# **Summary Information**

|  |  |
| --- | --- |
| Agency/Organization Name |  |
| Amount of Funding Requested |  |
| Program/Project Name |  |
| Contact Name |  |
| Title/Position |  |
| Email |  |
| Phone |  |
| Additional Contact(s) (name, email) |  |
| Address |  |
| Website |  |

# **General Information**

Note that programs/projects that implement a non-traditional trip-provision model and/or that are multi-jurisdictional in scope (e.g. countywide, cross-planning area, or multi-city) will be prioritized in evaluating applications.

**Program/Project Information**

1. **Lead/Implementing Agency**
2. **Program/Project Name**
3. **Program/Project Category**

[ ]  Door-through-Door/Volunteer Driver Program

[ ]  Mobility Management/One-Call/One-Click program

[ ]  Travel Training Service/Trip Planning Assistance

[ ]  Specialized Accessible Van Service

[ ]  Group Trips

[ ]  Same-Day Transportation

[ ]  Accessible Shuttle

[ ]  Means-Based Fare Program

[ ]  Meal Delivery Program

[ ]  Capital Expenditures

[ ]  Other:

1. **Brief Program/Project Description** (2-3 sentences)
2. **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.**

*Please provide as an attachment to the application (2 pages maximum).*

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

[ ]  Yes

[ ]  No

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

[ ]  Yes

[ ]  No

**Program/Project Location**

1. **General Program/Project Location**

*Please highlight the general program/project location in a map and provide the document as an attachment to the application.*

1. **Area of Alameda County** (select all that apply a-d, if not Countywide)

[ ]  North: Cities of Oakland, Berkeley, Alameda, Albany, Piedmont, and Emeryville

[ ]  Central: Cities of Hayward and San Leandro, and 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, and unincorporated areas including Sunol

[ ]  Countywide: Covers North, Central, South, and East County areas

# **Need/Benefits/Readiness**

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

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. If applicable, please indicate if the program/project is identified in relevant countywide or regional plans or assessments such as the Alameda Countywide Transportation Plan, the Assessment of Mobility Needs of People with Disabilities and Seniors in Alameda County (Alameda County Needs Assessment), the MTC Coordinated Public Transit-Human Services Transportation Plan (Coordinated Plan), Community Based Transportation Plans (CBTPs), or the Countywide Area Plan for Older Adults.**

*Include data to support/document existing conditions that will be improved/addressed by the program/project.*

**Coordination**

1. **Describe how the proposed program/project coordinates with local jurisdictions, transit agencies, and non-profit organizations serving older adults and people with disabilities. Explain how the proposed program/project complements and does not duplicate 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. Please include letter(s) as an attachment to the application.*

1. **List any partners (agencies, non-profits, etc.) that will be providing direct service for this this program/project. Please include as an attachment to the application.**

*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 their roles and responsibilities for this program, including any financial commitment.*

**Readiness: Applicant Experience and Qualifications**

1. **Is the proposed program/project 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?**
2. **Explain how the program/project could be sustained and maintained beyond this grant period.**

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

1. **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 older adults and 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.*

**Demand and Implementation**

1. **Describe the estimated level of demand for the program/project through demonstration of community support, ridership trends, etc. 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. 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. This should be consistent with the measures included in Section F: Performance Measures and Targets.*

1. **Did a local paratransit advisory committee or governing body review and/or approve the proposed program/project? Please provide the name of the committee and the date of the meeting.**

[ ]  Yes

[ ]  No

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

*This should be consistent with the schedule included in Section E: Milestone Schedule.*

**Technology and Innovation**

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

**Equity**

1. **Please provide any demographic data available for your proposed service area and/or population. For example, you could use existing intake data, survey data, or American Community Survey data to provide information on the population you plan to serve and their demographic makeup (e.g., people with disabilities, older adults, communities of color, and low-income communities).**
2. **Please describe how your program/project will conduct outreach/engagement in a way to attract and serve a population that matches the overall demographic profile of the intended population, and how your program/project will measure success in this area. These efforts should be reflected in your performance measures and targets in Section F: Performance Measures and Targets.**

# **Cost and Funding Sources**

Project Sponsor must define and itemize each direct cost for the proposed program/project in the provided detailed budget template (separate Excel file titled “2024\_PDGP\_Budget\_Template”). This includes an itemization of direct staff personnel working on the project/program, and other direct costs that may include contracts, publications, materials, equipment purchases, incentives, etc. Alameda CTC will review the detailed budget and may deem some costs ineligible and require removing the items from the proposed budget before making a funding award.

Please provide any additional information regarding program/project cost and funding sources, including ability to meet minimum matching requirements based on program/project type.

# **Milestone Schedule**

Applicants can add or remove rows in the table as needed.

|  |  |  |
| --- | --- | --- |
| **No.** | **Key Task or Milestone** | **Date of Completion** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 | Submit Program/Project Final Invoice and Closeout | 9/30/2029 |

# **Performance Measures and Targets**

Please refer to the most recent Implementation Guidelines and Performance Measures – Special Transportation for Older Adults and People with Disabilities (Paratransit) Program for required and suggested performance measures by service type: <https://www.alamedactc.org/programs-projects/senior-disabled-transport>. Additionally, please list performance measures based on 6-month reporting periods i.e. Jul-Dec 2024, Jan-Jun 2025, etc. and include numeric benchmarks whenever possible. Applicants can add or remove rows in the table as needed.

|  |  |  |
| --- | --- | --- |
| **No.** | **Measure/Target** | **Date of Completion** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

# **Attachments**

Please include the following documents as part of the application.

1. **Program/Project Scope:** Include all program/project components and, as applicable, detail the specific limits, length, quantity, etc. of each. Two (2) pages maximum. (Section B, Question 5)
2. **Limits/Location Map:** Highlight program/project limits, existing and proposed facilities, transit routes, etc. (Section B, Question 8)
3. **Need/Benefit Document(s):** Document(s) that demonstrate the need for the program/project or demonstrate the benefit. (Section C, Question 10)
4. **Letter(s) of Support:** Non-profit 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) (Section C, Question 11)
5. **List of partners:** Include the primary role, contact name, phone number and email (Section C, Question 12)
6. **Partner Agency Letter(s):** Letter from each partner agency that acknowledges its roles and responsibilities for the program/project, including any financial commitment (Section C, Question 12)
7. **Detailed Budget:** See Excel template (Section D)
8. **Additional Information** (if necessary)