**Logo

Description automatically generated5310 - CALL FOR PROJECTS APPLICATION**

# 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) **February 28th, 2023**. The cover letter should be signed by an individual with the authority to execute contracts on the organization's behalf and should (at a minimum) include the following information:

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

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

There is no cap to the cost or number of projects 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/paratransit).

## Submission Detail

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 Emily Thon at 271 W. Third Street, Suite 208, Wichita, Ks 67202-1212. For questions, please E-Mail [Transit@wampo.org](mailto:Emily.Thon@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, 2023 - June 30, 2025.

# 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/paratransit)*.*

## PROJECT TYPE BY CATEGORY

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please select the type of project you are applying for (*select all that apply*). | | | | | |
| TRADITIONAL CAPITAL | | | | | |
|  | **\*\***Acquisition of transportation services under a contract, lease or other arrangement | |  | Preventive maintenance | |
|  | Acquisition, expansion, or replacement of buses or vans, and related procurement, testing, inspection, and acceptance costs | |  | \*\*Projects that support mobility management & coordination programs | |
|  | \*\*Capital investments that support ADA-complementary paratransit services | |  | Purchase and installation of benches, shelters, and other passenger amenities | |
|  | Computer hardware and software | |  | Radios and communication equipment | |
|  | Dispatch systems | |  | Support facilities and equipment for Section 5310 funded vehicles | |
|  | Extended warranties that do not exceed the industry standard | |  | Transit-related intelligent transportation systems (ITS) | |
|  | Fare collection systems | |  | Vehicle rehabilitation or overhaul | |
|  | Lease of equipment when lease is more cost effective than purchase | |  | Vehicle wheelchair lifts, ramps, and securement devices | |
| NON- TRADITIONAL OTHER | | | | |
|  | | Public transportation projects (capital only) planned, designed, and carried out to meet the special needs of seniors and individuals with disabilities when public transportation is insufficient, inappropriate, or unavailable; | | |
|  | | Public transportation projects (capital and operating) that exceed the requirements of ADA; | | |
|  | | Public transportation projects (capital and operating) that improve access to fixed-route service and decrease reliance by individuals with disabilities on ADA-complementary paratransit service; or | | |
|  | | Alternatives to public transportation (capital and operating) that assist seniors and individuals with disabilities with transportation. | | |

## **PROJECT INFORMATION**

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

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

**click here to enter text**

**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.*

**click here to enter text**

## VEHICLE INFORMATION

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, B, and/or C) with your funding request.

Vehicle #1

Cutaway Paratransit Van (Worksheet A)

Full Sized Van (Worksheet B)

Ramp Accessible Minivan (Worksheet C)

Vehicle #3

Cutaway Paratransit Van (Worksheet A)

Full Sized Van (Worksheet B)

Ramp Accessible Minivan (Worksheet C)

Vehicle #2

Cutaway Paratransit Van (Worksheet A)

Full Sized Van (Worksheet B)

Ramp Accessible Minivan (Worksheet C)

Vehicle #4

Cutaway Paratransit Van (Worksheet A)

Full Sized Van (Worksheet B)

Ramp Accessible Minivan (Worksheet C)

**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: click here to enter text

VIN Number: click here to enter text

Current Odometer: click here to enter text

Date in Service: click here to enter text

Vehicle Number: click here to enter text

Tag Number: click here to enter text

Number of Seats: click here to enter text

Funding Source: click here to enter text

Active? Yes  No

Replacement Vehicle #2: Year/Make/Model: click here to enter text

VIN Number: click here to enter text

Current Odometer: click here to enter text

Date in Service: click here to enter text

Vehicle Number: click here to enter text

Tag Number: click here to enter text

Number of Seats: click here to enter text

Funding Source: click here to enter text

Active? Yes  No

Replacement Vehicle #3: Year/Make/Model: click here to enter text

VIN Number: click here to enter text

Current Odometer: click here to enter text

Date in Service: click here to enter text

Vehicle Number: click here to enter text

Tag Number: click here to enter text

Number of Seats: click here to enter text

Funding Source: click here to enter text

Active? Yes  No