



Lincoln Metropolitan Planning Organization

County-City Building
555 South 10th Street - Suite 213
Lincoln, Nebraska 68508
(402) 441-7491

JOB ACCESS AND REVERSE COMMUTE

AND

NEW FREEDOM PROGRAM

PROJECT SUBMITTAL FORM

<http://www.lincoln.ne.gov/city/plan/mpo/>

Deadline for submission is Thursday, August 2, 2012 at 4:00 PM

**JOB ACCESS & REVERSE COMMUTE
AND
NEW FREEDOM PROGRAM**

CALL FOR PROJECTS

To be considered under the Job Access & Reverse Commute and New Freedom Program Call for Projects, project sponsors must submit project proposals to the Lincoln Metropolitan Organization (MPO) located at the Lincoln-Lancaster Planning Department **no later than Thursday, August 2, 2012, at 4:00 p.m.** The Lincoln MPO must have the submitted project proposals "in hand" at the Lincoln MPO / Lincoln-Lancaster Planning Department Office by the submission deadline. Proposals that are postmarked, but not received, by the deadline do not constitute an on-time submission. In addition, supplemental information will not be accepted after the submission deadline. Project sponsors are encouraged to submit their proposals far enough in advance of the submission deadline to allow Lincoln MPO staff to review proposals for completeness.

Project proposals must consist of one (1) original hard copy and six (6) copies in an 8 ½ x 11 inch format acceptable for photo copying. Proposals utilizing color graphics, maps or photographs will need to be made available for all six (6) copies for distribution to the *Project Selection Task Force*.

Project proposals should be submitted to:

Lincoln MPO / Lincoln-Lancaster Planning Department
ATTN: Mike Brienzo
555 South 10th Street - Suite 213
Lincoln, Nebraska 68508

The information in this application is public record. Therefore, applicants should not include information regarded as confidential.

To the best of my knowledge and belief, all information provided in this project proposal is true and correct. The project sponsor will comply with the necessary Federal Transit Administration regulations and grant management requirements if assistance is awarded.

Representative

Date

Title

Organization

This is the person duly authorized to sign on behalf of the project sponsor.

APPLICANT

Legal Name:

Otherwise Known As:

Federal ID Number:

MAIN OFFICE

Address:

City/State/Zip:

MAILING ADDRESS (If Different)

Address:

City/State/Zip:

AGENCY TYPE

Please identify your agency as one of the following:

- State or local governmental authority
- Publicly owned operator of public transportation services
- Privately owned operator of public transportation services
- Private non-profit organization (Provide appropriate documentation certifying non-profit status as an attachment to this application.)

GRANTEE STATUS

Is your agency an existing federal or State grantee?

Yes

No

If yes, please mark all that apply:

- Section 5307 (Federal Designated Recipient)
- Section 5307 (Federal Grantee)
- Section 5310 (State Grantee)
- Section 5311 (State Grantee)
- Other :

PRIMARY CONTACT

Name:

Title:

Department:

Agency:

Address:

City/State/Zip:

Phone:

Fax:

Email:

SECONDARY CONTACT (OPTIONAL)

Name:

Title:

Department:

Agency:

Address:

City/State/Zip:

Phone:

Fax:

Email:

CONTRACT AUTHORITY

List the name(s) and title(s) of persons authorized to enter into contracts and amendments with the Lincoln Metropolitan Planning Organization / Lincoln-Lancaster Planning Department

Name:

Title:

Name:

Title:

PROJECT SUMMARY

PROJECT BUDGET SHEET

Please calculate and enter the appropriate values below.
 Note: Planning costs are an 80/20 federal match, while Operating costs are matched 50/50.

Operating Costs

Description	Federal	Local	Total

Planning Costs (JARC Only)

Description	Federal	Local	Total

BUDGET SUMMARY

	Federal	Local	Total
Capital			
Operating			
Planning			
TOTAL			

PROJECT NARRATIVE

Please provide a brief description on each of the following six key topics. The issues and questions listed under each are provided to assist in your response. Responses for this section should be no more than five (5) pages total.

1. Project Needs, Goals, and Objectives

Demonstrate the need, goals, and objectives of the proposed project are consistent with the objectives of the Job Access & Reverse Commute (JARC) and New Freedom Programs, as well as the regional coordination goals, policies, or strategies.

What are the project's goals and objectives?

Identify the regional coordination goals, policies, and/or strategies that your project supports. The Call for Projects attachments provides a summary of the regional coordination goals, policies, and strategies. A complete copy of the *Coordinated Public Transit-Human Services Transportation Plan* is available on the Web at www.lincoln.ne.gov, **keyword MPO**, (or www.lincoln.ne.gov/city/plan/mpo/), or at the Lincoln-Lancaster Planning Department.

Describe the unmet transportation need that the proposed project seeks to address and the relevant planning effort that documents the need.

Describe how the proposed project will address this need.

Describe the specific community this project will serve, and provide pertinent demographic data and/or maps.

How do you anticipate this service will be utilized?

Estimate the number of people to be served, and/or the number of service units that will be provided.

How will the community benefit from this project?

2. Implementation Plan

Demonstrate a well-defined plan with implementation steps and milestones, qualified personnel, and institutional capacity to implement the proposed project.

For projects seeking funds to **support program operations**, project proposals should include a well-defined service operations plan, and describe implementation steps and timelines for carrying out the plan. The service operations plan should identify key personnel assigned to this project and their qualifications. Project sponsors should demonstrate their institutional capability to carry out the service delivery aspect of the project as described.

Provide an operational plan for delivering service. Include service area and/or route map, if applicable.

What experience does your agency have with passenger transportation services?

Explain how this project relates to other services provided by your agency.

Describe key personnel assigned to this project and their qualifications, as well as your agency's history with similar types of projects.

Has your agency applied for and received a federal grant? If so, when, and what funding program did you receive a grant from. Please describe the services that were performed with the grant funds.

Describe key personnel assigned to this project and their qualifications, as well as your agency's history with similar types of projects.

For projects seeking funds for **mobility management** activities, the project proposal should include a description of the administrative, coordination, and/or planning activities to be undertaken and the anticipate outcome.

Please describe the mobility management activities to be undertaken.

Description of key personnel assigned to this project, and their qualifications.

Describe your agency's history with similar types of projects.

How do the mobility management activities described above relate to other services provided by your organization?

3. Coordination and Program Outreach

Ability to coordinate with other community transportation and/or social service resources, engage key stakeholders, and promote public awareness of the project.

Are similar services currently available in the target area or to the target population?

How does this project relate to other services in the Lincoln metropolitan service area?

Describe how the project will be coordinated with public and/or private transportation and social service agencies serving low-income populations and individuals with disabilities.

Identify key stakeholders and describe how they will be involved throughout the life of the project.

Describe efforts to market the project, and ways to promote public awareness of the program.

Letters of support from key stakeholders may be attached to the grant application.

4. Project Effectiveness and Performance Indicators

Demonstrates the most appropriate match of service delivery to the need, and is a cost-effective approach.

Describe steps to measure the effectiveness of the proposed project and the magnitude of the impact that the project will have on the access and mobility of the target populations.

Describe a plan for ongoing monitoring and evaluation of the project, and steps to be taken if original goals are not achieved.

How will you know if the project is a success?

How does this project improve efficiency and/or effectiveness of special needs transportation service delivery?

Is this project's success dependent on any other project? Does this project support, or lay the groundwork, for future projects? If yes, please describe how, and the package of projects that could potentially be implemented by funding this project.

5. Innovation

Provides new or innovative approaches, service concepts, or facilities that have the potential for improving access and mobility for the target populations and may have future application elsewhere in the region.

Description of any proposed use of innovative approaches, service concepts, or facilities that will be employed for this project.

How will the proposed innovation improve access and mobility for the target populations?

Discuss how the innovation can be applied to other services in the region.

6. Project Budget

Clearly defined project budget, documented matching funds, and project sustainability.

Please provide the proposed project budget on the form provided.

Include an explanation of the assumptions used to develop the budget, if applicable, such as estimated cost per trip (or other unit of service.)

Describe your efforts to leverage funds and/or existing resources from other sources to support the implementation of this project.

How does your agency propose to sustain the proposed project once grant funding expires?