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Alameda County Transportation Commission
2020 Comprehensive Investment Plan
Paratransit (Senior and Disabled Transportation) Discretionary Grant Program
12/14/2018 deadline

Print Preview Prop

Jump to: B. General Program/Project Information C. Need / Benefits / Readiness D. Cost and Funding Sources E. Milestone Schedule/Performance Measures F. Attachments

USD\$ 0.00 Requested

Additional Contacts
none entered

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Tel:

B. General Program/Project Information top

Program/Project Information

1. Lead/Implementing Agency

-no answer-

2. Program/Project Name

-no answer-

3. Program/Project Category

- Volunteer Driver/Door-through-Door Service
Mobility Management
Travel Training Service
City-Based Specialized Accessible Van Service
Group Trips Service
City-Based Door-to-Door Service
Taxi Subsidy/Same-Day Transportation Program
Accessible Shuttle Service
Scholarship/Subsidized Fare Program
Capital Expenditures
Other

4. Brief Program/Project Description

-no answer-

5. Provide an expanded program/project description/detailed scope. Include all program/project components and, as applicable, detail the specific limits, length, quantity, etc. of each.

-no answer-

**6. Has your agency/organization applied for Alameda CTC funding before?**

- Yes
- No

**7. Has your agency/organization received Alameda CTC funding before?**

- Yes
- No

**Program/Project Location**

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**8. General Program/Project Location**

*Please highlight the general program/project location in a map and upload the document to Tab F, Attachments.*

*-no answer-*

**9. Area of Alameda County**

- North: Cities of Oakland, Berkeley, Alameda, Albany, Piedmont, and Emeryville
- Central: Cities of Hayward and San Leandro, and the unincorporated areas including Castro Valley, Ashland, Cherryland and San Lorenzo.
- South: Cities of Fremont, Newark and Union City
- East: Cities of Dublin, Livermore, and Pleasanton, including unincorporated areas
- Countywide: Covers North, Central, South, and East County planning areas

**C. Need / Benefits / Readiness [top](#)**

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**Need and Benefits: Existing Conditions and Program/Project Benefits**

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**1. Describe the need for the program/project and the program/project benefits, including how the program/project addresses the identified need, closes gaps in existing services, or otherwise improves the transportation system, network, or services.**

*Indicate if the program/project is identified in relevant countywide/regional plans or needs assessments i.e. Countywide Transit Plan, Needs Assessment, or MTC Coordinated Plan. Include data to document existing conditions that will be addressed.*

*-no answer-*

**Coordination**

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**2. Describe how the program/project coordinates with local jurisdictions, transit agencies, and non-profit organizations serving seniors and people with disabilities. Explain how the program/project complements existing services.**

*Non-profit/community based organizations are required to provide a letter(s) of support from a local agency and/or transit provider to confirm service coordination and program/project support. Upload attachments in Tab F, Attachments.*

*-no answer-*

**3. For programs, list any partners (agencies, non-profits, etc.) that will be directly involved in implementing this program/project or service. Upload the attachments detailed below in Tab F, Attachments.**

*Attachments: (1) Provide a list of partners, the primary role, contact name, phone number and email, and (2) provide a letter from each partner that acknowledges its roles and responsibilities for this program, including any financial commitment.*

*-no answer-*

**Readiness: Applicant Experience and Qualifications**

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**4. Is the proposed program/project or service ready to be implemented? What, if any, major issues need to be resolved prior to implementation? When and how are these issues anticipated to be resolved?**

*-no answer-*

**5. Explain how the program/project or service will be sustained and maintained beyond this grant period.**

Describe funding that has been committed to the project already and/or future funding that would be pursued to continue the program beyond the grant period.

-no answer-

**6. Describe and provide evidence of your organization's ability to provide/manage the proposed program/project. Identify number of years, type of previous experience in providing/coordinating transportation for seniors and/or people with disabilities.**

Describe key personnel assigned to this program/project including their title, hours, responsibilities in the program/project, and relationships/contacts with the communities to be served.

-no answer-

## Demand

**7. Describe the level of demand for the program/project or service through demonstration of community support, ridership trends, etc. Provide an explanation of your methodology in estimating demand.**

Letters of support or documentation of outreach to local committees/commissions, surveys, etc. may be provided as attachments to the application under Tab F, Attachments.

-no answer-

**8. Provide an estimate of the number of service units that will be provided (i.e. persons trained, one-way trips, etc.). Illustrate that the planned level of service is realistic and relevant to the community.**

This should be consistent with the Milestone Schedule and Performance Measure table in Tab E.

-no answer-

**9. For new or expanded programs/projects or service, explain the phasing/steps to implement each component of the new program/project or service and the timing of each.**

Reflect these components in the Milestone Schedule table in Tab E.

-no answer-

**10. Did a local paratransit advisory committee or governing body review the proposed program/project or service?**

Yes

No

## Technology and Innovation

**11. Describe any innovative, emerging technology or non-traditional elements integrated into the program/project or service.**

-no answer-

## D. Cost and Funding Sources [top](#)

Program/Project Cost by Type and Year	FY 2019-20 Total Cost	FY 2020-21 Total Cost	FY 2021-22 Total Cost	FY 2022-23 Total Cost	FY 2023-24 Total Cost	Total Cost
-none-	USD\$ 0.00	USD\$ 0.00	USD\$ 0.00	USD\$ 0.00	USD\$ 0.00	USD\$ 0.00
Program/Project Funding Sources by Year	FY 2019-20 Funding	FY 2020-21 Funding	FY 2021-22 Funding	FY 2022-23 Funding	FY 2023-24 Funding	Total Funding
-none-	USD\$ 0.00	USD\$ 0.00	USD\$ 0.00	USD\$ 0.00	USD\$ 0.00	USD\$ 0.00

### Cost/Funding Check

USD\$ 0.00

Total cost should equal total funding.

## E. Milestone Schedule/Performance Measures [top](#)



agency and/or transit provider to confirm service coordination and program/project or service support) (Section C, Question 2)

List of partners, the primary role, contact name, phone number and email (Section C, Question 3)

Letter from each partner agency that acknowledges its roles and responsibilities for this program/project or service, including any financial commitment (Section C, Question 3)

Detailed budget (Section D)



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Additional Information (if necessary)

\* ZoomGrants™ is not responsible for the content of uploaded documents.

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