



## COVER LETTER & APPLICATION

Please provide the selection committee members with copies of both a signed cover letter and completed application packet by the end of business (5:00 pm) on **January 17th, 2025**. The cover letter should be signed by an individual with the authority to execute contracts on the organization's behalf and should (at a minimum) include the following information:

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

The application and associated worksheets accommodate project packages with capital and operating expenses included (if it is all part of the same/contingent project).

There is no cap on the cost or number of project applications submitted for these limited resources. Additional guidance and applicant information may be found online at [www.wampo.org/wampo-5310](http://www.wampo.org/wampo-5310).

### Submission Detail

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Five (5) hard copies and one (1) electronic copy of the **COVER LETTER AND COMPLETED APPLICATION(S) & WORKSHEET(S)** should be mailed or delivered to the WAMPO offices and marked to the attention of Dora Gallo at 271 W. Third Street, Suite 208, Wichita, Ks 67202-1212. For questions, please E-Mail [Transit@wampo.org](mailto:Transit@wampo.org) or call 316-779-1313.

Project applications must be completed in full as appropriate and will only be considered for projects implemented from July 1, 2025 - June 30, 2027.

## INFORMATION

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

City

State

ZIP Code

Contact: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name

Phone: \_\_\_\_\_ SAM #: \_\_\_\_\_

Project Title or  
Descriptive  
Statement: \_\_\_\_\_

This project includes elements of regional coordination and should be considered a regional **priority project** during the selection process (*please see page 4 of the instruction packet for details on regional coordination projects*). YES NO

## ELIGIBILITY

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

Is your organization a Non-Profit? YES NO

Is your organization a State/Local Government? YES NO

Is your organization a private transportation operator? YES NO

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

The organization administering the project has the ability and resources to carry out the proposed project? YES NO

The organization administering the project is aware and able to address all federal requirements needed to carry out this project? YES NO

# PROJECT PROPOSAL

Please fully provide the following requested information practical. For additional detail on eligible activities identified with an \*\* below, please review page 2 of the Program Details summary by visiting [www.wampo.org/wampo-5310](http://www.wampo.org/wampo-5310).

## PROJECT TYPE BY CATEGORY

Please select the type of project you are applying for (select all that apply).

### **TRADITIONAL CAPITAL**

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

### **NON- TRADITIONAL OTHER**

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

## PROJECT INFORMATION

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

- » Project description (ex. service type, estimated cost of one-way trips, etc.)
- » Estimated number of people to be served
- » Description of gaps in service that this project will fill
- » How it meets the intent/goals of the Coordinated Plan
- » Description of expected impacts, benefits, and/or project outcomes

Type text here

**REGIONAL COORDINATION (skip if not requesting priority status):** Use the below field to describe how this project will contribute to enhancing transportation system collaboration and/or coordination. Priority consideration will be given to project proposals that clearly articulate partnerships and/or coordination among agencies/jurisdictions/businesses to provide options and increase the accessibility and quality of life for older adults and/or people with disabilities. *Please see page 5 of the instruction packet for further details.*

Type text here

## VEHICLE INFORMATION

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If applying for vehicle purchase/expansion or a replacement, please complete the following section(s) and associated worksheets as appropriate.

**Vehicle Purchase/Expansion:** Please select the type of vehicle(s) being requested. Please include a completed copy of the below referenced vehicle purchase worksheets (A, and/or B) with your funding request.

Vehicle #1

- Cutaway Paratransit Van (Worksheet A)
- Full Sized Van (Worksheet B)

Vehicle #2

- Cutaway Paratransit Van (Worksheet A)
- Full Sized Van (Worksheet B)

Vehicle #3

- Cutaway Paratransit Van (Worksheet A)
- Full Sized Van (Worksheet B)

Vehicle #4

- Cutaway Paratransit Van (Worksheet A)
- Full Sized Van (Worksheet B)

**Replacement Vehicle(s):** Please describe the vehicle(s) that will be replaced (skip this section if not replacing a vehicle(s)).

Replacement Vehicle #1:    Year/Make/Model:    Type text here

VIN Number:

Current Odometer:

Date in Service:

Vehicle Number:

Tag Number:

Number of Seats:

Funding Source:

Active? Yes  No

Replacement Vehicle #2:    Year/Make/Model:    Type text here

VIN Number:

Current Odometer:

Date in Service:

Vehicle Number:

Tag Number:

Number of Seats:

Funding Source:

Active? Yes  No

Replacement Vehicle #3: Year/Make/Model:    Type text here

VIN Number:

Current Odometer:

Date in Service:

Vehicle Number:

Tag Number:

Number of Seats:

Funding Source:

Active? Yes  No