



City of Tempe
P. O. Box 5002
Tempe, AZ 85280
www.tempe.gov

July 5, 2017

City of Tempe Grant Assistance Program for Transportation Services for Elderly and Disabled Residents

Grant Description

Beginning in fiscal year 2007/2008, the City of Tempe has provided \$50,000 in annual recurring grant assistance to eligible providers of transportation services to Tempe's elderly and disabled residents. The grant solicits cost-effective supplemental third party delivery of public transportation services to specifically meet the mobility needs of the elderly and disabled populations.

Applicant Eligibility

All transportation service providers who provide specialized transportation services to elderly and disabled Tempe residents are eligible to apply. Current or past recipients of federal assistance through the Federal Transit Administration's (FTA) 5310 Elderly Individuals and Individuals with Disabilities Transportation Program offering services for Tempe residents are encouraged to apply. Tempe grant assistance may be used for capital or operating needs and local match requirements for regional and national grants but not staff salaries. If requested, staff may also assist any of the recipients and applicants of the Tempe grant program in applying for the regional FTA 5310 grant.

Establishment

The establishment of this grant program is in response to the general conclusions and recommendations provided by the Tempe Community Council's Task Force on Disability Issues 2004 report on Transportation in Tempe. This report concludes that *"there remains a crucial need for additional transportation options for people with disabilities who live alone or live a significant distance from available public transportation routes."*

Grant Submittal and Requirements

Grant proposals are due by 12:00 p.m. on August 7, 2017. Grant applications can be submitted to:

Tempe Public Works Department
Transportation Division
200 East Fifth Street, 2nd Floor
Tempe, AZ 85281

Grant forms are also available at: www.tempe.gov/tim

A cover letter is required along with the application addressed to:

Robert Yabes, Principal Planner
Tempe Public Works Department
Transportation Division
200 East Fifth Street, 2nd Floor
Tempe, AZ 85281

Include the following in your cover letter:

- General description of agency's primary mission and client population served,
- Brief summary of project and amount of funding requested, and
- Describe your agency's need and why the grant is critical to your agency and clientele.

Letters of support from partners or collaborating organizations is encouraged, but not required. A completed proposal must also include:

- one (1) digital file of the application (MS Word format),
- one (1) signed original, and
- one (1) reproducible copy of all requested materials.

Late proposals will not be considered.



**City of Tempe Public Works Department
Transportation Division
Grant Assistance for Transportation Services for
Elderly and Disabled Residents
Funding for Fiscal Year 2017-2018**

Grant proposals are due to:

**Public Works Department
Transportation Division
Tempe Transportation Center (TTC), 2nd Floor,
200 E. 5th St., Tempe, AZ 85281**

NO LATER THAN 12:00 p.m. – August 7, 2017

Grant proposals are due to:

**Tempe Public Works Department – Transportation Division, 200 E. Fifth Street, 2nd Floor, Tempe, AZ 85281
by 12:00 p.m. on August 7, 2017. Late proposals will not be considered.**

**A completed proposal must include: one (1) digital file of the application (MS Word format);
one (1) signed original; and one (1) reproducible copy of all requested materials.**

Introduction

The City of Tempe (COT) will provide up to \$50,000 in annual grant assistance to eligible providers of transportation services to Tempe's elderly and disabled residents. This program is funded by the Public Works Department, Transportation Division with Tempe Transit Tax funds.

Eligible recipients must be able to qualify or be current or past recipients of federal assistance through the Federal Transit Administration's (FTA) 5310 *Elderly Individuals and Individuals with Disabilities Transportation Program* as administered by the Maricopa Association of Governments, Arizona Department of Transportation, and City of Phoenix.

Grant Description

The Tempe Grant Assistance Program for Transportation Services for Elderly and Disabled Residents is modeled on the Federal Transit Administration's (FTA) Section 5310 *Elderly Individuals and Individuals with Disabilities Transportation Program* as administered by the Maricopa Association of Governments, ADOT, and City of Phoenix. The program provides grant assistance that may be used for capital or operating assistance (but not staff salaries) for public transportation programs designed to meet the special needs of elderly individuals and individuals with disabilities. The funds can also be used to meet local match requirements for Federal 5310 or similar grants from the private sector. Funding is provided by the City of Tempe Transit Fund. The majority of the benefits and beneficiaries of the proposed projects or programs must serve City of Tempe residents.

Organizations eligible for assistance include all organizations that can qualify or are current or past recipients of federal 5310 grant assistance.

The overall goal of this program is to provide and strengthen the public transportation services available to meet the special needs of the elderly and disabled. These populations have transportation needs that are often not met by conventional automobile or public transportation services (e.g., Transit or Dial-a-Ride/Paratransit), and require specialized assistance in order to access services, employment, and medical care.

A major program objective is to identify cost effective, innovative responses that meet the needs of the target groups that could be replicated by other local and regional agencies. Another objective of Tempe's Transportation Services program is to encourage local providers to seek additional federal or private funding sources by using the city funds as matching funds. ***Staff salary is not an eligible expenditure for this grant.***

Tempe will solicit and evaluate grant applications based on the established goals and objectives, the overall strength of the program, and its service to the Tempe community. A copy of the evaluation tool is enclosed for your reference.

Provide a cover letter along with the application addressed to:

**City of Tempe
Robert Yabes, Principal Planner
Tempe Public Works Department, Transportation Division
200 East Fifth Street, 2nd Floor
Tempe, AZ 85281**

Include the following in your cover letter:

- Description of agency's primary mission and client population served.
- Brief summary of project and amount of funding requested.
- Description of your agency's need and why the grant is critical to your agency and clientele.

Letters of support from partners or collaborating organizations are encouraged, but not required.

Grant proposals are due to:

**Tempe Public Works Department – Transportation Division, 200 E. Fifth Street, 2nd Floor, Tempe, AZ 85281
by 12:00 p.m. on August 7, 2017. Late proposals will not be considered.**

**A completed proposal must include: one (1) digital file of the application (MS Word format);
one (1) signed original; and one (1) reproducible copy of all requested materials.**

Please do not hesitate to contact me with any questions or concerns related to the grant requirements and process. Questions should be submitted by electronic mail and responses will be posted on the website at www.tempe.gov/tim.

Contact Information

City of Tempe
Robert Yabes, Principal Planner
Tempe Public Works Department, Transportation Division
200 East Fifth Street, 2nd Floor
Tempe, AZ 85281
480.350.2734 - direct
Robert_yabes@tempe.gov

Agency Name: _____

**COT FY 2017/18
Grant Assistance for
Transportation Services for Elderly and Disabled Residents**

Please order and attach the following information and documentation. Please follow the instructions. The entire application packet is available online at www.tempe.gov/tim.

| FORM # | TABLE OF CONTENTS | PAGE # | FORM COMPLETED AND ATTACHED (PLEASE CHECK) |
|---------------|---------------------------------------------------------|---------------|-----------------------------------------------------------|
| 1 | Attachments Checklist (this page) | 1 | _____ |
| 2 | Application Summary | 2 | _____ |
| 3 | Program & Budget Summary (one per program) | 3 | _____ |
| 4 | Budget Explanation (one per program) | 4 | _____ |
| 5 | Client Profile Form (one per program) | 5 | _____ |
| 6 | 2017/2018 Projected Agency Budget | 6 | _____ |
| 7 | 2016/2017 Current Agency Budget | 7 | _____ |
| 8 | Background Information Form | 8-9 | _____ |
| 9 | List of Assurances | 10-11 | _____ |
| 10 | Board of Directors Information | 12 | _____ |

ATTACHMENTS:

- Date and proof of incorporation _____
- 501(c)(3) Internal Revenue Service (IRS) letter of non-profit eligibility status _____
- 2016 IRS Form 990 including **Schedule A**
(If 2016 is unavailable, please submit 2015 with Extension) _____
- 2016 or most recent audit including Management Letter _____
- Most recent Officer and Board of Directors List _____
- Latest brochure or other promotional material _____
- Fee structure for agency service(s) _____
- Proof of Liability Insurance Coverage _____

Grant proposals are due to:
Tempe Public Works Department – Transportation Division, 200 E. Fifth Street, 2nd Floor, Tempe, AZ 85281
by 12:00 p.m. on August 7, 2017. Late proposals will not be considered.
A completed proposal must include: one (1) digital file of the application (MS Word format);
one (1) signed original; and one (1) reproducible copy of all requested materials.

**SUMMARY OF REQUESTED FUNDS
FROM COT**

| Program Name (See Note Below) | 2017/2018 Funding Allocated (Detail All City of Tempe Allocations; Human Service, CDBG/HOME Capital) | Funding Request* |
|----------------------------------|------------------------------------------------------------------------------------------------------------|------------------|
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| | | |
| Total: | | |

**NOTE: BE SURE TO COMPLETE A PROGRAM AND BUDGET SUMMARY (FORM 3), A BUDGET EXPLANATION FORM (FORM 4), AND A CLIENT PROFILE FORM (FORM 5) FOR EACH PROGRAM LISTED ABOVE.
*AGENCIES MUST SUBMIT THEIR ENTIRE REQUEST IN A DOLLAR AMOUNT AT THIS TIME.**

PROGRAM AND BUDGET SUMMARY
FY 2017/2018 Application

Agency Name: _____

Program Name: _____

Funding Requested for this Program: \$_____

(Must match \$ amount on Summary of Requested Funds, Form 2, and Budget Explanation, Form 4.)

SUMMARY OF PROGRAM: Please provide brief statements indicating what service(s) are proposed; how the service(s) will be delivered (provided); why service(s) are needed; expected outcomes, and the measurable outcomes achieved last fiscal year if applicable. If additional space is needed for this section, please attach **no more than two (2) pages total**.

1. Proposed service(s) from this funding source:
2. Detailed geographic area where proposed service(s) is to be provided as well as the address where service(s) will be located:
3. Why is this service needed in the community?
4. Name two (2) outcomes by which your agency will measure the impact of each proposed service. Outcome measures should explain the benefits or changes for participants during or after program activities (e.g. new knowledge, increased skills, changed attitudes or values). **What do you want to happen as a result of your activities?** Example: With Tempe's funding allocation, our agency was able to serve X number of people in our program as compared with last year, resulting in an increase/decrease of Y.
5. State measurable outcomes achieved in the last fiscal year (if program was in existence). What have you learned?
6. List the major collaborator(s) that the agency works with in regards to the proposed service(s) (collaborators can include other non-profits, private businesses, governments, schools, service organizations, etc.):
7. Explain how the collaborator(s) in Question 6 assist with the success of the proposed service(s).
8. State how your agency will complement (and not duplicate) existing demand response services in the COT (e.g., Valley Metro Dial-a-Ride, other agencies providing medical/other transportation services).
9. Describe your operational model for providing demand response services.
10. Describe the qualifications for the staff that will be directly responsible for managing operations and working directly with clients?
11. Provide a detailed description of your current and/or proposed fleet, current/proposed staffing (including organization chart), and general policies and procedures for operating demand response service.
12. What will be the clients' experience while using your service? Do/will you have standards for phone call hold times, pick-up windows, pick-up wait times, hours of operation, geographic boundaries? Please describe.

13. How will clients learn about this service?
14. The grant is meant to provide funding for programs designed to serve persons with disabilities and elderly individuals. How will you certify eligibility?
15. What efforts can you make to coordinate with fixed route bus service in Tempe and the region?
16. What input will you afford clients in terms of how you provide the service?

BUDGET EXPLANATION FOR FY 2017/2018 COT FUNDS REQUESTED
(Must match \$ on Program and Budget Summary, Form 3)

Agency Name: _____ Program Title: _____

(One explanation sheet per program)

| Budget Line Item | Amount | Explanation |
|---------------------|--------|-------------|
| | | |
| | | |
| Contracted Services | \$ | |
| Capital Outlay | \$ | |
| | | |
| | | |
| Equipment | \$ | |
| Supplies | \$ | |
| Other | \$ | |
| Other | \$ | |
| Other | \$ | |
| TOTAL | \$ | |

CLIENT* PROFILE FORM

Numbers presented below are to reflect the **unduplicated** count of individuals served for the years (FY 2016-2017 and 2017-2018 will be estimates)

Agency Name: _____

Program Title: _____

BREAK OUT OF TEMPE CLIENTS

| | FY16/17 | %Total** | FY17/18 | %Total** | | FY 16/17 | %Total** | FY17/18 | %Total** |
|-------------------|---------|----------|---------|----------|----------------------------|----------|----------|---------|----------|
| Location | | | | | Sex | | | | |
| Avondale | | | | | Males | | | | |
| Buckeye | | | | | Females | | | | |
| Carefree | | | | | Total | | | | |
| Cave Creek | | | | | Ethnic Background | | | | |
| Chandler | | | | | White, Non-Hispanic | | | | |
| El Mirage | | | | | Black, Non-Hispanic | | | | |
| Fountain Hills | | | | | Hispanic | | | | |
| Gila Bend | | | | | Native American | | | | |
| Gilbert | | | | | Asian | | | | |
| Glendale | | | | | Pacific / Islander | | | | |
| Goodyear | | | | | Others | | | | |
| Guadalupe | | | | | Total | | | | |
| Litchfield Park | | | | | Age 0 - 4 | | | | |
| Mesa | | | | | 5 - 13 | | | | |
| Paradise Valley | | | | | 14 - 17 | | | | |
| Peoria | | | | | 18 - 30 | | | | |
| Phoenix | | | | | 31 - 59 | | | | |
| Queen Creek | | | | | 60 - 64 | | | | |
| Scottsdale | | | | | 65 - 74 | | | | |
| Sun Cities | | | | | 75 + | | | | |
| Surprise | | | | | Total | | | | |
| Tempe | | | | | Family Income Level | | | | |
| Tolleson | | | | | \$0 - \$4,999 | | | | |
| Wickenburg | | | | | \$5,000 - \$9,999 | | | | |
| Youngtown | | | | | \$10,000 - \$24,999 | | | | |
| Balance of County | | | | | \$25,000 - \$49,999 | | | | |
| Trans / Homeless | | | | | \$50,000 and up | | | | |
| Unknown | | | | | Total | | | | |
| Total | | | | | | | | | |

*Categories listed may not be applicable to all agencies

AGENCY OPERATIONS SPREAD SHEET*
FY 2017/2018 PROJECTED Agency Budget
 For Period _____ to _____

Agency Name: _____ Prepared by: _____

| Revenue Sources** | Admin. Costs | REVENUE BY PROGRAM AND SOURCE | | | | | | |
|-----------------------------------|---------------------|-------------------------------|--|--|--|--|--|-------|
| | | | | | | | | Total |
| City of Tempe | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total Program Revenue | | | | | | | | |
| Budget Categories | EXPENSES BY PROGRAM | | | | | | | |
| Personnel | | | | | | | | |
| ERE | | | | | | | | |
| Prof./Outside Services | | | | | | | | |
| Travel | | | | | | | | |
| Space | | | | | | | | |
| Equipment | | | | | | | | |
| Materials/Supplies | | | | | | | | |
| Operating Services | | | | | | | | |
| Other (specify) | | | | | | | | |
| | | | | | | | | |
| Total Program Expenditures | | | | | | | | |
| One-Time/Start-Up | | | | | | | | |
| *** (DEFINE UNIT HERE) | | | | | | | | |
| Number of Units | | | | | | | | |
| Unit Rate | | | | | | | | |

* Agency must submit spreadsheet for last 2016-2017 funding year (Form 6) and CURRENT 2017-2018 budget (Form 7)

**Be as specific as possible i.e. list individual city contributors separately (an additional page may be attached to break out grouped line items)

***Number of Units and Unit Rate can vary from program to program. We ask that each applicant best define their respective Unit (e.g. client, hour, pound of food) and best determine the cost per unit (the rate) it takes the applicant to deliver the service(s).

AGENCY OPERATIONS SPREAD SHEET*
FY 2016-2017 Current Agency Budget (or Last Fiscal Year Agency Budget)
 For Period _____ to _____

Agency Name: _____ Prepared by: _____

| Revenue Sources** | Admin. Costs | REVENUE BY PROGRAM AND SOURCE | | | | | | | Total |
|-----------------------------------|--------------|-------------------------------|--|--|--|--|--|--|-------|
| | | | | | | | | | |
| City of Tempe | | | | | | | | | |
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| Total Program Revenue | | | | | | | | | |
| Budget Categories | | EXPENSES BY PROGRAM | | | | | | | |
| Personnel | | | | | | | | | |
| ERE | | | | | | | | | |
| Prof./Outside Services | | | | | | | | | |
| Travel | | | | | | | | | |
| Space | | | | | | | | | |
| Equipment | | | | | | | | | |
| Materials/Supplies | | | | | | | | | |
| Operating Services | | | | | | | | | |
| Other (specify) | | | | | | | | | |
| | | | | | | | | | |
| Total Program Expenditures | | | | | | | | | |
| One-Time/Start-Up | | | | | | | | | |
| *** (DEFINE UNIT HERE) | | | | | | | | | |
| Number of Units | | | | | | | | | |
| Unit Rate | | | | | | | | | |

* Agency must submit spreadsheet for the 2016-2017 funding year (this form) and PROJECTED 2017-2018 budget (Form 6)
 **Be as specific as possible i.e. list individual city contributors separately (an additional page may be attached to break out grouped line items)
 ***Number of Units and Unit Rate can vary from program to program. We ask that each applicant best define their respective Unit (e.g. client, hour, pound of food) and best determine the cost per unit (the rate) it takes the applicant to deliver the service(s).

BACKGROUND INFORMATION

Agency Name: _____

Answer the following questions about this agency. When explanations are requested, use the space provided or attach additional pages with corresponding numbers.

1. a. Indicate the type of agency submitting this proposal.

- Private Non-Profit Corporation. Year incorporated 501(c)3 _____
- Government
- Other (specify)

b. When was the agency formed? _____

2. Has any federal or state agency ever made a finding of non-compliance with any civil rights requirements with respect to this service program?

Yes No. If yes, explain:

3. Has this agency ever gone through bankruptcy or are there any suits, judgments, tax deficiencies, or claims pending against this agency?

Yes No. If yes, explain:

4. Does this agency have an internal budget development and approval process?

Yes No. If yes, provide a detailed description of the process:

5. Are the operating budgets based on the prior year's financial statements?

Yes No. If no, explain:

6. Does this agency track its on-going revenues/expenditures by source against the approved budget?

Yes No. If yes, provide a detailed description of the tracking method:

7. Does the most recent auditor's letter to management identify findings or administrative concerns?

Yes No. If yes, describe means being taken to resolve them:

BACKGROUND INFORMATION

(continued)

8. Does this agency have an accounting manual?
____ Yes ____ No. If no, describe how accounting procedures are established:
9. Have any licenses ever been denied, revoked or suspended or provisionally issued within the past five years?
____ Yes ____ No. If yes, explain:
10. Has this agency or any of its officers been the subject of criminal investigations or prosecutions?
____ Yes ____ No. If yes, were there any convictions? Include the offense and the year of conviction.
11. Has this agency terminated any contracts, had any contracts terminated, or been involved in contract lawsuits?
____ Yes ____ No. If yes, explain:
12. Do you, your staff, any of your relatives, or voting members of your Board of Directors maintain any ownerships, employments, public and private affiliations or relationships which may have substantial interest (as defined in A.R.S. 38-502, Conflict of Interest) in any contract, sale, purchase or service involving the agency or organization?
____ Yes ____ No. If yes, complete and submit a Disclosure of Conflict of Interest Statement.
13. Has this agency conducted a written self-evaluation to determine compliance with Title III of the Americans with Disabilities Act (ADA) regarding removal of communication and architectural barriers in public areas?
____ Yes ____ No. If yes, have you implemented needed barrier removal? Explain:
- If no, do you commit to conducting a self-evaluation during 2018?
____ Yes ____ No
14. Will the agency provide a copy of its liability insurance coverage upon request from the COT?
____ Yes ____ No. If no, please explain why agency is unable to comply with this request.

LIST OF ASSURANCES

Agency Name: _____

Candidates are required to have all applicable assurances from the following list on file in order to be eligible for funding from the COT.

Initial of Director/CEO**1. AGENCY ORGANIZATION.**

- a. Agency has on file a current staff organization chart, setting forth lines of authority, responsibility and communication in accordance with policies established by the governing body.

- b. (If applicable) Agency has on file a current organization chart depicting its relationship to the organization of which it is a subsidiary or by which it is sponsored.

- c. Agency has on file a current copy of the Articles of Incorporation or partnership agreement.

- d. Agency has on file a current and complete list of the names and addresses of all members of the Board of Directors, including titles.

- e. Agency has written procedures that require due process and the prompt resolution of any complaint of discrimination on the basis of age, sex, religion, race, national origin or disability.

- f. Agency has on file a copy of the organization's most recent "Annual Report and Certificate of Disclosure" submitted to the Arizona Corporation Commission.

2. PERSONNEL

- a. Agency has on file a current written job description, including minimum qualifications for training and experience, for each position.

- b. There is a resume or application on file for persons providing any service that specifies qualifications to perform the proposed service.

LIST OF ASSURANCES
(continued)

Initial of Director/CEO

2. PERSONNEL (cont.)

- c. For direct services to individuals under 18 years of age, agency complies with A.R.S. 46-141 as relates to fingerprinting and certification of employees providing direct service to minors.

3. FINANCIAL

- a. Agency has on file a copy of the most recent audit report, including the auditor's letter to management.

- b. Agency has on file its latest annual financial statement, including balance sheet and income statement.

- c. Agency has on file a copy of its most recent IRS-990, "Return of Organization Exempt from Income Tax."

BOARD OF DIRECTORS INFORMATION

Agency Name: _____

1. Total number of positions on the Board of Directors: _____
2. Average Tenure of Board Members? _____
3. Are there term limits? _____ Yes _____ No.
If yes, what are they?
4. Number of Board meetings held in FY 2016-2017: _____

Grant proposals are due to:
Tempe Public Works Department – Transportation Division, 200 E. Fifth Street, 2nd Floor, Tempe, AZ
85281
by 12:00 p.m. on August 7, 2017. Late proposals will not be considered.
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one (1) signed original; and one (1) reproducible copy of all requested materials.

City of Tempe 5310 Transit Grant (Scores/Comments)

| CRITERIA | MAX | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|--|--|--|--|--|--|--|--|
| 1. Does the proposed service address a critical Human Service need in Tempe? Does the proposed service meet the grant objectives? | 25 | | | | | | | | | |
| 2. Based upon their application materials, does the agency appear to be a strong, viable partner to deliver Human Services in Tempe? Does the proposed service supplement the current services provided by Valley Metro Transit and Dial-a-Ride program? | 25 | | | | | | | | | |
| 3. Does the proposed program effectively work with community collaborators to deliver the proposed service(s)? | 10 | | | | | | | | | |
| 4. Are the proposal's listed outcomes clearly stated and measurable? | 7 | | | | | | | | | |
| 5. Does the program appear to be financially sound by demonstrating broad financial support? | 10 | | | | | | | | | |
| 6. Does the agency demonstrate service capacity improvements? | 3 | | | | | | | | | |
| 7. Are the proposed services offered in an appropriate location and scale? | 5 | | | | | | | | | |
| 8. Does the proposed program serve a significant number of Tempe clients respective to their service? | 5 | | | | | | | | | |
| 9. Does the proposal reflect sufficient experience, knowledge, and qualifications with respect to operating and managing demand response transport services? | 10 | | | | | | | | | |
| Total | 100 | | | | | | | | | |

| Request | Points |
|---------|--------|
| | |