



South Carolina  
Department of Transportation

Federal Transit Administration

**Section 5310**  
**Enhanced Mobility of Seniors and**  
**Individuals with Disabilities Program**  
**(Federal Fiscal Year 2018)**

**Application Form**  
**State Fiscal Year 2018 - 2019**

Name of Applicant: \_\_\_\_\_  
(Agency)

Amount Requested: \$ \_\_\_\_\_  
(Federal amount only)

Type of Request: \_\_\_\_\_  
(Purchase of Service, Vehicle or Mobility Management)

COG Region: \_\_\_\_\_

Agency DUNS Number: \_\_\_\_\_

Rural  or Small Urban

Please check the appropriate box above to indicate the project site you are applying for.

Return To: South Carolina Department of Transportation  
Office of Public Transit (OPT)  
955 Park Street, Room 201  
Columbia, South Carolina 29201  
Awanda Livingston 803-737-0982 or  
Michelle Rayford 803-737-0742  
[http://www.scdot.org/getting/mt\\_programs.shtml](http://www.scdot.org/getting/mt_programs.shtml)

**Application Deadline: February 16, 2018**

# GENERAL INFORMATION

## I. Introduction

The South Carolina Department of Transportation (SCDOT) Office of Public Transit (OPT) is pleased to announce the State Fiscal Year (SFY) 2018–2019 Section 5310 (Enhanced Mobility of Seniors and Individuals with Disabilities Program) call for projects.

This Program Announcement will utilize the Federal Transit Administration's (FTA) Federal Fiscal Year (FFY) 2018, when those funds became available, which is authorized under the Fixing America's Surface Transportation (FAST) Act and as appropriated by the United States Congress. This Announcement is issued in anticipation of federal funding based on apportionment for FFY 2018, funding levels as yet to be published by FTA, less allowable state administration.

## II. Authority for the Program

The Governor of South Carolina has designated the South Carolina Department of Transportation (SCDOT), Office of Public Transit (OPT), as the designated recipient (DR) for (both rural and small urban, Section 5310) Federal Transit Administration (FTA) funds to administer in accordance with state and federal laws, statutes, and regulations. As it relates to the *Enhanced Mobility of Seniors and Individuals with Disabilities Program*; the Office of Public Transit is responsible for administering the Rural and Small Urban apportionments. The Large urbanized areas receive their funds directly from FTA.

### Program Objectives

The Enhanced Mobility of Seniors and Individuals with Disabilities Program provides funds to:

- Serve the special needs of transit-dependent populations beyond the traditional public transportation service, where public transportation is insufficient, inadequate inappropriate, or unavailable.
- Projects that exceed the requirement of the Americans with Disabilities Act (ADA)
- Projects that improve access to fixed route service and decrease reliance on complementary paratransit and
- Projects that are alternatives to public transportation
- Program has expanded eligibility provisions to include operating expenses

### SCDOT's Eligible Expenses

Capital, for transportation services that address the needs of seniors and individuals with disabilities. 55 percent of the funds available for this program must be used for projects planned, designed and carried out to meet the special needs of seniors and individuals with disabilities when public transportation is insufficient, inappropriate, or unavailable, typically carried out by non-profit agencies. The 55 percent is the minimum percentage that may be allocated for such project. SCDOT may utilize more or all of the Section 5310 funds for these types of projects. Remaining funds may be used for:

- Public transportation projects that exceed the requirements of the Americans with Disabilities Act (ADA)
- Public transportation projects that improve access to fixed route service and decrease reliance by individuals with disabilities on complementary paratransit or

- Alternatives to public transportation that assist and individuals with disabilities.
- The acquisition of public transportation services (Purchase of Service – POS) and vehicles remain eligible capital expenses.

### **III. Eligible Applicants**

There are three categories of eligible subrecipients of Section 5310 Program funds:

- 1) Private non-profit organizations. A non-profit organization is a corporation or association determined by the U. S. Department of Treasury to be an organization described by 26 U.S.C. 501(c) which is exempt from taxation under 26 U.S.C. 501(a) or one which has been determined under state law to be non-profit and for which the designated state agency has received documentation certifying the status of the non-profit organization;
- 2) Governmental authorities that certify to the Governor of South Carolina that no non-profit corporations or associations are readily available in an area to provide the service; and
- 3) Governmental authorities approved by the state to coordinate services for Enhanced Mobility of Seniors and Individuals with Disabilities Program.

Local governmental authorities eligible to apply for Section 5310 Program funds, as coordinators of services for Enhanced Mobility of Seniors and Individuals and individuals with disabilities, are those designated by the state to coordinate human service activities in a particular area. Examples of such eligible governmental authorities are area agencies for aging or public transit providers, which the state has identified as lead agencies to coordinate transportation services funded by multiple federal or state human service programs.

### **IV. Federal/Local Match Requirements**

The matching requirements remain the same; capital assistance is provided on an 85 percent federal share, 15 percent local share. Operating assistance is provided on a 50 federal share, 50 percent local share. MAP-21 eliminated the provision for the sliding scale match under FHWA programs to be used in this program. Funds provided under other federal programs (other than those of the Department of Transportation, with the exception of the Federal Lands Transportation Program and Tribal Transportation Program established by Sections 202 and 203 of title 23 U,S,C.) may be used for local match for funds provided under Section 5310, and revenue from service contracts may be used as local match. Please list the name of the matching source.

## V. Project Selection Criteria and Process

COGs shall prioritize the applications based on: a) the standards set forth within the regional coordination plans; b) the percentage of elderly and disabled individuals served; and c) the following Section 5310 Program criteria approved on October 18, 2007, by the SCDOT Commission.

### Selection Criteria

Description of Project	Evaluation Criteria
<b>1. Statement of Need and Organizational Capacity (20 Points)</b>	
<ul style="list-style-type: none"> <li>• Describe the unmet transportation need that the proposed project seeks to address. Relate this to the Coordination Plan.</li> <li>• Describe the specific population this project will serve. As appropriate, add tables, charts, maps and data to support this project. Will the project also help meet transportation needs outside this population? (Explain how)</li> <li>• 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.</li> </ul>	<ul style="list-style-type: none"> <li>• Does the project address a recognized need in the community?</li> <li>• What unmet need(s) are identified in relation to the regional Coordinated Public Transit-Human Services Transportation Plan?</li> <li>• Which strategy(ies) does the project focus on from the Plan?</li> <li>• Does the project increase or enhance availability of transportation of the targeted population?</li> <li>• Does the project help meet transportation needs outside this population?</li> </ul>
<b>2. Project Budget and Cost Effectiveness (20 Points)</b>	
<ul style="list-style-type: none"> <li>• Provide a budget for the proposed project. Clearly indicate all funding sources, especially the local share for the project.</li> <li>• Provide evidence of financial capability and the stability of the local share.</li> <li>• Identify reasonable sources for on-going funding – clearly indicate all funding sources if there is more than one.</li> </ul>	<ul style="list-style-type: none"> <li>• Was a clearly defined budget submitted for each of the proposed projects?</li> <li>• Does the project budget list the source(s) of local share? Is the local share stable?</li> <li>• Does the applicant report a long-term commitment to the project to continue the effort beyond the availability of the requested grant resources?</li> </ul>
<b>3. Coordination and Program Outreach (20 Points)</b>	
<ul style="list-style-type: none"> <li>• Coordination among agencies is very important, describe how the project will be coordinated with other social service programs and/or transit providers in the area. This could include: <ul style="list-style-type: none"> <li>➢ Share vehicles with other agencies;</li> <li>➢ Share dispatching or scheduling duties;</li> <li>➢ Share in maintenance costs;</li> <li>➢ Coordinate client trips;</li> <li>➢ Coordinate staff training programs;</li> <li>➢ Other strategies.</li> </ul> </li> <li>• Were private sector providers included in developing the project? If so, how?</li> <li>• In addition to the Coordinated Public Transit-Human Services Transportation Plan, provide ways which will continue to involve key stakeholders on a consistent basis.</li> </ul>	<ul style="list-style-type: none"> <li>• What coordination efforts did the project employ? (More points should be awarded for multiple shared activities – program planning, operations, communications and/or planning)</li> <li>• Does the project involve multiple partners? (More points awarded for greater partnership)</li> <li>• Was private sector involvement explored?</li> <li>• Does the project indicate how stakeholders will be involved throughout the project?</li> </ul>

<b>4. Implementation Plan (20 Points)</b>	
<ul style="list-style-type: none"> <li>• Provide an operational plan for providing service. Include time tables and route maps (if applicable) showing the service coverage from the project.</li> <li>• Provide a description on how the agency intends to implement the project – describe process. Include a timeline for project implementation.</li> <li>• 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.</li> <li>• Description on how the agency will market the project to the target population and promote public awareness of the program.</li> </ul>	<ul style="list-style-type: none"> <li>• Does the operational plan correspond with the project goals/objectives?</li> <li>• Does the implementation plan seem feasible?</li> <li>• Does the timeline seem feasible?</li> </ul>
<b>5. Customer Service and Accessibility (20 Points)</b>	
<ul style="list-style-type: none"> <li>• Provide the number of years the applicant has provided services for its targeted clientele (elderly, low-income populations, and/or individuals with disabilities).</li> <li>• 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?</li> <li>• List the training courses and the drivers who have completed these courses.</li> <li>• Describe the agency’s vehicle maintenance program (if applicable), addressing the following: <ul style="list-style-type: none"> <li>➤ Pre-trip inspections</li> <li>➤ Preventive maintenance</li> <li>➤ Routine maintenance</li> <li>➤ Contingency plan for when equipment is out of service</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Does the applicant display sufficient experience in providing services for the targeted clientele?</li> <li>• Does the agency have adequate staff resources to handle the project?</li> <li>• If applicable, are drivers properly trained?</li> <li>• If applicable, does the agency display the ability to maintain vehicles?</li> </ul>

***Although each applicant may apply for funding for more than one project either rural or urban, however, there is no grantee that one or both of the projects will be funded. Furthermore, because of limited funds, project(s) may not be fully funded up to the dollar amount requested by the applicant. COGs and SCDOT may identify contingency projects (noted as alternates) that could be funded, should any selected project be deleted from the statewide program of projects or funds returned to the grant.***

## **VI. Grievance or Protest Procedures**

SCDOT encourages all COGs, or any private or public local transportation providers acting on its behalf, to have the SCDOT approved grievance procedures in place for resolving local disputes. SCDOT shall delegate grievance resolution authority to local COGs to resolve protests resulting from funding and/or project selection decisions at the local level.

The aggrieved agency shall submit a notice of complaint to its designated COG, in writing, within ten business days of notification of a funding decision.

COGs shall review the complaint and make a decision, in writing, within ten business days. Copies of all documents relating to material facts of the complaint shall be forwarded to SCDOT within ten business days of the resolution for filing.

If the aggrieved agency is not satisfied with the COG's decision at the local level, the agency shall file a direct appeal to SCDOT, in writing, within ten business days of receiving the COG's decision. SCDOT's Deputy Secretary for Intermodal & Freight Programs shall investigate the appeal and issue a written statement of finding within ten business days. This will complete the appeal process.

## **VII. Award Requirements**

Applicants selected for funding under the Enhanced Mobility of Seniors and Individuals with Disabilities Program shall enter into an agreement with SCDOT. **No funds may be drawn down by successful applicants until all required documents are received and a signed executed contract is in place and includes:**

### **Public Notice/Public Hearing**

Agencies applying for Section 5310 funds must provide an adequate opportunity for public review and comment on a proposed Section 5310 Purchase of Service or Vehicle Purchase project. Notice shall include a concise description of the proposed project and shall be published in a newspaper of general circulation in the geographic area the project will serve. A public hearing must be held only if requested of the applicant during the Public Notice period. A sample Public Notice is included in this document as Appendix B. If a public hearing is requested, minutes from that hearing must be included with the application for funding. A copy of the official Public Notice is required and must be provided with the Certification and Assurances, if your project is selected.

### **Certifications and Assurances/Authorizing Resolution**

Subrecipients of Section 5310 Program funds are required to comply with all FTA requirements. Specifically, the applicant is required to sign FTA's "Certifications and Assurances" for the specific funding programs for which its organization is applying after receiving notification of award. An authorizing resolution between the governing body and SCDOT is also required following notification of award.

The "Certifications and Assurances" are based on federal and state requirements, and may not be altered in any way. Therefore, these documents shall be submitted by the applicant as originally signed in hardcopy only. In addition and where noted, the "Certifications and Assurances" must be signed and dated by the local attorney and the agency's authorized official.

*Organizations unable to complete these certifications and assurances will not receive funding and should not apply for funding.*

### **Pre-Award and Post-Delivery Reviews**

Successful applicants, who are eligible to acquire vehicles, are encouraged to purchase vehicles through the South Carolina State Contract following receipt of an executed subagreement and notice to proceed from SCDOT. SCDOT shall conduct a pre-award review of all vehicles purchased using federal funds, as well as an on-site, post-delivery review of all vehicles received. The review will include inspection of complete certifications, compliance with bid specifications, Buy America, and the Federal Motor Vehicle Safety Standards (FMVSS) requirements.

## **Vehicle Maintenance and Disposal**

Successful applicants are required to certify that equipment purchased under the Section 5310 Program shall be used for transportation services-related activities only. In addition, subrecipients are required by SCDOT to have a comprehensive maintenance plan detailing the agency's maintenance procedures. All vehicles used for services beyond ADA must meet requirements set forth in the former Section 5317 circular.

At the end of a vehicle's useful life, Section 5310 Program subrecipients may dispose of the equipment, after notifying and receiving disposition instructions from SCDOT.

**APPLICATION FOR FUNDING  
THE ENHANCED MOBILITY OF SENIORS AND INDIVIDUALS  
WITH DISABILITIES  
(SECTION 5310 PROGRAM)**

Due to the volume of applicants, please make sure all information is submitted with the original application. No late applications will be accepted. Please review your application prior to submitting for consideration. *Certification & Assurances are required for all project awards. If your project is approved for funding, your Certification & Assurances are due to OPT no later than July 1, 2018. If your agency does not submit these documents by the due date, your funds may be cancelled and redistributed to an alternate project.*

Each applicant must provide information for each area listed below. Please provide detailed, clear and concise information not exceeding 15 pages (this does not include the actual announcement pages). Information should be directly related to the Section 5310 project and how this project will enhance the proposed clients served. Do not forget to complete the front of the application including Agency name and other important information.

**COG/MPO Region:**

COG:
MPO:

Name of County to be Served: \_\_\_\_\_

Rural

Small Urban

**Primary Service Area:**

*(If both, please submit separate application and provide documentation of the service area)*

**1. Agency Name:**

**Agency DUNS:**

*Required for All Applicants*

**Agency FEIN:**

**Point of Contact:**

**Title:**

**Address:**

**City:**  **9-digit Zip Code**

**Phone:**  **FAX:**

**E-mail:**

Web Site Address (if any):

2.

**Agency Type:**

- Private Non-Profit (501(c)(3))
- Public
- Tribal Government or Community
- Other Agency (Specify):

3.

**Applicant Status:**

- New Applicant
- Continuing Applicant

4.

**This application contains funding requests for:**

- Purchase of Service (POS)** \$50,000
  - All POS contracts require procurement approval from OPT prior to the start of your project.
- Expansion Capital Equipment**
  - ADA Accessible Cut-A-Way  \$55,000
  - ADA Mini-Van  \$55,000
  - Purpose Built  \$55,000
- Replacement Capital Equipment (Must Complete this information)**
  - ADA Accessible Cut-A-Way  \$55,000
  - ADA Mini-Van  \$55,000
  - Purpose Built  \$55,000

**Please provide information regarding the vehicle that's being replaced**

- Make of Vehicle: \_\_\_\_\_
- Model of Vehicle: \_\_\_\_\_
- VIN: \_\_\_\_\_
- Current Mileage: \_\_\_\_\_
- Who holds title to vehicle? \_\_\_\_\_

**Mobility Management:**

\$40,000

- Must be an existing Project

Mobility Management is an innovative approach for managing and delivering coordinated transportation services to our customers. Mobility management focuses on meeting individual customer needs through a wide range of transportation options and service providers. It also focuses on coordinating these services and providers in order to achieve a more efficient transportation service delivery system. Mobility Management Services under Section 5310 must coordinate transportation services for older adults and individuals with disabilities. The project must serve more than one agency within the region and must be able to provide performance measures to include:

1. Number of Individuals served per invoice period (month);
2. Number of Individuals connected to a ride or transportation related services;
3. Summary of Project to include success of project

5. **Eligibility:** (Briefly describe the individuals the agency serves and whether they are elderly and or have disabilities). Please provide who the agency will be serving. This should not be the Project Scope. This information should describe the type of clients your agency serves.

## **NARRATIVE REQUIREMENTS**

### **Applicant Overview**

Provide specific information related to the agency, its mission and how this request will impact the region to include service area. Add any information related to how this project(s) will meet the needs of the applicants clients and address any gaps in service.

### **Detailed Project Narrative/Scope**

Clearly define the project, including as much detail as possible. Identify the service area and type of services provided. Distinguish what portion of the service area is Small Urban and Rural. Provide factors or data validating the number of clients served based on Small Urban and rural boundaries. These measures will assist with distribution of funds for each region and will also identify the number of clients being impacted by this funding source. If you serve multiple counties, please identify the type of services and number of clients to be served per county. If the county you are serving is outside your region, please state that in your application.

### **Project Budget**

Please insert your budget including the local match amounts. **Please provide specific information regarding the actual source of the Local Match.** If you are requesting Purchase of Service and capital, please show a break out of the overall project amount. A sample OPT budget is available on our website under forms. Please make sure to include the source of your match.

## **Application Requirements**

- Submit (1) **ORIGINAL** to SCDOT Office of Public Transit, Attention: **Awanda Livingston**, 5310 Program Coordinator;
- If the applicant is applying for a project outside of the region, it is the responsibility of the applicant to obtain a letter of approval from the benefiting COG advising of the project;
- If the project is located in a small urbanized area the project must be included in the local Transportation Improvement Plan (TIP) and the SCDOT Statewide Transportation Improvement Program (STIP) prior to sub-agreement execution.
- If the applicant is a COG requesting funds for a project, please send all information directly to SCDOT for review.
- Public Notice-This document is a federal requirement. If the notice has not been published at the time of submittal, please include proof of advertisement. A receipt or copy of submittal will suffice. Please send copy of original document with your Certification and Assurances. All agencies are required to fulfill this requirement.

**LOCAL MATCH IDENTIFICATION FOR SECTION 5310 FUNDING**

\_\_\_\_\_  
(Legal Name of Applicant)

Requested Section 5310 Program Funding Amounts

<b>Project</b>	<b>Total Amount</b>	<b>Federal Share</b>	<b>Local Share</b>
<b>Purchase of Service</b>	\$ _____	\$ _____ (80%)	\$ _____ (20%)
<b>ADA Vehicle</b>	\$ _____	\$ _____ (85%)	\$ _____ (15%)
<b>Operations</b>	\$ _____	\$ _____ (50%)	\$ _____ (50%)
<hr/>			
<b>TOTAL</b>	\$ _____	\$ _____	\$ _____
	Total Funding Requests		Total Local Match Required

The Local Match for the Section 5310 Program funds will be available from the following sources:

**Source of Funds**

<b><u>Name</u></b>	<b><u>Amount</u></b>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<hr/>	
<b>TOTAL</b>	\$ _____

I, the undersigned representing (*legal name of agency*) \_\_\_\_\_ do hereby certify to the South Carolina Department of Transportation that the required local match for the Fiscal Year 2018-2019 Section 5310 Program, which has a period of performance of July 1, 2018 – June 30, 2019.

\_\_\_\_\_  
**Name/Title of Authorized Official**

\_\_\_\_\_  
**Signature of Authorized Official**

\_\_\_\_\_  
**Date**

Instructions - Application for Federal Assistance (Form 424) – **This is a standard form used by the state to obtain and review comments on the application from other state and local agencies. Complete Form 424 as directed and send the original form to SCDOT, with a copy to your Regional COG.**

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>*1. Type of Submission:</b> <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>*2. Type of Application</b> * If Revision, select appropriate letter(s) <input type="checkbox"/> New <input type="checkbox"/> Continuation     *Other (Specify) <input type="checkbox"/> Revision     _____	
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
<b>State Use Only:</b>		
6. Date Received by State:		7. State Application Identifier:
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name:		
*b. Employer/Taxpayer Identification Number (EIN/TIN):		*c. Organizational DUNS:
<b>d. Address:</b>		
*Street 1: _____ *City: _____ County: _____ *State: _____ *Country: _____ *9-digit Zip Code: _____		
<b>e. Organizational Unit:</b>		
Department Name:		Division Name:
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: _____     *First Name: _____ Middle Name: _____ *Last Name: _____ Suffix: _____		
Title:		
Organizational Affiliation:		

*Telephone Number:	Fax Number:
*Email:	
<b>*9. Type of Applicant 1: Select Applicant Type:</b>	
<b>*10 Name of Federal Agency:</b> Federal Transit Administration	
<b>11. Catalog of Federal Domestic Assistance Number:</b> 20.513 CFDA Title: Capital Assistance Program for Enhanced Mobility of Seniors and Individuals with Disabilities Program (Section 5310)	
<b>*12 Funding Opportunity Number:</b> N/A  *Title:	
<b>13. Competition Identification Number:</b> N/A  Title:	
<b>*14. Areas Affected by Project (Cities, Counties, States, etc.):</b>	
<b>*15. Descriptive Title of Applicant's Project:</b>	
<b>16. Congressional Districts Of:</b>	
*a. Applicant:	*b. Program/Project:
<b>17. Proposed Project:</b>	
*a. Start Date:	*b. End Date:

<b>18. Estimated Funding (\$):</b>	
*a. Federal	_____
*b. Applicant	_____
*c. State	_____
*d. Local	_____
*e. Other	_____
*f. Program Income	_____
*g. TOTAL	_____
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____	
<input checked="" type="checkbox"/> b. Program is subject to E.O. 12372.	
<input type="checkbox"/> c. Program is not covered by E. O. 12372	
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)	
<input type="checkbox"/> <b>** I AGREE</b>	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions	
<b>Authorized Representative:</b>	
Prefix: _____	*First Name: _____
Middle Name: _____	
*Last Name: _____	
Suffix: _____	
*Title: _____	
*Telephone Number: _____	Fax Number: _____
* Email: _____	
<b>*Signature of Authorized Representative:</b> ( Original in blue ink)	<b>*Date Signed:</b> _____

**INSTRUCTIONS FOR THE SF-424**

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

Item	Entry:	Item	Entry:
1.	<b>Type of Submission:</b> (Required) Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> <li>• Preapplication</li> <li>• Application</li> <li>• Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date.</li> </ul>	10.	<b>Name Of Federal Agency:</b> (Required) Enter the name of the Federal agency from which assistance is being requested with this application.
		11.	<b>Catalog Of Federal Domestic Assistance Number/Title:</b> Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
2.	<b>Type of Application:</b> (Required) Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> <li>• New – An application that is being submitted to an agency for the first time.</li> <li>• Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals.</li> <li>• Revision - Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided.                             <ul style="list-style-type: none"> <li>A. Increase Award    B. Decrease Award</li> <li>C. Increase Duration    D. Decrease Duration</li> <li>E. Other (specify)</li> </ul> </li> </ul>	12.	<b>Funding Opportunity Number/Title:</b> (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
		13.	<b>Competition Identification Number/Title:</b> Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.
		14.	<b>Areas Affected By Project:</b> List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.
3.	<b>Date Received:</b> Leave this field blank. This date will be assigned by the Federal agency.	15.	<b>Descriptive Title of Applicant's Project:</b> (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.
4.	<b>Applicant Identifier:</b> Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.	16.	<b>Congressional Districts Of:</b> (Required) 18a. Enter the applicant's Congressional District, and 18b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5 <sup>th</sup> district, CA-012 for California 12 <sup>th</sup> district, NC-103 for North Carolina's 103 <sup>rd</sup> district. <ul style="list-style-type: none"> <li>• If all congressional districts in a state are affected, enter "al" for the district number, e.g., MD-all for all congressional districts in Maryland.</li> <li>• If nationwide, i.e. all districts within all states are affected, enter US-all.</li> <li>• If the program/project is outside the US, enter 00-000.</li> </ul>
5a.	<b>Federal Entity Identifier:</b> Enter the number assigned to your organization by the Federal Agency, if any.		
5b.	<b>Federal Award Identifier:</b> For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.		
6.	<b>Date Received by State:</b> Leave this field blank. This date will be assigned by the State, if applicable.		
7.	<b>State Application Identifier:</b> Leave this field blank. This identifier will be assigned by the State, if applicable.		
8.	<b>Applicant Information:</b> Enter the following in accordance with agency instructions:	17.	<b>Proposed Project Start and End Dates:</b> (Required) Enter the proposed start date and end date of the project.
a.	<b>Legal Name:</b> (Required) Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the <a href="http://Grants.gov">Grants.gov</a> website.		
b.	<b>Employer/Taxpayer Number (EIN/TIN):</b> (Required) Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.		
c.	<b>Organizational DUNS:</b> (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the <a href="http://Grants.gov">Grants.gov</a> website.		
d.	<b>Address:</b> Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US).		
e.	<b>Organizational Unit:</b> Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the	18.	<b>Estimated Funding:</b> (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.
		19.	<b>Is Application Subject to Review by State Under Executive Order 12372 Process?</b> Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the

	assistance activity, if applicable.		State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State																								
	<b>f. Name and contact information of person to be contacted on matters involving this application:</b> Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.	20.	<b>Is the Applicant Delinquent on any Federal Debt?</b> (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.  If yes, include an explanation on the continuation sheet.																								
9.	Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.	21.	<b>Authorized Representative:</b> (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)																								
	<table border="0"> <tr> <td>A. State Government</td> <td>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</td> </tr> <tr> <td>B. County Government</td> <td>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</td> </tr> <tr> <td>C. City or Township Government</td> <td>O. Private Institution of Higher Education</td> </tr> <tr> <td>D. Special District Government</td> <td>P. Individual</td> </tr> <tr> <td>E. Regional Organization</td> <td>Q. For-Profit Organization (Other than Small Business)</td> </tr> <tr> <td>F. U.S. Territory or Possession</td> <td>R. Small Business</td> </tr> <tr> <td>G. Independent School District</td> <td>S. Hispanic-serving Institution</td> </tr> <tr> <td>H. Public/State Controlled Institution of Higher Education</td> <td>T. Historically Black Colleges and Universities (HBCUs)</td> </tr> <tr> <td>I. Indian/Native American Tribal Government (Federally Recognized)</td> <td>U. Tribally Controlled Colleges and Universities (TCCUs)</td> </tr> <tr> <td>J. Indian/Native American Tribal Government (Other than Federally Recognized)</td> <td>V. Alaska Native and Native Hawaiian Serving Institutions</td> </tr> <tr> <td>K. Indian/Native American Tribally Designated Organization</td> <td>W. Non-domestic (non-US) Entity</td> </tr> <tr> <td>L. Public/Indian Housing Authority</td> <td>X. Other (specify)</td> </tr> </table>	A. State Government	M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	B. County Government	N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)	C. City or Township Government	O. Private Institution of Higher Education	D. Special District Government	P. Individual	E. Regional Organization	Q. For-Profit Organization (Other than Small Business)	F. U.S. Territory or Possession	R. Small Business	G. Independent School District	S. Hispanic-serving Institution	H. Public/State Controlled Institution of Higher Education	T. Historically Black Colleges and Universities (HBCUs)	I. Indian/Native American Tribal Government (Federally Recognized)	U. Tribally Controlled Colleges and Universities (TCCUs)	J. Indian/Native American Tribal Government (Other than Federally Recognized)	V. Alaska Native and Native Hawaiian Serving Institutions	K. Indian/Native American Tribally Designated Organization	W. Non-domestic (non-US) Entity	L. Public/Indian Housing Authority	X. Other (specify)		
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## **Appendix A – Suggested Sources of Non-DOT Federal Match**

### **U.S. Department of Agriculture**

- [Food and Nutrition Service](#)

### **U.S. Department of Education**

- [Office of Elementary and Secondary Education](#)
- [Office of Innovation and Improvement](#)
- [Office of Special Education and Rehabilitative Services](#)

### **U.S. Department of the Interior**

- [Bureau of Indian Affairs](#)

### **U.S. Department of Health and Human Services**

- [Health Resources and Services Administration](#)
- [Centers for Medicare and Medicaid Services](#)
- [Administration on Aging](#)
- [Substance Abuse and Mental Health Services](#)
- [Administration for Children and Families](#)

### **U.S. Department of Housing and Urban Development**

- [Community Development Block Grant \(CDBG\)](#)

### **U.S. Department of Labor**

- [Employment Standards Administration](#)
- [Veterans' Employment and Training Service](#)
- [Employment and Training Administration](#)

### **U.S. Department of Veterans Affairs**

- [Veterans Benefits Administration](#)
  
- [Veterans Health Administration](#)

## Appendix B - Sample Public Notice

This is to inform the public of the opportunity to attend a public hearing on the proposed **SFY2018 - 2019** Section 5310, Enhanced Mobility of Seniors and Individuals with Disabilities Program Application to be submitted to the South Carolina Department of Transportation no later than \_\_\_\_\_ **(Date)**.

Those interested in attending a public hearing on this application should contact \_\_\_\_\_ *(name, title)* in writing on or before \_\_\_\_\_. The public hearing will be held on \_\_\_\_\_ *(date)* before the \_\_\_\_\_ *(body hosting public hearing)*. The contact address is:

The Enhanced Mobility of Seniors and Individuals with Disabilities Program provides capital assistance for transportation options and services for the communities operating in \_\_\_\_\_ *(county, region)*. These services are currently provided using \_\_\_\_\_ *(types of vehicles)*. Services are rendered by \_\_\_\_\_ *(agency name)*.

The total estimated amount requested for the period ***July 1, 2018 through June 30, 2019***.

<b>Project Category</b>	<b>Total Amount</b>	<b>Minimum Local Match</b>
<b>Purchase of Service</b>	\$ _____	\$ _____ <b>(20%)</b>
<b>OR</b>		
<b>Vehicle Purchase</b>	\$ _____	\$ _____ <b>(15%)</b>
<b>OR</b>		
<b>Operations</b>	\$ _____	\$ _____ <b>(50%)</b>
<b>TOTAL</b>	\$ _____	\$ _____

Total Federal Funding Request    Total Local Share

This application may be inspected at \_\_\_\_\_ *(location)* from \_\_\_\_\_ *to* \_\_\_\_\_ *(dates/times)*. Written comments should be directed to \_\_\_\_\_ *(name and address)* before \_\_\_\_\_ *(date)*.

## Appendix C – Councils of Governments

<i><b>COG Regions</b></i>	<i><b>COG/Mailing Address</b></i>
<p><b><i>Appalachian COG</i></b> Cherokee, Greenville, Oconee, Pickens, and Spartanburg Counties <a href="http://www.scacog.org">www.scacog.org</a></p>	<p>Steve Pelissier, Executive Director Executive Director, 20 Century Circle Post Office Box 6668 Greenville, SC 29606 (864) 242-9733 (864) 242-6957 (Fax) <a href="mailto:pelissier@scacog.org">pelissier@scacog.org</a></p>
<p><b><i>Berkeley-Charleston-Dorchester COG</i></b> Berkeley, Charleston and Dorchester Counties <a href="http://www.bcdkog.com">www.bcdkog.com</a></p>	<p>Ronald E. Mitchum, Executive Director 1362 McMillan Avenue, Suite 100 North Charleston, SC 29405 (843) 529-0400 (843) 529-0305 (Fax) <a href="mailto:ronm@bcdkog.com">ronm@bcdkog.com</a></p>
<p><b><i>Catawba Regional COG</i></b> Chester, Lancaster, Union, and York Counties <a href="http://www.catawbacog.org">www.catawbacog.org</a></p>	<p>Randy Imler, Executive Director Post Office Box 450 Rock Hill, SC 29731 (803) 327-9041 (803) 327-1912 (Fax) <a href="mailto:rimbler@catawbacog.org">rimbler@catawbacog.org</a></p>
<p><b><i>Central Midlands COG</i></b> Fairfield, Lexington, Newberry, and Richland Counties <a href="http://www.centralmidlands.org">www.centralmidlands.org</a></p>	<p>Benjamin J. Mauldin, Executive Director 236 Stoneridge Drive Columbia, SC 29210 (803) 376-5390 (803) 376-5394 (Fax) <a href="mailto:bmauldin@cmcog.org">bmauldin@cmcog.org</a></p>
<p><b><i>Lowcountry COG</i></b> Beaufort, Colleton, Hampton, and Jasper Counties</p>	<p>Sabrina P. Graham., Executive Director Post Office Box 98 Yemassee, SC 29945 (843) 726-5536 (843) 726-5165 (Fax) <a href="mailto:sgraham@lowcountrycog.org">sgraham@lowcountrycog.org</a></p>
<p><b><i>Lower Savannah COG</i></b> Bamberg, Barnwell, Calhoun, and Orangeburg Counties <a href="http://www.lscog.org">www.lscog.org</a></p>	<p>Dr. William Molnar, Executive Director Post Office Box 850 Aiken, South Carolina 29802 (803) 649-7981 (803) 649-2248 (Fax) <a href="mailto:wmolnar@lscog.org">wmolnar@lscog.org</a></p>
<p><b><i>Pee Dee COG</i></b> Chesterfield, Darlington, Dillon, Florence, Marion &amp; Marlboro Counties <a href="http://www.peedeecog.org">www.peedeecog.org</a></p>	<p>Johnny M. Brown, Executive Director Post Office Box 5719 Florence, SC 29502 (843) 669-3138 (843) 669-4392 (Fax) <a href="mailto:jbrown@peedeecog.org">jbrown@peedeecog.org</a></p>

***COG Regions***

***COG/Mailing Address***

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<b><i>Santee Lynches Regional COG</i></b> Clarendon, Kershaw, Lee, and Sumter Counties <a href="http://www.slkog.org">www.slkog.org</a>	Post Office Box 1837 Sumter, SC 29151 (803) 803-774-1380 (803) 803-773-6902 (Fax)
<b><i>Upper Savannah COG</i></b> Abbeville, Edgefield, Greenwood, Laurens, McCormick, and Saluda Counties <a href="http://www.uppersavannah.com">www.uppersavannah.com</a>	Patricia Hartung, Executive Director Post Office Box 1366 Greenwood, SC 29648 (864) 941-8050 (864) 941-8090 (Fax) <a href="mailto:pchartung@uppersavannah.com">pchartung@uppersavannah.com</a>
<b><i>Waccamaw Regional COG</i></b> Georgetown, Horry and Williamsburg Counties <a href="http://www.wrcog.org">www.wrcog.org</a>	Sarah Penick Smith, Executive Director 1230 Highmarket Street Georgetown, SC 29440 (843) 436-6135 (843) 527-2302 (Fax) <a href="mailto:ssmith@wrcog.org">ssmith@wrcog.org</a>

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***End of Application***