

JOB ACCESS/REVERSE COMMUTE (JARC)
AND NEW FREEDOM PROGRAMS
APPLICATION FOR FUNDING

PART I - TRANSMITTAL

Applicant Data

Legal Business Name:

Contact Person:

Project Manager:

Address:

City, State, Zip:

Telephone:

Fax:

E-mail:

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Project Description

TITLE_____

BRIEF PROJECT DESCRIPTION_____

FUNDING PROGRAM: JARC (Section 5316) New Freedom (Section 5317)

PROJECT TYPE: Capital Only Capital and Operating

Operating Only Mobility Management/Coordinated Planning

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PART II - NARRATIVE

Project Need/Goals and Objectives

1. Describe the unmet transportation need that the proposed project seeks to address and the relevant planning effort that documents the need. Does it cover an area targeted by the CPT-HSTP? Describe how the project will mitigate the transportation need. Estimate the number of people served and/or the number of service units that will be provided. Describe the specific community this project will serve, and provide pertinent demographic data and/or maps.

2. What are the project's goals and objectives?

Implementation Plan

1. Describe key personnel assigned to this project, and your agency's ability to manage the project.

2. Provide an operational plan for delivering service. Include route or service area map, if applicable. OR provide an implementation plan for completing a capital project, including key milestones and estimated completion date.

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3. Explain how this project relates to other services or facilities provided by your agency or firm and demonstrate how it can be achieved within your technical capacity.

Project Budget

1. Project sponsor should provide a complete budget indicating project revenues and expenditures in the format provided in Part III and describe efforts to ensure its cost-effectiveness.

Coordination and Program Outreach

1. 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.

2. Describe efforts to market the project, and ways to promote public awareness of the program. Letters of support should be obtained from key stakeholders and attached to the grant application.

Program Effectiveness and Performance Indicators

1. Project application should demonstrate that the proposed project is the most appropriate match of service delivery to the need. Identify performance measures to track the effectiveness of the service in meeting the identified goals. For capital-related projects, project sponsor is responsible to establish milestones and report on the status of project delivery.

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

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Innovation

1. Describe any proposed use of innovative approaches that will be employed for this project. Discuss what is innovative about the approach and how the innovations could be applied to other services in the region.

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PART III - PROJECT BUDGET

Project Funding

Local matching funds will be required for all application submittals. For projects requiring operating funds, the required match is 50%+ from non-federal transportation funds. For capital projects the required match is 20%+ from non-federal transportation funds.

Please include a certified financial statement from an accountant or bank.

	<u>Dollar Cost \$</u>	<u>Percent</u>
Capital Federal Share	_____	_____ %
Capital Local Match	_____	_____ %
Operating Federal Share	_____	_____ %
Operating Local Match	_____	_____ %
Total Annual Project Budget	_____	(capital and operating only)

Local Match
Funding Source _____

(Note: The applicant is required to demonstrate a commitment to providing local match funds. This can be in the form of a letter and/or a copy of an existing grant agreement or supporting documentation where funds will be drawn from. Financial information must be certified by an accountant, financial director or financial institution.)

Will there be a commitment of funds beyond the grant period? ___Yes ___No

If yes, please explain:
