

**FY2018 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"/>	\$	-
		Total compensation	
2.	<input type="text" value="Enter full name"/>	\$	-
		Total compensation	
3.	<input type="text" value="Enter full name"/>	\$	-
		Total compensation	
4.	<input type="text" value="Enter full name"/>	\$	-
		Total compensation	
5.	<input type="text" value="Enter full name"/>	\$	-
		Total compensation	

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)
ADA Complementary Paratransit _____

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 Department of Social Services

Check if agency purchased service last year

List Programs Served:

- 1) Medicaid/Medical _____
- 2) Workfirst/Employment/Daycare _____
- 3) Elderly/Disabled/Low Income _____
- 4) Social Security Disability _____
- 5) _____

Agency 2

Name: Pamlico County Dept. of Social Services

Check if agency purchased service last year

List Programs Served:

- 1) Medicaid/Medical _____
- 2) Elderly/Disabled/Low Income _____
- 3) _____
- 4) _____
- 5) _____

Agency

3

Name: Jones County Dept. of Social Services

Check if agency purchased service last year

List Programs Served:

- 1) Medicaid/Medical _____
- 2) Elderly/Disabled/Low Income _____
- 3) _____
- 4) _____
- 5) _____

Agency 4

Name: Vocational Rehabilitation

Check if agency purchased service last year

List Programs Served:

- 1) Employment _____
- 2) Training _____
- 3) Education _____
- 4) Job Interviews _____
- 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/Disabled _____
- 5) _____

Agency 6

Name: Moncarch

Check if agency purchased service last year

List Programs Served:

- 1) Disabled _____
- 2) Training _____
- 3) Mental Health _____
- 4) _____
- 5) _____

Agency

7

Name: ECU-Infectious Disease Clinc

Check if agency purchased service last year

List Programs Served:

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

Agency 8

Name: CarolinaEast Foundation

Check if agency purchased service last year

List Programs Served:

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

Agency

9

Religious Community Services

Check if agency purchased service last year

List Programs Served:

- 1) Low Income _____
- 2) Nutrition _____
- 3) Education/Training _____
- 4) Employment Search _____
- 5) Housing Search _____

Agency 10

Name: Easter Seals/UPC NC & VA

Check if agency purchased service last year

List Programs Served:

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

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

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>2</u> 20-Ft LTV (Cutaway) (no lift)
<u>2</u> Conversion Van	<u>9</u> 20-Ft LTV (Cutaway) (w/lift)
<u>9</u> Lift-Equipped Van	<u>5</u> 22-Ft LTV (Cutaway) (w/lift)
_____ Minivan (no ramp)	_____ 25-Ft LTV (Cutaway) (w/lift)
_____ Minivan (w/ramp)	_____ 28-Ft LTV (Cutaway) (w/lift)
_____ Crossover (4/All-wheel drive)	<u>3</u> Sedan
_____ Transit Bus	_____ Other: (describe below)

8. FLEET SIZE

A. ACTIVE FLEET

32 **Total Revenue** Vehicles in Fleet
 _____ Backup **Revenue** Vehicles
23 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	_____	_____	_____
<input checked="" type="checkbox"/> Monday - Friday	<u>5:00 AM</u>		<u>6:00 PM</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) Pamlico Community College	04/12/2016 6:00pm	Pamlico Community College Open House	Unknown	General Public	None
Citizens Advisory Committee of the New Bern Area					
2) Metropolitan Planning Organization	Bi-monthly	303 First Street, New Bern, NC 28560	Varies	General Public	Page 3

3) Jones County Heritage Day Festival	09/17/2016	Jones County Civic Center, Trenton, NC	Unknown	General Public	None
4)					
5)					
6)					
7)					
8)					
9)					
10)					
11)					
12)					
13)					
14)					
15)					

- A. Is a governing board approved, formalized, public involvement plan in use? Yes
 If **yes** (complete questions below)
- Is that plan evaluated and updated at least annually? Yes
- Does that plan have defined objectives? Yes
- Are those objectives being met? Yes

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

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 Usually 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 FY2018 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:

FY2018 - Complete Project Funding Request Form for FY 2018

(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)

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

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