



2018 Call for Projects and Funding Application

For the Brownsville Urbanized Area

Enhanced Mobility of Seniors and Individuals with Disabilities Funding Program



Fiscal Year 2018 Grant Application

Applicant Legal Name:

Organizational Unit (if applicable):

Physical Address – No P.O. Box:

City:	State:	Zip Code:
Fax Number:	Email Address:	
Website Address:		County:
Name of person to be contacted on matters involving this application:		Phone:
Name of person to be contacted in an Emergency:		Phone:
Applicant's D-U-N-S number:		

The undersigned signatory for the Applicant hereby represents and warrants that the information provided in this Application is accurate to the best of my knowledge:

Printed Name: _____ Title: _____

Signature: _____ Date: _____

1.

Yes	No	
		Are you an eligible applicant?

Briefly describe your agency's purpose, transportation program and experience with seniors and persons with disabilities. Provide details and/or attach supporting documentation.

Describe the experience your agency has in managing Section 5310 Grant Programs.

2. Capital Projects

Yes	No	
		Is the proposed project an eligible Capital Project?
		Is the proposed included in a Coordinated Regional Plan?
		Does the proposed project benefit the Brownsville Urbanized Area?

Briefly describe the proposed project and how it benefits the Brownsville Urbanized Area.

Describe the impact, should you not receive this award.

Provide detailed project timeline with estimated completion date.

Provide the total number of passengers that will benefit.

Number of seniors	_____
Number of persons w/disabilities	_____
Number of seniors w/disabilities	_____
General Public Transportation	_____

What is the project budget? Provide details

If the project is selected and the agency receives approval, the selected agency will purchase the capital using 100% of their funds. Once the capital is received, the agency will invoice Brownsville Metro for reimbursement of the Federal portion.

Description	Cost

Provide the total number of passengers that will benefit.

- Number of seniors _____
- Number of persons w/disabilities _____
- Number of seniors w/disabilities _____
- General Public Transportation _____

What is the project budget? Provide details.

Description	Cost
Total	

Yes	No	
		Do you have the financial capacity to provide 50% local share for Operating Expense?

What is source of local share? Provide details.

Description	Amount
Total	

Yes	No	
		Do you have a plan to provide required performance measure reports?

Briefly describe the plan to provide performance measure reports as required (i.e. increased transportation coverage/service, ridership, mobility, etc).
