RCTC | SPECIALIZED TRANSIT

FY 2024/25 – 2026/27
Measure A Specialized Transit
Call for Projects for Western Riverside County

APPLICATION FORM

(For use by Agencies and Organizations in Western Riverside County)

March 14, 2024
Must be received by 4:00 pm.

Each application must be submitted in PDF or Word, along with a project budget worksheet in Excel. Faxes will not be accepted. The electronic version can upload to RCTC's FTP site at
https://www.dropbox.com/request/bfYzkmc9jcfbFM5G3u6h.
The password for uploading is Measure A. Or it can be emailed to specializedtransit@rctc.org.
If the documents are not received by the date and time identified above,
then it does not constitute on-time submittal.

Refer to the Program Guidelines for clarification on items in the application.

Project Submission Summary	
Project Name:	
Agency (Applicant) Name:	
Address:	
Number of Projects Submitted:	
Project Ranking (RCTC purposes only):	

SECTION I: AGENCY PROFILE - PROJECT SUMMARY

A. Applicant/Lead Agency Information:

Legal Name:

Address:

City/State/Zip:

Contact Person Name & Title: (Staff that handles day-to-day activities of the grant program)

Email: Phone: Fax:

B. Project Title:

C. Project Area to Be Served:

D. Project Type (check ALL that apply to this project

Operating	Voucher	Mileage Reimbursement
Travel Training	Mobility Management	
Capital for Expansion	Capital for Equipment, Rehab or Replacement	

E. Target Population Information - *Enter unique persons* (count each individual **only once** to represent the number of individuals your program is likely to serve annually - do not double count): **Ensure consistency with other sections.**

*Figures entered in a. thru d. should all match E1- Performance Indicators.	NUMBER OF UNIQUE PERSONS:		
	Year 1 (FY 24/25)	Year 2 (FY 25/26)	Year 3 (FY 26/27)
a. Number of unique seniors:			
b. Number of unique persons with disabilities:			
c. Number of unique eligible low-income persons:			
d. Number of other unique persons not included above. Description: _____			
Of the above (a-d), how many unique persons are military service personnel or veterans?			

F. Total number of one-way passenger trips:	Year 1	Year 2	Year 3
(one-way passenger trips are not equal to the number of unique persons above. One unique person can make two or more one-way trips)			

G. Budget Summary:	Year 1*	Year 2*	Year 3*
a. Amount of Measure A Operation Request	$	$	$
b. Amount of Measure A Capital Request	$	$	$
c. Total Local Match for Project (non-Measure A)	$	$	$
TOTAL PROJECT BUDGET (a+b+c) *Figures entered here should all match the budget sheet provided in Section V.	$	$	$

SECTION II: AGENCY PROFILE – ORGANIZATIONAL CAPABILITIES

PART A. (8 Points) Briefly describe your agency's purpose and services. _Supporting documentation may be attached in the Appendix (e.g., agency brochure and any other explanatory information considered important by the applicant)._

Information to include in this section:

- Describe the number of years that your organization has been in operation
- Describe your Agency's Mission
- Description of agency and all available programs
- Describe how the proposed project fits within the mission of the agency
- Description of agency facilities including physical size
- (If applicable), total number of vehicles available for transportation
- (If applicable), total number of vehicles available for this project
- Describe the size of your agency including:
  - o Total number of employees
  - o Number of employees working on this project
- Describe your agency's administration capabilities. This should also include:
  - o Key personnel assigned to the project
  - o Key personnel roles and responsibilities
  - o Key personnel resume's or qualifications – please attach resume's/qualifications in the appendix

Your Response (5,000 Character Limit):

PART B. (1 point) Please describe the target population groups that the proposed project will serve (seniors, persons with disabilities, low-income, or others).

Your Response (1,000 Character Limit):

PART C. (1 point) Briefly detail the current overall population and geographic area(s) that is served and the population and geographic area(s) that will be served by the proposed project. Supporting documentation or an 8½ " x 11" map of the service area must be attached.

Your Response (5,000 Character Limit):

Please provide the following details about your proposed project:

While completing this grant application, refer to the Project Evaluation and Scoring Criteria on Pages 11-16 of the application guidelines for additional guidance on each of the questions. Each response will be scored for clarity, completeness and accuracy.

PART A: Project Narrative (all project types) (25 points)

Please provide a narrative to describe your transportation service and/or project and your agency's service area. Items should include the following:

- Describe the purpose of the project
- Type of service to be provided
- Roles and responsibilities of key personnel, days and hours of service operation
- Describe the target population and your program criteria
- Describe how potential customers are informed about the available program.

Your Response (5,000 Character Limit):

PART B: Implementation Plan – (20 points)

1. **Operating Projects** (if applicable)

Please describe the details of your implementation plan for the project. Items should include the following:

- Describe the process for trip reservations, how routes are scheduled and dispatched, and days and hours of service operations.
- Describe and detail your vehicle maintenance plan and replacement plan
- Describe how drivers are hired, trained, re-trained, and certified.
- Describe the methodology you use for current and projected ridership.

Your Response (7,500 Character Limit):

2.   Voucher Programs (if applicable)

Please describe the details of your implementation plan for the project. Items should include the following:

- Describe the eligibility criteria for agency and/or client applications
- Describe how vouchers or passes are purchased and distributed
- Describe how vouchers or passes are tracked.
- Describe the methodology you use for current and projected voucher usage.

Your Response (7,500 Character Limit):

3. Mileage Reimbursement Programs (if applicable)

Please describe the details of your implementation plan for the project. Items should include the following:

- Describe the eligibility criteria for new applicants and the process for trip reservation.
- Describe how mileage is calculated and tracked
- Describe reimbursement rates and limits for reimbursement
- Describe how completed trips are verified.
- Describe the methodology you use for current and projected ridership

Your Response (7,500 Character Limit):

4.   Travel Training Programs (if applicable)

Please describe the details of your implementation plan for the project. Items should include the following:

- Describe the eligibility criteria for agency and/or client applications.
- Describe how the training curriculum is developed and how training sessions are provided.
- Describe how trainers are hired, trained, re-trained and certified.
- Describe how your agency works with existing transportation providers for the program.
- Describe the desired outcome of trained clients and how you measure training success.
- Describe the methodology you use for current and projected number of client training sessions.

Your Response (7,500 Character Limit):

5. Capital Projects for Equipment, Rehabilitation, and Replacement Vehicles (if applicable)

Please describe the details of your implementation plan for the project. Items should include the following:

- Describe the type of equipment you are seeking to purchase or rehabilitate, including age and mileage, and how it will be utilized in the service.
- Describe the extended useful life from vehicle rehabilitation as opposed to replacing (if applicable)?
- Describe the technology improvements you are pursuing and how it will improve services and reduce costs (if applicable)?
- Describe your planned process of procurement, including the process of selecting the appropriate equipment vendor.
- Describe your ability to supplement grant funds if costs increase by more than 10% prior to equipment delivery?
- Describe and detail your vehicle maintenance plan and replacement plan.

Your Response (7,500 Character Limit):

Applicants seeking replacement vehicles may receive up to 10 points for the narrative above and up to 10 points based on the mileage and age of the vehicles. Complete the table below (if applicable).

Existing Fleet					
Last 5 Vin Digits	Date Purchased	Vehicle (Yr/Make)	Current Mileage	Replacement Request Vehicle Type & Disposition	Backup Vehicle (Y/N)

6.   Capital Projects for Expansion Vehicles (if applicable) **(20 points)**

Please describe the details of your implementation plan for the project. Items should include the following:

- Describe the type of equipment you are seeking to purchase and how it will be utilized in the service.
- Describe you process of procurement, including the process of selecting the appropriate equipment vendor.
- Explain your agency's ability to supplement grant funds if purchase costs increase by more than 10% prior to equipment delivery.
- Describe the eligibility criteria and process for trip reservations.
- Describe how routes are scheduled and dispatched.
- Detail your vehicle maintenance and replacement plan.
- Describe how drivers are hired, trained, re-trained, and certified.
- Describe your methodology for current and projected ridership.

Your Response (7,500 Character Limit):

7.   Mobility Management Programs (if applicable)

Please describe the details of your implementation plan for the project. Items should include the following:

- Describe the eligibility criteria and process for clients.
- Explain how existing transportation programs will be utilized and promoted to your clients.
- Describe in detail how transportation information is collected, organized, disseminated, and kept up to date.
- Describe the methodology you use for current and projected number of client contacts and interactions.
- Describe your agency's ability to track and report the number of trips that client contacts have generated.

Your Response (7,500 Character Limit):

PART C: Measure A Goals (All projects) (5 points)

Briefly describe how your proposed project is consistent with the goals of the Measure A Specialized Transportation Program, as listed in the Application Guidelines.

Your Response (1,250 Character Limit):

PART D: Coordinated Plan (All projects) (5 points)

Using the Public Transit-Human Services Transportation Coordinated Plan (Coordinated Plan) as a guide, describe the following:

- What are the existing transportation services operating in the proposed service area.
- Why the existing transportation services cannot be utilized by the target population you propose to serve.
    - o Reference the relevant section and/or page number(s) from the Coordinated Plan document that describes the available transportation services
- Specify how your project addresses the gap(s) and/or barrier(s) identified in the Coordinated Plan for Riverside County, 2021 Update.
    - o Reference the relevant section and/or page number(s) in the Coordinated Plan document.
- Specify how your project relates to the prioritized strategies identified in the Coordinated Plan for Riverside County, 2021 Update.
    - o Reference the relevant section and/or page number in the Coordinated Plan document.

Your Response (2,500 Character Limit):

PART E: Key Performance Indicators (KPI) and Project Milestones (All projects) (5 points)

E1: Please provide brief narrative for the methodology which you will use to track your goals. This will represent the quantitative goals your program proposes to meet and should also match the trips or units of service presented in section I.

Your Response (1,000 Character Limit):

E2: Please provide brief narrative about your goals from cycle FY2021/22 – FY2023/24 (if applicable) or projected goals and the outcomes of actuals versus those goals.

Your Response (2,000 Character Limit):

E3: Identify the performance indicators you will use to track the effectiveness of your proposed project.

Performance Indicators (The items below should match page 1)	Goal Year 1	Goal Year 2	Goal Year 3
Number of one-way passenger trips provided to:			
a. Seniors			
b. Persons with disabilities			
c. Low-income			
d. Others			
Of the above (a-d), how many trips are from military service personnel or veterans?			
Total One-Way Passenger Trips:			

OTHER MEASURES (Identify as appropriate or propose alternative quantitative measures)	Goal Year 1	Goal Year 2	Goal Year 3
Number of vouchers distributed			
Number of persons receiving vouchers			
Number of bus passes distributed			
Number of persons receiving bus passes			
Number of miles to be reimbursed			
Number of mobility manager/training agency contacts			
Number of mobility manager consumer contacts			
Number of "other" units of service (describe): _____			

E3: Identify the project milestones for each year and the estimated date of completion for this project.

Project Milestones	Year	Estimated Date of Completion
1.	Year 1	
2.	Year 1	
3.	Year 1	
4.	Year 1	
5.	Year 2	
6.	Year 2	
7.	Year 2	
8.	Year 2	
9.	Year 3	
10.	Year 3	
11.	Year 3	
12.	Year 3	

E4: Please provide brief narrative for the methodology which you will use to track your project milestones.

Your Response (1,000 Character Limit):

E5: For previously funded transportation program, please describe your project milestones and performance goals from the previous cycle and how well those goals were met over the past three years.

Your Response (2,000 Character Limit):

SECTION IV: COORDINATION ACTIVITIES

Grant applicants must demonstrate an understanding of the county's available transportation services as well as the coordinated plan goals, objectives and/or strategies that the project will specifically address.

PART A: (3 points) Identify the key stakeholders involved in the project at its outset. Identify potential future partners and methods of obtaining their participation in the project. List may include, but not be limited to, Health and Human Services Agencies, public/private sector, non-profit agencies, transportation providers, and members of the public representing seniors or individuals with disabilities and from public transit agencies.

Your Response (2,000 Character Limit):

PART B: (2 points) Explain how this proposed project will make the effort to connect or coordinate with other existing transit and transportation programs. Attach letters of support from stakeholders appropriate to this grant application (can be referenced here and included as an appendix).

Your Response (1,000 Character Limit):

SECTION V: FINANCIAL ASSESSMENT AND PROPOSED PROJECT BUDGET (20 POINTS)

PART A: The project budget to be submitted in Excel as a separate attachment is for the project being proposed for funding through this application, not the entire budget for your agency or organization.

Applicants are requested to provide a three-year budget anticipating project expenditures and revenues from the form provided at www.rctc.org. Please provide additional detail where appropriate to facilitate the understanding and review of your application.

Your Response (500 Character Limit):

PART B: Applicants should provide a clear financial assessment of how the proposed project is expected to be funded over the period of the application. Applicants should provide the following:

- Description of project expenditures and revenues.
- Description of the matching funds (cash/in kind, etc.) including the type of matching funds, a commitment to the amount of funds used as the match, and any documentation related to the matching funds.
  - For in-kind match, in-kind donations should be offset by in-kind expenses in the same amount. Further guidance of what constitutes in-kind match, please refer to the program guidelines.
- Describe the direct vs. indirect costs to the project and the percent of indirect costs.
- Detail the number of hours and hourly rate for volunteer labor contributions (if applicable).
- Describe the nature of indirect costs. For further guidance on direct and indirect costs, please refer to the program guidelines.
- Describe the cost effectiveness of the program.
- How does your project costs compare to others with similar services?

Your Response (2,000 Character Limit):

PART C: (Bonus five (5) point question)

- Describe the strategies that will be implemented to promote cost savings, reduce the cost of its program, and/or ways to control costs.
- Describe how your project costs compare to others with similar services.

Your Response (1,000 Character Limit):

PART D: Applicants should submit a copy of the most recently completed agency/organization financial and/or compliance audit/review (may be referenced here and included as an appendix to the overall application).

Your Response (250 Character Limit):

Applicants should use this checklist to ensure that all applicable parts of the application are completed and submitted. Incomplete applications may be disqualified from further consideration.

Application Checklist	
Did I read through the guidelines and application form?	
What kind of project am I seeking funding for?	
Did I fill out:	
Section I: AGENCY PROFILE – PROJECT SUMMARY	
Section II: ORGANIZATIONAL CAPABILITIES	
Section III: PROPOSED PROJECT NARRATIVE	
Section IV: COORDINATION	
Section V: PROPOSED PROJECT BUDGET	
Do I have the capacity to complete the project I am proposing?	
Can I comply with the reporting and audit requirements?	
Did I sign up for the workshop?	
Did I submit my application on time?	