**FTA SECTION 5311 (RURAL) PROGRAM OPERATING FUNDS APPLICATION**

**SFY 2024-2025 (JULY 1, 2024 – JUNE 30, 2025)**

**\*\*Complete one Operating Funds Application for each PROJECT you are requesting assistance for. \*\***

*(Example would be two entirely different systems, new services, etc. These separate Operating Funds Applications will accompany the single Agency Summary that must also be submitted.)*

|  |
| --- |
| **SECTION I - AGENCY INFORMATION** |
| 1. **CONTACT INFORMATION** |
| Legal Name of Applicant Agency: Click here to enter text. |

|  |  |
| --- | --- |
| 1. **OPERATING REQUEST CATEGORY** | |
| ✓ appropriate space(s) below | |
| **Continued Existing Service** | |
| Fixed-route service |  |
| Route deviation service |  |
| Demand response service |  |
| Other |  |
| **New or Expanded Service** | |
| New service area or route |  |
| Additional hours of service |  |
| Additional frequency |  |
| New transit system |  |
| Other |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **PROJECT DESCRIPTION** | | | |
| 1. How many routes (or services areas if demand responsive) does this project entail? Please provide a brief description of each route/service area or provide a link to the relevant webpage. Click here to enter text. | | | |
| 1. What towns are served by this project? Please provide a list below. *(If an entire county is served, you may state “X County/Counties” then list the additional towns served.)*  Click here to enter text. | | | |
| 1. Please describe any transportation services planned for special events, third-party requests, etc., that are not part of your regular services. Click here to enter text. | | | |
| 1. How many vehicles are used in peak service for the project? Click here to enter text. | | | |
| 1. Please provide a list of personnel who will be either fully or partially funded through this grant. **A resume will need to be provided for all key personnel per G&C requirements.**    1. Partially Funded = Not exclusively paid through the 5311 programs (and non-federal match). Examples would be a dispatcher paid via the 5310 and 5311 programs or a Finance Director who performs central agency functions that affect multiple programs other than solely 5311.    2. Fully Funded = Works exclusively for the 5311 programs. | | | |
| **Position Title (include drivers, dispatchers, admin. Staff, etc.)** | **Name(s) of Person Currently in Position** | **Partially or Fully Funded?** | **If Partially Funded: Time Sheets or Indirect Cost Allocation Plan? \*** |
| Click here to enter text. | Click here to enter text. | Choose an item. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Choose an item. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Choose an item. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Choose an item. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Choose an item. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Choose an item. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Choose an item. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Choose an item. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Choose an item. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Choose an item. | Choose an item. |
| \*Note: [2 CFR 200.430(i)](https://www.gpo.gov/fdsys/pkg/CFR-2014-title2-vol1/pdf/CFR-2014-title2-vol1-sec200-430.pdf), “Standards for Documentation of Personnel Expenses,” does not allow for estimating allocated costs between multiple funding sources. Time sheets provide the cleanest solution but are cumbersome. If time sheets will not be kept, the agency must include an Indirect Cost Allocation Plan, as approved by the cognizant Federal agency (usually DHHS based on amount of Federal funding received), with this application. Few exceptions apply. Contact NHDOT for details. | | | |
| 1. Explain your agency’s commitment to continue this project beyond the availability of the requested grant resources. Click here to enter text. | | | |
| 1. Provide evidence of public support for the project from municipal, regional, institutional and/or private sector partners. Describe your efforts to leverage funds from these partners or other sources to support this project. Click here to enter text. | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **\*\*INFORMATION FOR NEW/EXPANDED PROJECTS ONLY\*\*** | | | | |
| **\*\*SKIP TO SECTION 5 FOR EXISTING/CONTINUING PROJECTS. \*\*** | | | | |
| 1. PROJECT SERVICE LEVEL INFORMATION - Provide the service level information for the proposed funding. Insert additional tables if needed. Passenger Trips: Total of one-way trips (individual passenger boardings). | | | | |
| **1st ROUTE or increased frequency** | | | | |
|  | **SFY 22 (actual)** | **SFY 23 (budgeted)** | **SFY 24 (projected)** | **SFY 25 (projected)** |
| **Insert Route Name Below** | (July 2021- June 2022) | (July 2022 – June 2023) | (July 2023- June 2024) | (July 2024 – June 2025) |
| Click here to enter text. |  |  |  |  |
| **Revenue Vehicle Hours** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Revenue Vehicle Miles** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Passenger Trips** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Total Cost or Federal Cost** |  |  |  |  |
| **2ND ROUTE** (if applicable) | | | | |
|  | **SFY 22 (actual)** | **SFY 23 (budgeted)** | **SFY 24 (projected)** | **SFY 25 (projected)** |
| **Insert Route Name Below** | (July 2021- June 2022) | (July 2022 – June 2023) | (July 2023- June 2024) | (July 2024 – June 2025) |
| Click here to enter text. |  |  |  |  |
| **Revenue Vehicle Hours** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Revenue Vehicle Miles** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Passenger Trips** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **3rd ROUTE** (if applicable) | | | | |
|  | **SFY 22 (actual)** | **SFY 23 (budgeted)** | **SFY 24 (projected)** | **SFY 25 (projected)** |
| **Insert Route Name Below** | (July 2021- June 2022) | (July 2022 – June 2023) | (July 2023- June 2024) | (July 2024 – June 2025) |
| Click here to enter text. |  |  |  |  |
| **Revenue Vehicle Hours** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Revenue Vehicle Miles** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Passenger Trips** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **4th ROUTE** (if applicable) | | | | |
|  | **SFY 22 (actual)** | **SFY 23 (budgeted)** | **SFY 24 (projected)** | **SFY 25 (projected)** |
| **Insert Route Name Below** | (July 2021- June 2022) | (July 2022 – June 2023) | (July 2023- June 2024) | (July 2024 – June 2025) |
| Click here to enter text. |  |  |  |  |
| **Revenue Vehicle Hours** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Revenue Vehicle Miles** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Passenger Trips** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **5th ROUTE** (if applicable) | | | | |
|  | **SFY 22 (actual)** | **SFY 23 (budgeted)** | **SFY 24 (projected)** | **SFY 25 (projected)** |
| **Insert Route Name Below** | (July 2021- June 2022) | (July 2022 – June 2023) | (July 2023- June 2024) | (July 2024 – June 2025) |
| Click here to enter text. |  |  |  |  |
| **Revenue Vehicle Hours** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Revenue Vehicle Miles** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Passenger Trips** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |
| --- |
| 1. How were your above service level projections developed? Click here to enter text. |
| 1. Is the project described in an agency or local plan? Please provide the plan details below. |
| Plan Name: Click here to enter text. |
| Date of Adoption: Click here to enter a date. |
| Link to plan webpage (if applicable): Click here to enter text. |
| Page(s) on which each project is listed: Click here to enter text. |
| 1. Describe how the proposed service addresses one or more of NHDOT’s Policy Goals for Public Transportation. (Draft policy can be found within Statewide Study on NHDOT’s [website](https://www.nh.gov/dot/org/aerorailtransit/railandtransit/index.htm#publictransportation).)   Click here to enter text. |
| 1. Describe any specific populations in these towns that are the target for this service. Provide statistical evidence of this using Census ([American Community Survey](https://www.census.gov/programs-surveys/acs/)) or other data. If service is for the entire population in general, applicants may simply provide total population statistics.   Click here to enter text. |

|  |
| --- |
| 1. **ELIGIBILITY/LIMITATIONS** |
| 1. Describe any eligibility limitations on passengers for the proposed service. (e.g., is it for seniors only?) Click here to enter text. |
| 1. Describe any trip purpose limitations or priorities on services that you are requesting operating funds for. (e.g., is it for medical appointments only or do medical appointments have priority over grocery trips?) Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **COORDINATION** | | | |
| 1. List agencies with which you have coordination agreements, and indicate the type of coordination activity: (check all that apply & list partner agencies for each) | | | |
| **✓** | **#** | **Coordination Activity** | **Partnering Agencies** |
|  | **1.** | Purchasing of vehicle parts | Click here to enter text. |
|  | **2.** | Maintenance services | Click here to enter text. |
|  | **3.** | Marketing, grant writing or fund-raising | Click here to enter text. |
|  | **4.** | Dispatching or scheduling of trips | Click here to enter text. |
|  | **5.** | Purchase of vehicle insurance | Click here to enter text. |
|  | **6.** | Fuel purchasing | Click here to enter text. |
|  | **7.** | Training of drivers or other staff | Click here to enter text. |
|  | **8.** | Financial management or billing | Click here to enter text. |
|  | **9.** | Sharing of vehicles with other agencies | Click here to enter text. |
|  | **10.** | Other: (list) Click here to enter text. | Click here to enter text. |
|  | **11.** | Other: (list) Click here to enter text. | Click here to enter text. |
|  | **12.** | Other: (list) Click here to enter text. | Click here to enter text. |
| 1. Please provide details regarding the above or other coordination efforts with other transportation providers in the service area (public, non-profit, and for-profit) click here to enter text. | | | |

|  |
| --- |
| 1. **SUPPLEMENTAL INFORMATION** |
| **Provide any additional information that may help explain your project or elaborate on previous answers.**  Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **SECTION II – DOCUMENTATION** | | |
| 1. **ATTACHMENTS CHECKLIST** | | |
| **Please attach each of these additional items to the emailed application. PLEASE LABEL EACH ATTACHMENT ACCORDING TO THE LABEL NUMBER PROVIDED.** | | |
| **APPLICATION DOCUMENTATION** | | |
| **✓** | **Label** | **Description** |
|  | **1.** | Budget “Attachment A” form completed   * Must show breakdown of how funds will be utilized |
|  | **2.** | **Source & verification of required matching funds** - Letters of commitment of matching funds   * Cash match requires letters noting match commitment from the agency that will provide the cash match * If applicant will be using dedicated 3rd party funding as match rather than committing itself to using its agency funds, fully executed (signed and countersigned) contracts will be required to be submitted. Otherwise, a letter of commitment signed by the agency head will suffice. * In-Kind match requires that rate documentation must be provided in accordance with NHDOT In-Kind match guidance)   + (i.e., Who is providing the match, rate, contributed service, and how contributions will be tracked) |
|  | **4.** | **Indirect Cost Allocation Plan** If applicable (see 2e above): Indirect Cost Allocation Plan approved by [Cognizant Agency](https://www.transit.dot.gov/about/events/fta-and-supercircular-qa)   * If plan has not been approved, or is not current, a draft of the plan is to be provided. If project is awarded funding, a final, approved version must be submitted prior to reimbursement of any indirect costs |
|  | **5.** | * **Public Notice of grant application --** NHDOT accepts/encourages pdf versions of the emailed “public notice” to all regional transportation providers, municipalities, and stakeholders. The public notice must include an opportunity for a public hearing. A scanned copy of a notice published in a newspaper of regional significance is also accepted. |
|  | **6.** | **Additional information** related to transportation services:   * Include marketing materials that are used to notify potential customers/riders about the availability of service * These materials may include brochures, advertisements, website screen shots, letters, etc. |
|  | **7.** | **FFY2023 Certifications & Assurances/Master Agreement --** Must be signed by agency head or Board Chairperson (contact NHDOT for details) |
| **The following items are for NEW applicants only** | | |
|  | **8.** | **Service Area map** with clear demarcation of towns & cities included in proposed project service area OR a listing of all town & cities to be included in service area   * Indicating population density for project area(s)   Map may be obtained from regional planning agencies |
|  | **9.** | **Public transit operator certification -** shall indicate that the public transit operator in the project area, if one exists, is unable to provide the service proposed under this application |
|  | **10.** | **Vehicle inventory** - for vehicles intended to be used for project identified in application |
|  | **11.** | **Most recent financial audit (Provide link to website if available online)** |
|  | **12.** | **List of Board of Directors** – with affiliations, if any (required for G&C submission) |
|  | **13.** | **Agency’s approved Title VI/Civil Rights plan** |
|  | **14.** | **Bus Schedule and fare information** |
|  | | |
| **CONTRACT DOCUMENTATION** | | |
| The following documentation is NOT required to be submitted with the grant application. To expedite the contracting process and ensure a timely Governor & Council submission, however, we ask that you start compiling the documentation at this point rather than waiting until NHDOT has scored all of the applications. | | |
| **✓** | **Label** | **Description** |
|  | **1.** | **List of key project personnel & salaries** (required for G&C submission) |
|  | **2.** | **Resumes of staff involved in the project** (required for G&C submission) |
|  | **3.** | **Proof of 501(c) Non-Profit Status** |
|  | **4.** | **Certificate of Good Standing –** issued after April 1, 2023 |
|  | **5.** | **Certificate of Vote/Authority –** signed the same day as the State’s “G-1” grant agreement form, or providing 30-day authorization; samples available upon request |
|  | **6.** | **Certificate of Insurance –** must include worker’s compensation and list NHDOT as the certificate holder. |
|  | **7.** | **List of Board of Directors** – with affiliations if any (required for G&C submission) |
|  | **8.** | **Most recent financial audit (URL if available online)** |

|  |
| --- |
| 1. SIGNATURE |

I certify that to the best of my knowledge the information in this application is true and accurate and that this organization has the necessary fiscal, legal, and managerial capability to implement and manage the project associated with this application.

Agency: Click here to enter text.

\*\*Authorized Agency Representative, Title: Click here to enter text.

\*\*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.

*\*\*Must be signed by someone with authority to sign contracts on behalf of your organization.*

EMAIL COMPLETED APPLICATION AND ATTACHMENTS TO [Frederick.J.Butler@dot.nh.gov](mailto:Frederick.J.Butler@dot.nh.gov)