

FY2016 COMMUNITY TRANSPORTATION PROGRAM GRANT APPLICATION
 NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
 FEDERAL SECTION 5311 & STATE FUNDING
 TRANSIT SYSTEM DESCRIPTION

Check If New Sub-Recipient
 1. GENERAL INFORMATION

APPLICANT'S LEGAL NAME:

APPLICANT'S CONGRESSIONAL DISTRICT: *If incorrect, enter correct primary district:*
If Applicant's city is included in more than one district, enter primary district only

MAILING ADDRESS:
PO Box or Street Address

City, State Zip (9-digit zip)

PHYSICAL ADDRESS:
Street Address

City, State

TAXPAYER IDENTIFICATION NUMBER:

DOING BUSINESS AS (DBA) NAME:
Normally the transit system name, if different than applicant name

APPLICANT DUNS NUMBER:
*Unique 9-Digit number issued by Dun & Bradstreet. May be obtained free of charge at:
<http://fedgov.dnb.com/webform>*

DUNS NUMBER OF PARENT AGENCY:
Required only if different than Applicant

CONTACT PERSON:

PHONE NUMBER:
Area Code & Phone Number

FAX NUMBER:
Area Code & Phone Number

EMAIL ADDRESS:

SERVICE AREA'S CONGRESSIONAL DISTRICT: *If incorrect, enter correct primary district:*
If Service Area is included in more than one district, enter primary district only

SERVICE AREA:

FEDERAL FINANCIAL ASSISTANCE
 TRANSPARENCY ACT (FFATA):

FFATA mandates the disclosure of the names and total compensation of the five most highly compensated officers of an entity if:

- The Applicant received 80% or more of its annual gross revenues in the preceding fiscal year from the federal government (all federal sources, not just FTA); **and**
- Those revenues were greater than \$25M; **and**
- The public **does not** have access to the information through Securities and Exchange Commission or Internal Revenue Service filings as specified in FFATA.

Applicant should select "Yes" if they are subject to the reporting requirements of FFATA and "No" if they are not subject to Executive Compensation Reporting.

EXECUTIVE COMPENSATION REPORTING: If "Yes" is selected above, enter the Names and Compensation amounts for the top five officers of the Applicant.

1.	<input type="text" value="Enter full name"/>	\$	-
		<i>Total compensation</i>	
2.	<input type="text" value="Enter full name"/>	\$	-
		<i>Total compensation</i>	
3.	<input type="text" value="Enter full name"/>	\$	-
		<i>Total compensation</i>	
4.	<input type="text" value="Enter full name"/>	\$	-
		<i>Total compensation</i>	
5.	<input type="text" value="Enter full name"/>	\$	-
		<i>Total compensation</i>	

2. TYPE OF APPLICANT

Public County Government

3. TYPE OF TRANSIT SYSTEM

Regional

4. TYPE OF SERVICE – (check all that apply)

Demand Response

Fixed Route

Subscription

Other: (specify below)

Deviated Fixed Route

5. SERVICE OPTIONS – (check all that apply)

General Public

Brokerage (Contractual service not a referral)

Human Service

Other: (describe below)

6. PURCHASE SERVICE - List agencies that purchase service from the transit system. Note: List agency ONCE

Agency

1

Agency 2

Name: Craven County Dept. of Social Services

Name: Pamlico County Dept of Social Services

Check if agency purchased service last year

Check if agency purchased service last year

List Programs Served:

List Programs Served:

1) Medicaid/Medical

1) Medicaid/Medical

2) Workfirst/Employment/Daycare

2) Workfirst/Employment/Daycare

3) Elderly/Handicapped/Low Income

3) Elderly/Handicapped/Low Income

4) _____

4) _____

5) _____

5) _____

Agency

3

Agency 4

Name: Jones County Dept of Social Services

Name: Vocational Rehab

Check if agency purchased service last year

Check if agency purchased service last year

List Programs Served:

List Programs Served:

1) Medicaid/Medical

1) Employment

2) Workfirst/Employment/Daycare

2) Training

3) Elderly/Handicapped/Low Income

3) Education

4) _____

4) _____

5) _____

5) _____

Agency

5

Agency 6

Name: Coastal Community Action

Name: Monarch

Check if agency purchased service last year

Check if agency purchased service last year

List Programs Served:

List Programs Served:

1) Employment

1) Handicapped

2) Senior Companion

2) Training

3) Foster Grandparents

3) Mental Health

4) Elderly/Handicapped

4) _____

5) _____

5) _____

Agency

7

Agency 8

Name: ECU-Infectious Disease Clinic

Name: NC Division of Services for the Blind

Check if agency purchased service last year

Check if agency purchased service last year

List Programs Served:

List Programs Served:

1) Medical

1) Training

2) _____

2) Education

3) _____

3) Meals

4) _____

4) _____

5) _____

5) _____

Agency

9 Religious Community Services

Agency

10 Name: Easter Seals/UPC NC & Virginia

Check if agency purchased service last year

Check if agency purchased service last year

List Programs Served:

List Programs Served:

1) Low Income

1) Training

2) Nutrition

2) Employment

3) Education/Training

3) _____

4) Employment Search

4) _____

5) Housing Search

5) _____

Check box at left if you serve more than 10 agencies and complete Continuation worksheet.

**FY2014 COMMUNITY TRANSPORTATION PROGRAM GRANT APPLICATION
 NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
 FEDERAL SECTION 5311 & STATE FUNDING
 TRANSIT SYSTEM DESCRIPTION CONTINUATION**

APPLICANT'S LEGAL NAME: Craven County

**6A. PURCHASE SERVICE - List agencies that purchase service from the transit system. Note: List agency ONCE
 (Continued)**

Agency 11

Name: Interfaith Refugee

Check if agency purchased service last year
 List Programs Served:

- 1) Medical
- 2) Employment
- 3) Training
- 4) Education
- 5) _____

Agency 12

Name: Greene Lamp

Check if agency purchased service last year
 List Programs Served:

- 1) Employment
- 2) Education
- 3) Daycare
- 4) _____
- 5) _____

Agency 13

Name: Gransbrooke

Check if agency purchased service last year
 List Programs Served:

- 1) Personal
- 2) Medical
- 3) _____
- 4) _____
- 5) _____

Agency 14

Name: Caregridge

Check if agency purchased service last year
 List Programs Served:

- 1) Medical
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency 15

Name: Craven County Board of Education

Check if agency purchased service last year
 List Programs Served:

- 1) Education
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency 16

Name: Promise Place

Check if agency purchased service last year
 List Programs Served:

- 1) Medical
- 2) Educational
- 3) Training
- 4) _____
- 5) _____

Agency 17

Name: _____

Check if agency purchased service last year
 List Programs Served:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency 18

Name: _____

Check if agency purchased service last year
 List Programs Served:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency 19

Name: _____

Check if agency purchased service last year
 List Programs Served:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Agency 20

Name: _____

Check if agency purchased service last year
 List Programs Served:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

7. REVENUE VEHICLE INVENTORY BY CATEGORY

→ Important - (If a vehicle has been replaced and the transit system has received the title from PTD, the vehicle should not be included in this inventory. Identify vehicles awaiting disposition in 8B below.)

<u>2</u> Center Aisle Van	<u>1</u> 20-Ft LTV (Cutaway) (no lift)
<u>4</u> Conversion Van	<u>5</u> 20-Ft LTV (Cutaway) (w/lift)
<u>12</u> Lift-Equipped Van	<u>4</u> 22-Ft LTV (Cutaway) (w/lift)
<u>0</u> Minivan (no ramp)	<u>0</u> 25-Ft LTV (Cutaway) (w/lift)
<u>0</u> Minivan (w/ramp)	<u> </u> 28-Ft LTV (Cutaway) (w/lift)
<u>0</u> Crossover (4/All-wheel drive)	<u>3</u> Sedan
<u>0</u> Transit Bus	<u>1</u> Other: (describe below)
	<u> </u> 22-Ft-LTV (Cutaway) (no lift)

8. FLEET SIZE

A. ACTIVE FLEET

<u>32</u> Total Revenue Vehicles in Fleet
<u>6</u> Backup Revenue Vehicles
<u>21</u> Total Lift-Equipped Vehicles

B. INACTIVE FLEET

1 Enter number of vehicles **awaiting** disposition. This includes vehicles for which replacements have been received and titles have been received from PTD. It also includes fleet reductions for which titles have been received from PTD.

9. DAYS AND HOURS OF SERVICE (Check all that apply and enter corresponding service hours):

DAYS	Beginning Time	SERVICE HOURS	Ending Time
<input type="checkbox"/> Seven (7) days per week	_____		_____
<u>Or</u>			
<input checked="" type="checkbox"/> Monday - Friday	<u>4:30 a.m.</u>		<u>7:00 p.m.</u>
<input type="checkbox"/> Saturday	_____		_____
<input type="checkbox"/> Sunday	_____		_____
<input type="checkbox"/> Holiday	_____		_____

10. SYSTEM MANAGEMENT & OPERATION

A. Is the **Management/Administration** of the transit system currently subcontracted? No
 If **yes**, answer the following:

Name of the Management provider: _____
 When will the new RFP process begin? _____
 Are employees of the subcontractor represented by a labor organization (union)? _____
 If **so**, provide the following:
 Name of Union: _____
Example: Amalgamated Transit Union Local #1437

B. Is the **Operation** of the transit system currently subcontracted? No
 If **yes**, answer the following:

Name of the service provider: _____
 When will the new RFP process begin? _____
 Are employees of the subcontractor represented by a labor organization (union)? _____
 If **so**, provide the following:
 Name of Union: _____
Example: Amalgamated Transit Union Local #1437

C. Does **another** public transit system contract with your system for any part of its service? No
 If **yes**, answer the following:

Name of the public transit system: _____
 Type of service that you provide: _____
 Are employees of the **other** transit system **or** its subcontractor(s) represented by a labor union? _____
 If **so**, provide the following:
 Name of other system's subcontractor (if applicable): _____
 Name of Union: _____
Example: Amalgamated Transit Union Local #1437

11. PUBLIC INVOLVEMENT – Please complete the chart below to document outreach efforts.

Organizations / Events	Date / Time	Location	Number of Attendees	Primary Audience	Number Title VI Forms Completed
1) Carolina Pines Garden Club	01/02/14 10:00 am	Fire Station, Carolina Pines, New Bern, NC	30	Elderly	0
2) Beta Sigma Phi	2/25//14 7:30 pm	Trent Woods	9	Elderly	0
3) Master Gardners	3/18/14 9:00 am	Agricultural Building	35	General Public	0
4) Wellness Expo-Pamlico County	9/14/14 10-1	Heartworks, Bayboro	25	Elderly	0
5) Fairfield Harbour Night Out	08/05/14 5:30 pm	Fairfield Harbour Fire Station	150+	General Public	0
6)					
7)					
8)					
9)					
10)					
11)					
12)					
13)					
14)					
15)					

- A. Is a governing board approved formalized public involvement plan in use? No
 If **yes** (complete questions below)
- Is that plan evaluated and updated at least annually? _____
- Does that plan have defined objectives? _____
- Are those objectives being met? _____

If **no** – Describe below how the effectiveness of the public involvement efforts are evaluated and/or improved.

CARTS is continuously seeking opportunities to speak and participate in activities to inform the public about the services CARTS has to offer. After the resignation of the Director in April, these activities were somewhat reduced due to staffing limitations.

B. Describe Public Outreach Methods:

Select the ONE word that most accurately completes the sentence



Information dissemination is Always written.

Public meeting times are Seldom between 8 AM and 5 PM.

Information is Seldom available in an audible format.

Information is Seldom available in a language other than English.

Reasonable access is Always available for those with a disability.

12. **ADMINISTRATIVE CHANGES** - Describe administrative changes to be incorporated during FY2016 in the space below. A new job description must be attached for (1) any new administrative positions or (2) any increase in the percentage of a position dedicated to transportation.
If **NONE** check here: Check here if job description(s) attached:

13. **SERVICE CHANGES** - Describe any service changes and/or provide justification/need for expansion vehicle(s) in the space below.
If **NONE** check here:

FY2016 - Complete Project Funding Request Form for FY 2016

(Note: Include in your description the rationale for the anticipated change in service. For example, the anticipated change is due to customer feedback, marketing or other efforts. This narrative should match what is included your project funding request form)

Part of the CARTS service area has been designated as an urban area as a result of the 2010 Census data. Because of this designation, CARTS will begin operating as a rural/small urban regional system beginning July 1, 2016. CARTS is still in the planning process for what changes will be needed and how services will be affected and/or changed in the newly designated urbanized area.

If expansion vehicle(s) requested, what is the source for funding to operate the vehicle(s)?

How will the public be notified of the service changes described above?

How much lead-time is given before service changes take effect?

14. CAPITAL - In the chart below, list and provide narrative justification for any of the following FY2016 capital requests:

- * Advanced / Baseline Technology
- * Expansion Vehicle
- * Radio Equipment
- * Telephone Equipment

If NONE check here:

List in order of priority. See Capital Replacement Schedule for documentation requirements

	Capital Category	Narrative Description / Justification	Supporting Documentation
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
11)			
12)			
13)			
14)			
15)			
16)			