

**FTA Section 5310 Urban
Grant Application
Federal Fiscal Year 2025**

Berkeley-Charleston Dorchester Council of Governments

APPLICATION INSTRUCTIONS

Applications will be reviewed, evaluated, and scored to ensure that all required information has been provided and that the application is complete. Incomplete applications, or those submitted after the application deadline, will not be considered for funding. If requesting funding for multiple projects, complete separate Part I – Applicant Overview and Part III - Project Budget Forms for each project.

The rankings will be circulated to the BCDCOG Project Selection Committee for a final evaluation and then selection recommendations will be presented to the BCDCOG Board of Directors or the BCDCOG Executive Committee. Part I - Applicant Overview, Part II - Project Narrative, and Part III - Project Budget must follow the format as structured in this package so that the Review Committee can fairly evaluate the application. If applicable, a letter of commitment is required if the matching funds come from a source other than the applicant.

Submit one (1) printed or one (1) digital copy (preferred) of the complete application sent via e-mail to courtneyc@bcdcog.com. In addition to this application form, emailed or mailed-in submittals must also include an attached cover letter, SF-424 form, Section 501 (c) (3) certification (if applicant is not a public entity), and a letter of commitment (if matching funds will come from a source other than the applicant organization), and evidence of matching funds (see checklist on next page).

Part IV of the application is reserved for the certifications and assurances. These documents must be received in order to complete the application requirements. These forms must be printed, completed, signed, and returned no later than twenty-one (21) days after the notification of intent to award. Any alterations to the text of the certifications and assurances documents will invalidate your application. Also, attach a copy of the organization's Section 501(c) (3) certification, if it is not a public entity.

The deadline for submitting applications to the BCDCOG is July 18, 2025 at 3:00 p.m.

If you chose to submit a printed copy, please send your application to:

Berkeley-Charleston-Dorchester COG
www.bcdcog.com

Courtney Cherry, Mobility Manager
5790 Casper Padgett Way
North Charleston, SC 29406
843-529-0400

APPLICATION CHECKLIST

The following checklist represents the information and attachments required. Incomplete applications, or those submitted after the deadline, will not be considered for funding. Please check all boxes to indicate that your application submittal contains all required elements.

Cover Letter – include name, address and phone number of applicant as well as contact person. The letter should be signed by the individual(s) with authority to execute contracts on your organization's behalf.

Application Part I, II, & III

Standard Form 424: Application for Federal Assistance

Copy of the organization's Section 501(c) (3) certification (if it is not a public entity)

Included N/A

Evidence of Local Funding Match (Annual Budget or other Financial Document)

Letter of commitment (if applicable) – a letter of commitment is required if matching funds are coming from a source other than the applicant's own budget. This letter must be signed by the official of the agency authorized to grant matching funds, and it must state the amount of matching funds available to the applicant.

Included N/A

Section 5310 Program Project Application

Part I – Applicant Overview

<i>Applicant Information</i>
Legal Name:
Contact Person:
Address:
City/State/Zip Code:
Federal Tax ID Number:
Telephone:
Fax:
Email:
Website:

<i>List the name and title of person(s) authorized to enter contract(s) and amendments with the BCDCOG:</i>	
Name:	Title:
Name:	Title:

<i>Applicant Status</i>		
Private Non-Profit Organization	Local Government	Public Transportation Provider

<i>List of Project Partners (If applicable)</i>	
Partner 1	
Organization:	
Contact:	
Address:	
Phone/Email:	
Partner 2	
Organization:	
Contact:	
Address:	
Phone/Email:	

<i>Program (Check all that apply)</i>
Section 5310 - Capital Expenses (80/20)
Section 5310 - Operating Expenses (50/50)

<i>Project Information</i>	
Project Name:	
Specific Service Area:	

<i>Check the project's target population and provide estimated number of people to be served monthly:</i>	
Seniors:	
Persons with a disability:	

<i>Budget Overview</i>	
Total Cost of Project:	\$
Federal Funds:	\$
Local Funds:	\$

Section 5310 Program Project Application

Part II – Project Narrative

Project Description:

Provide a brief summary description of the project:

Statement of Need:

A) Describe the unmet transportation need that the proposed project seeks to address. How does this proposed project relate to the Human Services Coordination Plan?

B) Describe the specific population this project will serve. As appropriate, add tables, charts, maps, and data to support this project.

C) Estimate the number of people within the target population the project will serve and briefly describe the rationale for the projection – total number of individuals to be served and average number of one-way trips provided (if applicable) per month. If this is building upon an existing service, provide the current number of passenger trips served.

D) Will the project also help meet transportation needs outside the targeted population? (Explain how).

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Coordination and Program Outreach:

A) Describe how the project will be coordinated with other social service agencies and/or public transportation providers. (e.g., sharing vehicles, dispatching, scheduling, maintenance, coordinating client trips, training, etc.)

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B) Identify partners/stakeholders and indicate any private sector involvement.
(Attach letters of support for each partner/stakeholder.)

C) Indicate how stakeholders will be involved throughout the project.

D) Describe how the agency will market the project to the target population and promote public awareness of the program. Will this outreach help with those outside of the targeted population?

Implementation Plan:

A) Provide a description on how the agency intends to implement the project.

B) Explain how the project relates to other services or programs provided by the agency and demonstrate how it can be achieved within the agency's technical ability.

C) Include a timeline for project implementation.

D) Provide an operational plan for providing service. Include time tables and route maps (if applicable) showing the service coverage from the project.

Managerial Capability:

A) Provide the number of years the applicant has provided services for their targeted clientele (elderly, low-income populations, and/or individuals with disabilities).

B) Provide information on the number of personnel – existing drivers and administrative staff to support the project. Will the agency hire additional personnel to support the project?

C) List the training courses and the drivers who have completed these courses.

D) Describe the agency's vehicle maintenance program (if applicable), addressing the following:

- Pre-trip inspections
- Preventative Maintenance
- Routine Maintenance
- Contingency plan for when equipment is out of service

Project Budget and Program Effectiveness:

A) Identify reasonable sources for on-going funding – clearly indicate all funding sources if there are more than one.

B) Describe the agency's plan for monitoring and evaluating the project

C) Identify performance measures to track the effectiveness of the service in meeting the identified goals

Section 5310 Program Project Application

Part III – Project Budget

Please complete one of the two tables below that is relevant to the project type (operating or capital).

Operating Budget	
<i>Category</i>	<i>Amount</i>
Vehicle Operations:	\$
Personnel:	\$
Administration:	\$
Maintenance:	\$
Vehicle Insurance:	\$
Other Expenses: _____	\$
Total Operating Expenses	\$
Fares	\$
Other Revenue: _____	\$
Total Operating Revenue	\$
Net Project Cost	\$
Local Funding Source 1: _____	\$
Local Funding Source 2: _____	\$
Local Funding Source 3: _____	\$
Total Local Funds (50%):	\$
Federal Funds (50%):	\$

Capital Budget	
Capital Purchase:	
Type of Service:	
Cost:	\$
Local Share (20%):	\$
Federal Share (80%):	\$
Source of Local Share:	\$