

**FY2013 COMMUNITY TRANSPORTATION PROGRAM GRANT APPLICATION  
 NORTH CAROLINA DEPARTMENT OF TRANSPORTATION  
 FEDERAL SECTION 5311 & STATE FUNDING  
 TRANSIT SYSTEM DESCRIPTION**

**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*

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

Name: Craven County Dept of Social Services

Check if agency purchased service last year

List Programs Served:

- 1) Medicaid/Medical
- 2) Work Frist/Employment/Child Day Care
- 3) Elderly/Handicapped/Low Income
- 4) Minorities
- 5) \_\_\_\_\_

Agency 2

Name: Pamlico County Dept of Social Services

Check if agency purchased service last year

List Programs Served:

- 1) Medicaid/Medical
- 2) Work First/Employment/Child Day Care
- 3) Elderly/Handicapped/Low Income
- 4) Minorities
- 5) \_\_\_\_\_

Agency 3

Name: Jones County Dept of Social Services

Check if agency purchased service last year

List Programs Served:

- 1) Medicaid/Medical
- 2) Work Fist/Employment/Child Day Care
- 3) Elderly/Handicapped.Low Income
- 4) Minorities
- 5) \_\_\_\_\_

Agency 4

Name: Vocational Rehabilitation

Check if agency purchased service last year

List Programs Served:

- 1) Employment
- 2) Training
- 3) Education
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

Agency 5

Name: Coastal Community Action

Check if agency purchased service last year

List Programs Served:

- 1) Employment
- 2) Senior Companion
- 3) Foster Grandparents
- 4) Elderly/Handicapped
- 5) \_\_\_\_\_

Agency 6

Name: Monarch/CCE ARC

Check if agency purchased service last year

List Programs Served:

- 1) Handicapped
- 2) Job Training
- 3) Mental Health Training
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

Agency 7

Name: ECU-Infection Disease Clinic

Check if agency purchased service last year

List Programs Served:

- 1) Midical
- 2) Mental Haeth
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

Agency 8

Name: NC Division of Services for the Blind

Check if agency purchased service last year

List Programs Served:

- 1) Medical
- 2) Training
- 3) Education
- 4) Meals
- 5) \_\_\_\_\_

Agency 9

Name: Religious Community Services

Check if agency purchased service last year

List Programs Served:

- 1) Low Income
- 2) Nutrition
- 3) Education/Training
- 4) Job Search
- 5) \_\_\_\_\_

Agency

10 Name: Easter Seals/UPC NC & Virginia

Check if agency purchased service last year

List Programs Served:

- 1) Training
- 2) Jobs
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

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



**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) Pamlico County Dept Mtg.	1/25/11 9:00 a.m.	Pamlico County Dept of Social Services	19	General Public	0
2) Jones County Job Link CC Meeting	2/16/11 10:00 am	Jones County Job Link Conference Room	4	Women	0
3) Golden Age	2/23/11 10:00 a.m.	West New Bern Recreation Center	79	Elderly	0
4) Pamlico County Senior Services	3/22/11 12:00 p.m.	Pamlico County Senior Center	25	Elderly	0
5) Interfaith Refugee Ministries	6/20/11 10:30 am.	Interfaith Refugee Ministries	10	LEP	0
6) Pamlico Community College Job Fair	5/5/11 1:00 p.m	Pamlico County Community College	200	General Public	0
7) Craven County School Exceptional Children's Program Transition Fair	9/14/11 5:30 p.m.	New Bern High School	20	General Public	0
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 trips are tracked daily, weekly, and monthly by reports from the Route Match Scheduling Program and Excel files. Reports are given to Craven County Manager which report to the CARTS Governing Board-Craven County Board of Commissioners. Reports are also given to the CARTS TAB Board at the quarterly meetings. CARTS currently runs advertisement in Pamlico County Newspaper, the Jones County Post and the Craven County Shopper. CARTS is a member of the Pamlico and Craven County Chamber of Commerce. Craven Community College, Pamlico Community College, Jones County Government, Pamlico County Government, NCDOT/PTD, Complete Dental and Craven County Government all have web link on their page to the CARTS web page. CARTS regularly attends Health Fairs, Jo Fairs, and presents information throughout the three counties it serves. CARTS gave a Department overview presentation to the Craven County Board of Commissioners which aired on local Channel 10 and on the Channel 10 web site. CARTS also utilized TWITTER to reach its followers. Director of CARTS is a member of the Craven Aging Board, the Craven County Department of Social Services Work First board, and the Down East Rural Planning Organization.

B. Describe Public Outreach Methods:

Select the ONE word that most accurately completes the sentence



Information dissemination is Always written.

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

Information is Always available in an audible format.

Information is Usually 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 FY2013 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:

(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.)

**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 FY2013 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)			