017 Section 5310 funding in Maryland is endorsed.

Regional Coordinating Body or Metropolitan Planning Organization: ______________________________________________________

Planning Official: (typed) ______________________________________________________________

Signature of Above Official: _____________________________________________________________

Title: ____________________________________________ Date: ______________________________

_______ Consistent with State Coordination

_______ Inconsistent with State Coordination
V. PROCEDURES FOR NOTIFYING ALL TRANSPORTATION PROVIDERS AND
INTERESTED CITIZENS

The following procedures and schedules must be followed in notifying all existing transportation providers in your agency's proposed Section 5310 service area and private citizens.


Your organization must publish a public notice in a local area wide newspaper briefly describing the transportation services your organization is proposing to provide with the vehicle or equipment for which you are applying in this application.

The required notice form follows these instructions. This notice must be published by October 28, 2016. This will give your agency sufficient time to respond to any comments received. When you place the public notice in the newspaper, ask the paper to send you a certified copy of the public notice to be included in your Section 5310 application.

REQUIRED PUBLIC NOTICE FORMAT

The (name of Organization), a private non-profit organization located in (Name of County) County, is applying to the U.S. Department of Transportation, Federal Transit Administration through the State Coordinating Committee for Human Services Transportation of the State of Maryland for financial assistance to aid in the purchase of (Description of project) for (total funds applied for in application) designed to meet the special transportation needs of seniors and individuals with disabilities.

The (Name of Organization) plans to provide transportation services as follows:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

The detailed service plan is available for review at (location of office) from (hours and dates). Any private citizen, public or private transit or paratransit operator wishing additional information or desiring to submit comments on the project applied for or on the performance of (your agency's name) may be obtained by calling (area code and telephone number of agency office).
2. **Written Notification - Mail by October 28, 2016**

To ensure that the Section 5310 Program does not fund projects that will duplicate or compete with existing services, all transportation providers in the proposed service area of the Section 5310 grant application must be notified of the submittal in writing. All providers in the proposed service area must be informed of the proposed service so they can submit comments to you on your performance. This notification must be postmarked using regular mail in a time period sufficient for transportation providers to review your application for capital funds and comment upon the intended service prior to submission to the ICST. All such comments and your response must be included as part of the application.

a. Send the letter to operators in your service area (letter follows). Notice must be mailed by **October 28, 2016**

Operators to be notified include:

- Public transit operators, particularly those funded under Federal Transit Administration (FTA) Section 5307 or Section 5311 programs or the former Section 5316 or 5317 programs;
- Private transit and paratransit operators such as charter bus and taxi operators;
- Social service operators, particularly those funded previously under the FTA Section 5310 or other Federal programs;
- Transit operators funded by the Maryland Statewide Special Transportation Assistance Program (SSTAP);

For your convenience, lists of past recipients of FTA and Section 5310 grants are provided in the Appendix. Private and public operators can be identified by using resources such as the telephone company Yellow Pages or through internet searches, under heading of "Bus Lines", and/or "Taxicabs". For other social service providers, county or city social service offices and the county or city transportation planner may know of such operators. REMEMBER, YOUR ORGANIZATION NEED CONTACT ONLY THOSE OPERATORS THAT PROVIDE SERVICE IN YOUR AREA.

**Submit in Part II of the Application:**

- A dated sample copy of the letters sent to existing private operators advising them of your agency's intent to operate the proposed service;
- The operator Notification Certification listing the mailing list for all operators notified;
- All forums, meetings, hearings, or other opportunities for involving the private sector early in the project development process; describe your Citizens Advisory Committee;
- Copies of all comments received and your responses to the comments from both the transportation operators and the private sector that were offered for consideration.
OPERATORS NOTIFICATION CERTIFICATION

Letters requesting comments on the proposed project were sent to each of the transit and paratransit operators, both public and private, listed below who are known to be providers of transportation in our service area.

<table>
<thead>
<tr>
<th>Operator Contacted</th>
<th>Address</th>
<th>Comments Received*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

I certify that I have made a good faith effort to notify all transit and paratransit operators, both public and private, in my service area, and they have been contacted concerning the transportation service we propose to provide for the elderly and persons with disabilities.

______________________________________________
Signature of Authorized Official

______________________________________________
Name (printed)

______________________________________________
Title

______________________________________________
Date
Company Name: ___________________________ Date: ______________________
Address: _____________________________

Salutation: 
The (Applicant Agency), a private, non-profit organization located in (Name of County) County, is applying to the U.S. Department of Transportation, through the State Coordinating Committee for Human Services Transportation of the State of Maryland for financial assistance to aid in the purchase of (Description of Project) designed to meet the special transportation needs of seniors and individuals with disabilities. For capital projects, eighty percent (80%) of the cost of this purchase is funded by the Federal Transit Administration (FTA) under the provisions of Section 5310 of the Federal Transit Act. For operating projects, fifty percent (50%) of the net operating costs are funded by the Federal Transit Administration (FTA). The remaining costs are provided by the local applicant organization. Funds available under this Federal program are limited in Maryland to private, non-profit organizations.

If a vehicle application: The (Applicant Agency) is applying for financial assistance to aid in the purchase of (Number and types of Vehicles or Equipment) designed to meet the special needs of (Types of Persons to be Served, i.e., seniors, individuals with disabilities, etc.) in (General Service Area). This (Vehicle or Equipment) will be used to (Briefly Describe Proposed Service).

Federal guidelines require that all existing local transportation operators must be given an opportunity to comment on the proposed project in the application for funds or on our service plan, should they so desire. It is not the intent of the State of Maryland when making funds available to non-profit agencies to preclude possible participation by private operators. It is the desire of the State to effectively utilize available Federal funds to improve the transportation services to seniors and individuals with disabilities through projects sponsored by private, non-profit organizations, where such service are currently unavailable, insufficient or inappropriate.

Comments must be received no later than February 15, 2017. If you intend to make comments on the proposed project or service plan please send your comments in writing directly to us. Send a copy of your comments to Ms. Monica White, Regional Planner, Maryland Transit Administration, 8th Floor, 6 St. Paul Street, Baltimore, MD 21202.

If you should need any additional information on our service proposal, please contact us.

(Name and Title)
(Applicant Agency)
(Address and Telephone)
3. **Receipt of Comments from Operators/Private Citizens – November 28, 2016**

   All comments must be submitted to the FTA Section 5310 applicant by November 28, 2016.

4. **Review Comments from Providers and Private Citizens - Must be completed by December 12, 2016**

   When the comments are returned to you, review them carefully to determine which, if any, of the comments could affect your application submittal. The FTA requires that before you submit your final application, you must consider the views and comments of private transportation providers and citizens and if appropriate modify your application. Your organization must respond to the individual or provider making the comment, in writing, that their comments were received.
<table>
<thead>
<tr>
<th>PART I</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Information</td>
</tr>
<tr>
<td>General Agency Information</td>
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<tr>
<td>Extent and Urgency of Agency Needs</td>
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<tr>
<td>Agency Services Chart</td>
</tr>
<tr>
<td>Project Coordination</td>
</tr>
<tr>
<td>Service Contracts</td>
</tr>
<tr>
<td>Vehicle Utilization</td>
</tr>
<tr>
<td>Vehicle Replacement (if applicable)</td>
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<tr>
<td>Vehicle Utilization Plan</td>
</tr>
<tr>
<td>Equipment Inventory</td>
</tr>
<tr>
<td>Source of Local Contributions</td>
</tr>
<tr>
<td>Estimated Cost and Seating Configuration</td>
</tr>
<tr>
<td>Transportation Program Operating Budget Worksheet</td>
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<tr>
<td>Maintenance Plan</td>
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<tr>
<td>Driver Training</td>
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</tbody>
</table>

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<tr>
<th>PART II</th>
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</thead>
<tbody>
<tr>
<td>General Certifications &amp; Assurances</td>
</tr>
<tr>
<td>Authorizing Resolution</td>
</tr>
<tr>
<td>Opinion of Counsel</td>
</tr>
<tr>
<td>Project Assurances</td>
</tr>
<tr>
<td>Civil Rights Certification</td>
</tr>
<tr>
<td>Coordination Assurance</td>
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<tr>
<td>Proof of your Organization’s Non-Profit Status</td>
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<tr>
<td>Regional Coordinating Body Certificate of Endorsement</td>
</tr>
<tr>
<td>Certified Public Notice</td>
</tr>
<tr>
<td>Written Notification Section</td>
</tr>
<tr>
<td>Sample letter sent to contact existing operators and mailing list</td>
</tr>
<tr>
<td>Operator Notification Certification</td>
</tr>
<tr>
<td>Description of Private Sector Involvement</td>
</tr>
<tr>
<td>Copies of any comments received and your organization’s responses</td>
</tr>
</tbody>
</table>
When you complete your application:

Make **five (5) copies of Part I** of your application plus original and an electronic copy.

Make **one (1) copy of Part II** plus original and an electronic copy.

Send or **bring** the originals and the copies by **January 9, 2017, 4:00 p.m.** to:

Monica White  
Regional Planner  
Maryland Transit Administration  
6 St. Paul Street, 8th Floor  
Baltimore, Maryland 21202
APPENDICES
VI APPENDICES

1. List of Regional Coordinating Bodies
2. List of Public Transit Grant Recipients in Maryland
3. List of Active Section 5310 Mailing List
4. List of Regional Planners
REGIONAL COORDINATING BODIES
Regional Coordination Bodies

Maryland Upper Shore Transit
(Caroline, Cecil, Dorchester, Kent
Queen Anne’s, Talbot)  
Scott Warner  
Mid Shore Regional Council  
8737 Brooks Drive  
Easton MD 21601  
410-829-0457

Tri County Council for the
Lower Eastern Shore
(Somerset, Wicomico, Worcester)  
Mike Pennington  
Tri-County Council LES  
31901 Tri-County Way  
Suite 133  
Salisbury, MD 21804  
410-341-8951

Southern Maryland Regional
(Calvert, Charles, St. Mary’s)  
Nicky Pires  
Transportation Manager  
P.O. Box 745  
Hughesville MD 20637  
301-274-1922 ext. 825

Western Maryland
(Frederick, Allegany, Garrett
and Washington Counties)  
Ryan Davis  
Economic Development Planner  
Tri-County Council for Western MD  
1 Technology Drive, Suite 1000  
Frostburg, MD 21532  
301-689-1300
## Metropolitan Planning Organizations

<table>
<thead>
<tr>
<th>Region</th>
<th>Organization</th>
<th>Contact</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baltimore Region</td>
<td>Baltimore Metropolitan Council</td>
<td>Todd Lang</td>
<td>Offices @ McHenry Row</td>
</tr>
<tr>
<td>(Annapolis, Anne Arundel, Baltimore, Carroll, Harford, Howard Counties and Baltimore City)</td>
<td></td>
<td>1500 Whetstone Way, Suite 300</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Baltimore, MD 21230</td>
</tr>
<tr>
<td>Washington Region</td>
<td>Metropolitan Washington Council of Governments</td>
<td>Wendy Klancher</td>
<td>777 North Capitol Street, N.E.</td>
</tr>
<tr>
<td>(Montgomery and Prince George’s Counties)</td>
<td></td>
<td></td>
<td>Washington, D.C. 20002</td>
</tr>
</tbody>
</table>
PUBLIC TRANSIT GRANT RECIPIENTS
PUBLIC TRANSIT GRANT RECIPIENTS

ALLEGANY COUNTY
Roy Cool
Planner
 Allegany Planning and Zoning Department
701 Kelly Road
Cumberland MD  21502
301-777-2199 x298

CITY OF ANNAPOLIS
Rick Gordon
Director
Annapolis Department of Public Transportation
308 Chinquapin Round Road
Annapolis, MD  21401
410-269-0674

ANNE ARUNDEL COUNTY
Rodney Tasker
Director of Transportation
Anne Arundel County Department of Aging
2666 Riva Road, Suite 400
Annapolis, MD  21401
410-222-4464

BALTIMORE COUNTY
Rosalie Coffman
Transportation Director
Baltimore County Department of Aging
611 Central Avenue
Towson, MD  21204
410-887-8287

CALVERT COUNTY
Sandra Wobbleton
Transportation Services Supervisor
Calvert Co. Office of Transportation
Courthouse
175 Main Street
Prince Frederick, MD  20678
410-535-1600 x360
CARROLL COUNTY
Ms. Jolene G. Sullivan
Director of Citizen Services
1300 Old Meadow Branch Road
Westminster, MD 21157
443-244-8501

CECIL COUNTY
David Trolio
Director
Transit Supervisor
Cecil County Department of Senior Services and Community Transit
200 Chesapeake Blvd.
Elkton, MD 21921
410-996-8435/8422

CHARLES COUNTY
Jeffrey Barnett
Transportation Development Administrator
Charles County Government
8190 Port Tobacco Road
Port Tobacco, MD 20677
301-934-0115

DORCHESTER COUNTY
Santo Grande
Director
Delmarva Community Services
2450 Cambridge Beltway – P.O. Box 637
Cambridge, MD 21613
410-221-1900

FREDERICK COUNTY
Nancy Norris
Director
TransIT
1040 Rocky Springs Road
Frederick, MD 21702
301-694-2065

GARRETT COUNTY
Mark Rodeheaver
Garrett County CAC, Inc
104 East Center Street
Oakland, MD 21550
301-334-9431
HARFORD COUNTY
Robert Andrews
Administrator
Harford County Transit
1311 Abingdon Road
Abingdon, MD 21009
410-612-1621

HOWARD COUNTY
Clive Granham
Office of Planning and Zoning
Howard County
George Howard Building
3430 Courthouse drive
Ellicott City, MD 21043
410-313-2013

KENT, CAROLINE AND TALBOT COUNTIES
Santo Grande
Executive Director
Delmarva Community Services
2450 Cambridge Beltway, P.O. Box 637
Cambridge, MD 21613
410-221-1900

MONTGOMERY COUNTY
Emil Wolanin, Acting Chief
Division of Transit Services
Executive Office Building
101 Monroe Street, 5th Floor
Rockville, MD 20850
240-777-5800

PRINCE GEORGE’S COUNTY
Gerallyn Bruce
Chief-Transit Management
Prince George’s County
Department of Public Works and Transportation
9400 Peppercorn Place, Suite 320
Landover, MD 20785
301-883-5656

QUEEN ANNE’S COUNTY
Cathy Willis
Director
Queen Anne’s County Department on Aging
104 Powell Street
Centerville, MD 21617
410-758-0848
SOMERSET COUNTY
Sheree Marshall
Director
Somerset County Office on Aging
11916 Somerset Avenue
Princess Anne, MD  21853
410-651-3400

ST. MARY’S COUNTY
Jacqueline Fournier
St. Mary’s Transit System
P.O. Box 409
California, MD  20619
301-866-6794

TOWN OF OCEAN CITY
Hal Adkins
Department of Public Works
Town of Ocean City
204 65th Street
Ocean City, MD  21842
410-723-1607

WASHINGTON COUNTY
Kevin Cerrone
Director
Washington County Commuter
1000 West Washington Street
Hagerstown, MD  21740-5212
301-791-3047

WICOMICO/WORCESTER COUNTY
Mike Pennington
Director
100 Pearl Street
P.O. Box 99
Snow Hill, MD  21863
410-632-1277
SECTION 5310 MAILING LIST
TRANSPORTATION SERVICE PROVIDERS

Allegany
Mr. P.R. Blackburn
Memorial Hospital & Home Health Services
600 Memorial Avenue
Cumberland MD  21502
(301) 777-4127

Allegany
Kathleen Breighner - kbreighner@friendsaware.org
Friends Aware, Inc.
1601 Holland Street
Cumberland, MD  21502
301-722-7268

Allegany
Ms. Dorothy Emerson
Allegany County League for Crippled Children
P.O. Box 410/267
Cumberland MD  21502

Allegany
Mr. Bruce Goodpaster
Allegany County Nursing Home
730 Furnace Street Extended
Cumberland MD  21502
301-777-5940

Allegany
Ms. Tammy Guthrie
Allegany County Human Resource Development Commission – Adult Day Care
720 Furnace Street
Cumberland, MD  21502

Allegany
Ms. Phyllis Eiring
Moran Manor Nursing Home
25701 Shady Lane
Westernport MD  21562
301-359-3000

Allegany
Mr. John Gaughier
Western Maryland Health Systems
900 Seton Drive
Cumberland MD  21502
301-759-5079

Allegany
Frostburg Village Adult Medical Daycare
1 Kaylor Circle
Frostburg MD  21502

Allegany
Ms. Barbara Weisenmiller
Allegany County Nursing Home
730 Furnace Branch Street
Cumberland MD  21502
301-777-5941

Allegany
Mr. Steve Kesnor
Housing Authority of Allegany County
701 Furnace Street Suite One
Cumberland MD  21502
301-759-2792

Allegany
Ms. Jane Jenkins
Western Maryland Health Systems
300 East Oldtown Road
Cumberland MD  21502

Allegany
Mr. Jay Brode
Blind Industries & Services of MD
322 Paca Street
Cumberland MD  21502

Allegany
Ms. Kathy Shippee
Frostburg Village of Allegany County
One Kaylor Circle
Frostburg MD  21532
301-689-2459

Allegany
Mr. Louis VanHolland
Archway Station
121 Memorial Avenue
Cumberland MD  21502
301-777-1700

Allegany
Ms. Mary Beth Perrilozzi
Allegany County United Way
71 Baltimore Street
Cumberland MD  21502
301-722-2700

Allegany
Mr. Craig MacLean
Horizon Goodwill Industries, Inc.
14515 Pennsylvania Avenue
Hagerstown, MD  21742

Allegany
Ms. Louise Sutermeister
Salem Children's Trust-Frostburg
Star Route Box 60 C
Lower New Germany Road
Frostburg MD 21532

Spectrum Support, Inc.
Ms. Jennifer Hilderbrand
27 East Industrial Boulevard
Cumberland, MD 21502

Western Maryland Health System
Regional Medical Center
12500 Willowbrook Road
Cumberland, MD 21502

Anne Arundel
Ms. Lorrie Balon
Annapolis Nursing & Rehabilitation Center
900 VanBuren Street
Annapolis MD 21403

Anne Arundel
Mr. Richard Bronson
Patapsco Action Group, Inc
7993 Pertshire Path
Glen Burnie MD 21061

Anne Arundel
Ms. Vicki Callahan
Opportunity Builders, Inc.
8855 Veterans Highway
Millersville, MD 21108

Anne Arundel
Mr. Mario Berninzoni
Arundel House of Hope
6401 Ritchie Highway
Glen Burnie MD 21061
410-609-1224

Anne Arundel
Melissa Gardon
Providence Center, Inc.
370 Shore Acres Road
Arnold MD 21012
410-757-8190

Anne Arundel
Ms. Heather Walker
Annapolis Housing Authority
1217 Madison Street

Annapolis MD 21403
410-267-8000 ext.137

Anne Arundel
Ms. Debbie Duffy
Arundel Lodge, Inc.
2600 Solomon's Island Road
Edgewater MD 21037
443-433-5900

Anne Arundel
Mr. Robert Ireland
Belle Marche
P.O.Box 979
Pasadena MD 21123
410-255-3805

Anne Arundel
Ms. Kate Rollason
ARC Of Anne Arundel County
931 Spa Road
Annapolis MD 21401
410-269-1883

Anne Arundel
Mr. Bernie Feehley
Woods Adult Day Care Center
8227 Cloverleaf Drive, Suite 300
Millersville MD 21108
301-987-0360

Anne Arundel
United Cerebral Palsy of Southern MD
Michelle Tilman
1919-A West Street
Annapolis, MD 21401

Anne Arundel
Ms. Frances Jones
CASOS, Inc.
Arundel Center North
101 Crain Highway
Glen Burnie, MD 21061
410-761-1769

Anne Arundel
Mr. Calvin Parker
Arundel Nursing Center
1454 Fairfield Loop Road
Crownsville, MD 21032
Anne Arundel  
Ms. Yevola Peters  
Anne Arundel Co. Economic Opportunity  
P.O. Box 1951  
Annapolis MD 21401  
410-263-0060  

Anne Arundel  
Mr. V.J. VanLear  
City of Annapolis Housing Authority  
1217 Madison Street  
Annapolis MD 21403  

Anne Arundel  
Ms. Livia Pazourek  
Omni House, Inc.  
P.O. Box 1270  
Glen Burnie MD 21060  
410-768-6777  

Anne Arundel  
Ms. Roberta Poole  
8056 Pine Ridge Road  
Pasadena MD 21122  

Anne Arundel  
Barbara Huston  
Partners In Care  
348 Ritchie Highway  
Severna Park MD 21146  
410-544-4800  

Anne Arundel  
Ms. Dea Harrison  
696 Winding Stream Way  
Suite 103  
Odenton, MD 21113  

Anne Arundel  
Ms. Cheryl Richardson  
Bello MaChre  
P.O. Box 979  
Pasadena, MD 21133  
410-255-3805 ext109  

Anne Arundel  
Ms. Susan J. Haine  
South County Faith Network, Inc.  
6248 Shady Side Road  
P.O. Box 529  
Shadyside, MD 20764  
410-867-1128  

Anne Arundel  
Ms. Sarah Basehart  
The Arc of Maryland  
49 Old Solomons Road, Suite 205  
Annapolis, MD 21401  
410-571-9320  

Anne Arundel  
Cecelia Petro  
Stay at Home  
1007 E. Benning Road  
Galesville MD 20765  

Baltimore  
Ms. Cleo Edmonds  
Associated Black Charities  
1114 Cathedral Street  
Baltimore, MD 21201  
410-659-0000 Ext 221  

Baltimore  
Ms. Mary Pivawer  
Senior Friendly Neighborhood  
3809 Clarks Lane  
Baltimore, MD 21215  
410-318-6600 ext 18  

Baltimore  
Executive Director  
Baltimore City Hospital  
Transportation Program  
4940 Eastern Avenue  
Baltimore MD 21224  

Baltimore  
Harbour Hospital Center  
3001 South Hanover Street  
Baltimore MD 21225  
410-354-0122  

BWI Business Partnership, Inc.  
1302 Concourse Dr.  
Suite 105  
Linthicum Heights, MD 21090
PACT
7000 Tudsbury Road
Baltimore, MD 21244

ARC of Howard County
11735 Homewood Road
Ellicott City, MD 21042
410-730-0638

The Arc Central Chesapeake Region
931 Spa Road
Annapolis, MD 21401
410-269-1883

The Arc Northern Chesapeake Region
4513 Philadelphia Road
Aberdeen, MD 21001

Easter Seals Adult Day Services
7301 Dogwood Road
Baltimore, MD 21244

Gallagher Services for People with Developmental Disabilities
2520 Pot Spring Road
Lutherville-Timonium, MD 21093
410.252.4005

Goodwill Industries of the Chesapeake
222 E Redwood Street
Baltimore, MD 21202-3312

Sheppard Pratt at Howard County
9030 Route 108, Suite A
Columbia, MD 21045

Human Services Programs of Carroll County, Inc.
10 Distillery Drive
Westminster, MD 21158

Jewish Community Services
5750 Park Heights Avenue
Baltimore, MD 21215
410-466-9200

Johns Hopkins Bayview Medical Center
4940 Eastern Avenue
Baltimore, MD 21224

Linwood Center, Inc.
3421 Martha Bush Drive
Ellicott City, MD 21043
Baltimore
Ms. Cherie Melton
St. Ann Adult Day Care
3308 Benson Avenue
Baltimore MD 21227-1001

Baltimore
Mr. Henry Bogdan
MD. Assoc. of Non-Profit Organizations
190 West Ostend Street
Baltimore MD 21230
410-727-6367

Baltimore
Ms. Sarah E. Hill
Resident Services Coordinator
The Shelter Foundation
218 N. Charles Street Suite 200
Baltimore MD 21201
410-828-7185

Baltimore
Ms. Mary Lee Bradyhouse
My Sisters Place Lodge
123 W. Mulberry Street
Baltimore MD 21201
410-727-3523

Baltimore
Ms. Andrea Braid
Jenkins Community for the Aging
3320 Benson Avenue
Baltimore MD 21227
410-646-0320

Baltimore
Mr. Ronald Braxton
Allen AME Church
1130 West Lexington Street
Baltimore MD 21223

Baltimore
Ms. Margaret Burke
St. Michael Adult Day Care
9534 Belair Road
Baltimore MD 21236-1596
410-256-2980

Baltimore
Mr. Jerry Bullinger
ARC of Baltimore
7215 York Road
Baltimore MD 21212
410-296-9675 ext. 5317

Baltimore
Sister Ellen Carr
Franciscan Sisters
3725 Ellerslie Avenue
Baltimore MD 21218

Baltimore
Mr. Michael Howard
Baltimore Association for Retarded Citizens
7215 York Road
Baltimore MD 21212
410-296-2272

Baltimore
Ms. Allison Carter
Mental Hygiene Administration
O'Connor Building
201 West Preston Street
Baltimore MD 21201

Baltimore
Mr. Vince Chillemi
Dundalk Community College
Single Step Program
7200 Sollers Point Road
Baltimore MD 21222

Baltimore
Mr. Alan Christian
Diverse Dimensions
17 Warren Road
Suite 19A
Pikesville MD 21208

Baltimore
Ms. JoAnn Clarke
Community Behavioral Health Association of Maryland
18 Egges Lane
Catonsville MD 21228
410-788-1865

Baltimore
Ms. Martha Coleman
The Villa
6806 Bellona Avenue
Baltimore MD 21212
410-377-2450

Baltimore
Terry Collard
The Chimes
4815 Seton Drive
Baltimore MD 21215
Baltimore
Mr. David Conn
Baltimore Jewish Council
5750 Park Heights Ave
Baltimore MD 21215

Baltimore
Ms. Christine Schoenberger
Alliance Inc.
7701 Wise Avenue
Baltimore MD 21222

Baltimore
Executive Director
Children's Hospital
3825 Greenspring Avenue
Baltimore MD 21211

Baltimore
Director
Johns Hopkins School of Medicine, AIDS
1830 Monument Street
Room 8071
Baltimore MD 21205

Baltimore
Director
St. Bernadine’s Special Education School
3814 Edmonds Avenue
Baltimore MD 21229

Baltimore
Ms. Marguerite Kelley
Director of Development/Marketing
The League for People with Disabilities
1111 East Cold Spring Lane
Baltimore MD 21239

Baltimore
Director
St. Martins Catholic Church
31 North Fulton Avenue
Baltimore MD 21223

Baltimore
Director
St. Francis School for Special Education
2226 Maryland Avenue
Baltimore MD 21218

Baltimore
Ms. Dorothy Dobbyn
Neighborhood Housing Services of Irvington
4107 Frederick Avenue

Baltimore MD 21229
Baltimore
Mr. Scott Graham
ReVisions, Inc.
20 Winters Lane
Catonsville MD 21228
410-747-4492

Baltimore
Ms. Gerri Farley
Baltimore American Indian Center
113 South Broadway
Baltimore MD 21231

Baltimore
Ms. Linda Fassett
Echo House
1705 West Fayette Street
Baltimore MD 21223
410-947-1700

Baltimore
Ms. Brenda Merritt
3503 Rosedale Road
Baltimore, MD 21215
410-367-8483

Baltimore
Ms. Marguerite Kelley
Director of Development/Marketing
The League for People with Disabilities
1111 East Cold Spring Lane
Baltimore MD 21239
410-323-0500 x304

Baltimore
Mr. Eugene Glover
Glover Tillman Learning & Extended
Child Care Center
3814 Edmondson Avenue
Baltimore MD 21229

Baltimore
Mr. Duane Gerstenberg
National Federation for the Blind
1800 Johnson Street
Baltimore MD 21230
410-659-9314

Baltimore
Mr. Mike Infante
UMD Medical System/Harbor City Unlimited
1227 W. Pratt Street
Baltimore MD 21223
410-328-8560

114
Baltimore
Ms. Melva Gwyer
League for People with Disabilities
1111 East Cold Spring Lane
Baltimore MD 21239
410-323-0500

Baltimore
Mr. William Hankins
Liberty Medical Center, Inc.
2600 Liberty Heights Avenue
Baltimore MD 21215
410-393-4727

Baltimore
Mr. E. Kelly Finney
Johns Hopkins Bayview Medical Center
1627A Thames Street
Baltimore MD 21231
410-550-1155

Baltimore
Reverend Mary Henry
Bethel AME Church
1300 Druid Hill Avenue
Baltimore MD 21217

Baltimore
Ms. Elayne Fedder
Jewish Community Center of Greater Baltimore
5700 Park Heights Avenue
Baltimore MD 21215
410-542-4900

Baltimore
Mr. John Hodge-Williams
Woodburne Center
1301 Woodburne Avenue
Baltimore MD 21239

Baltimore
Mr. James Hollan
Maryland School for the Blind
3501 Taylor Avenue
Baltimore MD 21236-4499
410-444-5000

Baltimore
Dr. C. David Jones
St. Luke's United Methodist Church
2119 Gwynn Oak Avenue
Baltimore MD 21207
410-944-4111

Baltimore
Ms. Mary Kramer
Catholic Charities
4230 Hollins Ferry Road
Lansdowne MD 21227

Baltimore
Ms. Carolyn Kilgore
Mosaic Community Services Inc.
1925 Greenspring Drive
Timonium MD 21093
410-453-9553 x107

Baltimore
Mr. Randy Jordan
Mission Helpers of Sacred Heart
1001 West Joppa Road
Baltimore MD 21204
410-823-8585

Baltimore
Ms. Rayna Keyser
Mount Washington Pediatric Hospital
1708 West Rogers Avenue
Baltimore MD 21209
410-578-8600

Baltimore
Ms. Christine Manlove
St. Elizabeth's School for Special Education
801 Argonne Drive
Baltimore MD 21218
410-889-5054

Baltimore
Sister Anella Martin
Mercy Hospital
301 St. Paul Street
Baltimore MD 21202

Baltimore
Reverend Marvis May Sr.
Macedonia Baptist Church
718 West Lafayette Avenue
Baltimore MD 21217

Baltimore
Mr. Gary McLain
Happy Hills Hospital, Inc.
1708 West Rogers Avenue
Baltimore MD 21209
Baltimore
Mr. Eric Laucius
Levindale Hebrew Geriatric Center & Hospital
2434 West Belvedere Avenue
Baltimore MD 21215
410-466-8700 ext. 282

Baltimore
Mr. James Lowder
Caton Baptist Church
3302 Toone Street
Baltimore MD 21224

Baltimore
Ms. Cathy Lyness
St. Vincent's Child Care Center
2600 Pot Springs Road
Timonium MD 21093

Baltimore
Ms. Anita Langford
Francis Scott Key Medical Center
4940 Eastern Avenue
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Baltimore
Ms. Danielle Johnson
Connections
3313 Ramona Avenue
Baltimore MD  21213
443-798-0017
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<td>Ms. Karen Wheeler</td>
<td>Waxter Center</td>
<td>861 Park Avenue</td>
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<td>Ms. Connie Wise</td>
<td>Baltimore Salvation Army</td>
<td>814 Light Street</td>
<td>410-783-2920</td>
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<td>Ms. Karla Hannon</td>
<td>McHannon Limited</td>
<td>6740 Glen Kirk Road</td>
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<td>Ms. Jane Wessley</td>
<td>MD. Dept of Health &amp; Mental Hygiene</td>
<td>201 West Preston Street</td>
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<td>Ms. Pamela Williams</td>
<td>Today’s Care &amp; Family Adult Medical Day Care</td>
<td>3039 Hamilton Avenue</td>
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Howard
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Howard County Community Action Council
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Ellicott City MD 21043
410-461-9700
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<tr>
<th>Location</th>
<th>Name</th>
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<tr>
<td>Howard</td>
<td>Cyndi Rogers</td>
<td>Winter Growth, Inc</td>
<td>5460 Ruth Keeton Way Columbia, MD 21044</td>
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<td>Howard</td>
<td>Mr. George Fountain</td>
<td>The People Community Baptist Church</td>
<td>31 Norwood Road Silver Spring MD 20905</td>
<td>240-876-1617</td>
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<td>Howard</td>
<td>Mr. Byung Joon Lee</td>
<td>Korean American Senior Citizens Association of Maryland, Inc.</td>
<td>13421 Georgia Ave, Suite 117 Silver Spring MD 20906</td>
<td>301-438-7304</td>
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<td>Montgomery</td>
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<td>Montgomery</td>
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<td>National Lutheran Home</td>
<td>9701 Viers Drive Rockville MD 20850</td>
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<td>Mr. Robert Mills</td>
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<td>17340 Quaker Lane Sandy Spring MD 20860</td>
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<td>Director</td>
<td>Mobile Medical Care, Inc.</td>
<td>9309 Old Georgetown Road Bethesda MD 20814</td>
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<td>5100 Randolph Road Rockville MD 20853</td>
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<td>Montgomery</td>
<td>Ms. Ayda Sanver</td>
<td>Community Services for Autistic Adults and Children</td>
<td>8615 E. Village Ave Montgomery Village MD 20886</td>
<td>240-912-2220</td>
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<td>Mr. Frances Irvin</td>
<td>Mark Twain School</td>
<td>14501 Avery Road Rockville MD 20853</td>
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<td>3701 Rossmoor Blvd Silver Spring MD 20906</td>
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<td>814 Thayer Avenue Silver Spring MD 20910</td>
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<td>Jewish Social Service Agency</td>
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Montgomery County Catholic Charities
11160 Viers Mill Road Suite 700
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Montgomery
Susan Ingram
Community Support Services, Inc.
9075 Comprint Court
Gaithersburg MD 20877
301-926-2300 x208

Montgomery
Mr. Jimmy Williams
Ready Shuttle
604 concerto Lane
Silver Spring MD 20901
301-754-1657

Montgomery
Call n Ride
P.O. BOX 8465
Gaithersburg, MD 20898

Montgomery
Joy Barrow
Medicaid
101 Monroe St, 5th Floor
Rockville, MD 28050

Montgomery
Division of Transit Services
William Selby
Medicaid
101 Monroe St, 5th Floor
Rockville, MD 28050

Montgomery
Bethesda Vital Living Services
Micki Gordon
11820 Parklawn Drive
Rockville, MD 20852

Montgomery
Carol Jean Cancer Foundation, Inc
10718 Cleos Court
Columbia, MD 21045

Montgomery
St. Johns Baptist Church
Gertie Snell
8910 Old Annapolis Road
Columbia, MD 21045

Montgomery
Leafy House
Lisa Winnagle
10000 Brunswick Lane
Kensington, MD 20910

Montgomery
Victory Housing, Inc.
James Brown
5430 Grosvenor Lane, Suite 210
Bethesda, MD 20814

Montgomery
Treatment and Learning Centers
Nancy Amundson
2301 Research Blvd. Suite 110
Rockville, MD 20850

Montgomery
Mental Health Association
Stephanie Moreno
1000 Twinbrook Parkway
Rockville, MD 20851

Montgomery
The Family Services Agency Inc.
Kyle McCleal
610 E. Diamond Ave. Ste. 100
Gaithersburg, MD 20852

Montgomery
Aging & Disabilities Services
Betsy Bincks
401 Hungaford Drive
Rockville, MD 20580

Prince George's
Mr. Darrell Wesley
Baptist Senior Adult Ministries Day Care Ctr.
1330 Massachusetts Avenue NW
Washington DC  20005
301-507-6590
Montgomery
Ms. Joyce Taylor
ARC of Montgomery County
11600 Nebel Street
Rockville MD 20850

Montgomery
Ms. Louise Sutermeister
Salem Children's Trust/Bethesda
5923 Johnson Avenue
Bethesda MD 20034

Montgomery
Ms. Julie Uhlenhopp
7915 Foxcrest Court
Potomac MD 20854

Prince George's
Reverend William Barbee, Jr.
Universal Life Church
Oakwood Knolls
6610 Adrian Street
New Carrollton MD 20784

Prince George's
Mr. Phillip Thomas
ARC of Prince George's County
1300 Mercantile Lane Suite 200
Largo MD 20744

Prince George's
Mr. Ronald Beagley
Vesta, Inc.
3900 Forestville Road
Forestville MD 20747

Prince George's
Mr. Terence Collins
United Communities Against Poverty
1400 Doewood Lane
Capitol Heights MD 20743
301-322-5700

Prince George's
Ms. Mary Defeo
Bowie Therapeutic Nursery Center
3120 Belair Drive
Bowie MD 20715
301-262-9167

Prince George's
Ms. Pamela Spencer
Heaven Helpers Ministry
7108 East Forest Road
Landover, MD 20785
Prince George's
Mr. Daniel Felzenberg
City of Capitol Heights
1 Capitol Heights Blvd
Capitol Heights MD 20027

Prince George's
Pastor Russell Fink
St. John's Evangelical Lutheran Church
5820 Riverdale Road
Riverdale MD 20737
301-927-4100

Prince George's
Mr. Gregory Furr
MedSource Community Services
3060 Mitchelleville Road
Bowie MD 20716
301-249-0606 ext 123

Prince George's
Mr. Robert Parker
Greenbelt Golden Age Club
25 Crescent Road
Greenbelt MD 20770
301-474-6878

Prince George's
Pastor
First New Horizon Baptist Church
P.O. Box 176
Clinton MD 20735

Prince George's
Ms. Patricia Peck
City of College Park
4500 Knox Road
College Park MD 20740
301-864-8667

Prince George's
Ms. Marybeth Peters
Second Family
1008 Nyanga Avenue
Capitol Heights MD 20743
301-722-0048

Prince George's
Mr. Lawrence Pierce
Dept. of Community Services
2614 Kenhill Drive
Bowie MD 20715
301-262-6200

Prince George's
Ms. Sylvia Lewis
American National Red Cross
6206 Belcrest Road
Hyattsville MD 20782

Prince George's
Mr. Michael McLaughlin
City of Greenbelt
25 Crescent Road
Greenbelt MD 20770
301-474-8000

Prince George's
Mr. Dan Driscoll
Easter Seal Society for Disabled Children/Adults
4041 Powder Mill Road Suite 100
Calverton MD 20705
301-931-8700 ext 114

Prince George's
Ms. Karen Vecchione
Crescent Cities Adult Medical Day Care
7001 Oxon Hill Road
Oxon Hill MD 20745
301-567-1885

Prince George's
Mr. Arthur Turner
United Communities Against Poverty, Inc.
1400 Doewood Lane
P.O. Box 31356
Capitol Heights MD 20743
301-322-5700 ext 105

Prince George's
Ms. Dana Wellman
Vesta, Inc.
4615 Wheeler Hills Road
Oxon Hill MD 20745
301-505-1700 ext 206

Prince George's
New Home Baptist Church
8320 Landover Road
Landover, MD 20785
301-773-8100

Prince George's
Mr. David Douglas
TBDS Corporation
1101 Mercantile Lane, Suite 220
P.O. Box 4668
Capitol Heights, MD 20791
301-925-1515
St. Mary's
Jimmy Morgan
United Cerebral Palsy
21815 Three Notch Road Suite H
Lexington Park MD 20653

St. Mary's
Ms. Jean Carter
St. Mary's County Office on Aging
P.O. Box 653
Leonardtown MD 20650

St. Mary's
St. Mary's Health Department
Cindy Spalding
P.O. BOX 316
Leonardtown, MD 20650

St. Mary's
On Our Own of St. Mary's
P.O. BOX 1245
Leonardtown, MD 20650

St. Mary's
St. Mary's Nursing Center
Melinda Lyon
21585 Peabody Street
Leonardtown, MD 20650

St. Mary's
St. Mary's County Office on Aging
Lori Jennings
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Leonardtown, MD 20650

St. Mary's
Ms. Kara Bush, Director
St. Mary's Adult Medical Day Care, Inc
24400 Mervell Dean Road
Hollywood, MD 20636

St. Mary's
Ms. Billye McGahran
Seniors United for Independence
P.O. Box 653
Leonardtown MD 20650
301-475-5100

Talbot
Ms. Barbara MacInnes
Channel Markers
P.O. Box 2
Whittmen MD 21676
410-745-6973

Talbot
Ms. Nancy Clem
Channel Marker
222 Port Street
Easton MD 21601
410-882-4611

Talbot
Mr. Charles Gersdorf
Memorial Hospital @ Easton
219 South Washington Street
Easton MD 21601
410-822-1000 ext 5503

Talbot
Ms. Wendy Dyoit
St. Marks Village
212 Bay Street
Easton MD 21601
410-822-1315

Talbot
Mr. Lee Sullivan
Bethany House
P.O. Box 249
Cordova MD 21625

Talbot
Mr. John Wright
Chesapeake Rehabilitation Center
713 Dover Street
Easton MD 21601
410-822-4122

Talbot
Mid-Shore Mental Health Systems, Inc.
8221 Teal Dr, Suite 203
Easton, MD 21601

Talbot
Upper Shore Aging, Inc.
201 Talbot Boulevard
Chestertown, MD 21620
Washington County
Ms. Belinda Corbett
Washington County Commission on Aging
140 West Franklin Street
4th Floor
Hagerstown MD 21740
301-790-0275

Washington County
Mental Health Authority
Ms. Ethel Nemcek
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Hagerstown, MD 21740

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Easter Seals Society
Adult Day Services
101 East Baltimore Street
Hagerstown, MD 21740

Washington County
Head Start
Linda Zerkle
325 W. Memorial Blvd.
Hagerstown, MD 21740

Washington County
Community Partnership for Children & Families
33 West Washington Street, Ste. 210
Hagerstown, MD 21740

Washington County
Spectrum Support, Inc.
9436 Earley Drive, Ste 1
Hagerstown, MD 21740

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United Cerebral Palsy
118 East Oak Ridge Drive
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Hagerstown, MD 21740

Washington County
Mental Health Center of Western Maryland, Inc.
1180 Professional Court
Hagerstown, MD 21740

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Hagerstown MD 21741
301-791-5421

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Washington County
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1175 Professional court
Hagerstown MD 21740
301-766-0066

Washington County
Mr. Dave Tork
Brooklane Health Services
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Hagerstown MD 21742

Washington County
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Turning Point of Washington County
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Washington County
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Washington County
Washington County Community Action Council, Inc
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Whittman Walker Clinic, Inc.
Schwartz Housing Services
1407 S Street NW
Washington DC 20009

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Ms. Karen Davis
Lt. Joseph P. Kennedy Institute
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Washington DC 20017

Worcester
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Hartley Hall Nursing Home
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Worchester
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Worcester County Developmental Center
8545 Newark Road
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Newark MD 21841

Wicomico
Ms. Sylvia Hayes
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Parsonsburg MD 21849
410-334-3497

Worcester
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Hartley Hall Nursing Home
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Pocomoke City MD 21851
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Mr. Benjamin Glenn
Northeastern Presbyterian
2112 Varmum Street NE
Washington DC 20018
301-350-1221

Washington D.C.
Mr. Joe Resch
Episcopal Senior Ministries
900 2nd Street NE Suite 206
Washington DC 20002

West Virginia
Ms. Carolyn Meyers
Rt. 2
Box 184
Ridgeley West Virginia 26753
304-738-1176

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Ms. Margaret Sas
Bishopville Charge
Zion U.M. Church
211 144th Street
Ocean City MD 21842
410-250-1046

Wicomico County
Mr. Michael Shambrek
Hudson Health Services, Inc.
P.O. Box 1906 1506 Hunting Drive
Salisbury, Maryland 21802
410-219-9000

Wicomico County
The Salvation Army
P.O. Box 3235
Salisbury, Maryland 21802
410-749-7771

Wicomico County
Mrs. Helen Young
Deer’s Head Center
P.O. Box 2018 351 Deer’s Head Hospital Road
Salisbury, Maryland 21801
410-543-4000

Wicomico County
Mr. Jack Grizzel
Blind Industries & Services of Maryland/Salisbury
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Salisbury, Maryland 21802
410-749-1366
Wicomico County
Mr. Donald Hackett
Dove Pointe
1225 Mt. Hermon Road  P.O. Box 1610
Salisbury, Maryland  21802

Wicomico County
Mr. Brad Bellacicco
Shore Transit
31901Tri-County Way
Suite 133
Salisbury, Maryland  21801
443-260-2300

Wicomico County
Mr. Orville Penn
SHORE UP! Inc.
520 Snow Hill Road
Salisbury, Maryland  21804
410-749-1142
### Regional Planners

**AUTHORIZED DESIGNEE**

The following persons are authorized to act on behalf of the Maryland Transit Administration (MTA) in the administration of Grant Agreements with the jurisdictions listed below:

<table>
<thead>
<tr>
<th>Regional Planner</th>
<th>Jurisdictions</th>
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<tbody>
<tr>
<td>Monica White</td>
<td><img src="https://example.com" alt="Human Services Programs State Wide (Except DCS)" /></td>
</tr>
<tr>
<td>410-767-3906</td>
<td><img src="https://example.com" alt="mwhite2@mta.maryland.gov" /></td>
</tr>
<tr>
<td>Bruce Hojnacki</td>
<td>Anne Arundel County</td>
</tr>
<tr>
<td>410-767-3758</td>
<td>Baltimore City</td>
</tr>
<tr>
<td><a href="mailto:Bhojnacki@mta.maryland.gov">Bhojnacki@mta.maryland.gov</a></td>
<td>Baltimore County</td>
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<td>Allegany County</td>
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<tr>
<td>410-767-3906</td>
<td>Charles County</td>
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<tr>
<td><a href="mailto:gthornes@mta.maryland.gov">gthornes@mta.maryland.gov</a></td>
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<td>Jason Kepple</td>
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<tr>
<td><a href="mailto:JKepple@mta.maryland.gov">JKepple@mta.maryland.gov</a></td>
<td>Dorchester County - (DCS)</td>
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