



STATE OF NEW JERSEY

**SENIOR CITIZENS & DISABLED RESIDENTS
TRANSPORTATION ASSISTANCE PROGRAM
JANUARY 1, 2016 – DECEMBER 31, 2016**

&

**FTA NON-URBANIZED AREA FORMULA PROGRAM
(SECTION 5311)
JULY 1, 2015 – DECEMBER 31, 2016**

County	Hudson
Name of Transportation System	Hudson County TRANSCEND
Applicants Legal Name	Hudson County
Address	595 County Ave, Building #1
	Secaucus, NJ 07094
Name & Title of Person Completing the Application	Kevin Crimmins
	Executive Director
Phone Number	201-369-4320 ext. 4101
Fax Number	201-369-4318
E-Mail Address	kcrimmins@hcnj.us

NJ TRANSIT
 Local Programs and Minibus Support
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TECHNICAL CAPACITY

All applicants must demonstrate the technical capacity to carry out the services proposed. At a minimum the applicant must be able to:

- Demonstrate the financial ability to perform and deliver the service applying for and awarded.
- Demonstrate the adequate level of staffing and grant experience and knowledge to comply with all FTA grant requirements.
- Demonstrate the adequate level of staffing and operational experience needed in delivering the service as per grant award.
- Demonstrate the adequate level of staffing and maintenance experience for performing required maintenance on vehicles used or purchased for this service.
- Demonstrate the adequate level of vehicles including back-up vehicles to perform the service under this program.
- Demonstrate a driver training program to ensure safe and reliable service to all passengers.
- Demonstrate that the service provided is not duplicating other services funded under FTA or other funding sources. All FTA subrecipients must be part of the local Human Service Coordination Transportation plan.
- Demonstrate there are written procedures and policies for operations, grant administration and FTA reporting requirements.

When filling in this application ensure that you are clearly documenting the technical capacity required to deliver this State and/or Federally funded project.

If applicant is providing route deviation service with published timetable/schedule – include copies of timetables –

- Systems must provide information to the public on how to request a deviation
- All deviation service must be open to the general public and noted on timetable
- Phone number on timetable must be listed for requesting trip deviation in advance

PROPOSED SCHEDULE FOR CASINO REVENUE APPLICATION FOR YEAR 2016

The schedule below is for guidance purposes only. The suggested timetable below is to assist you in planning the completion of your SCDRTAP application on time. It is understood that dates and local procedures may vary.

Date:	SCDRTAP Application Only Activity:
No later than May 22, 2015	<p data-bbox="667 359 1040 392">By this date you should have:</p> <ul data-bbox="716 394 1443 772" style="list-style-type: none"><li data-bbox="716 394 1443 499">• Published your public hearing notice in two different newspapers, notice must be published at least 30 calendar days prior to hearing date.<li data-bbox="716 501 1443 564">• Sent copy of public hearing notice to all municipal clerks in county<li data-bbox="716 567 1443 703">• Sent copy of public hearing to interested agencies including but not limited to senior centers, nutrition sites, adult workshops, senior and disabled non-profit agencies.<li data-bbox="716 705 1443 772">• Posted large print on-board public hearing notices in your vehicles.
June 22, 2015	<p data-bbox="667 808 1040 842">By this date you should have;</p> <ul data-bbox="716 844 1443 1188" style="list-style-type: none"><li data-bbox="716 844 1073 877">• Held your public hearing<li data-bbox="716 879 1443 984">• Read into the public hearing record summary of 2015 grant activities and proposed 2016 SCDRTAP budget<li data-bbox="716 987 1443 1123">• At public hearing provided copies of summary of 2015 grant activities and copies of proposed 2016 budget. (should be available in alternative format upon request)<li data-bbox="716 1125 1443 1188">• Met with your local CAC to review proposed 2016 application and get feedback.
14 days After Public Hearing	<p data-bbox="667 1224 1443 1530">A copy of the completed application should be placed in the main branch of the county library and on the County Website for public review at least 14 days after the public hearing date. The County should make every effort to have a full application in the library and the website. If the entire application is not available 14 days after the hearing, the county should place a copy of the proposed description of service and proposed line item budget in the library and website for public review.</p>
June 30, 2015	<p data-bbox="667 1566 1443 1701">Application due to NJ TRANSIT. If full transcript of the public hearing, notarized public hearing notices and/or original Freeholder Resolution is not available by this date please note it on your cover letter and submit as soon as available.</p>

SECTION I – COUNTY INFORMATION

Project Contacts/Personnel

- Complete the below Table with the key contact people.

Table 1

Name	Title	Address	Phone #	E-mail
	Freeholder Director	E Junior Maldonado	201-795-6001	
	Procurement Contact	Maria Mercurio	201-795-6280	mmercurio@hcnj.us
	Audit Contact	Cheryl Fuller	201-795-6077	cfuller@hcnj.us
	EEO Contact*			
	ADA Representative*			
	Title VI Representative*			
	Safety Officer*	Abe Deida Jim Ostaszewski	201-309-1577 201-368-4320	adeida@hcnj.us jostaszewski@hcnj.us

*Required for Section 5311, recommended for SCDRTAP

- Provide the name, title, phone number, e-mail address and estimated percentage of their salary that will be charged to the grants. For example: Administrator, Operations Manager, Safety Officer. Do not list each individual Operator, Dispatcher, or Reservationist - list the number of these positions and percentage charged per grant.

Table 2

Staff Member		Phone #	E-mail	SCDRTAP		5311	
Name	Title			Admin %	Operating %	Admin %	Operating %
1	Executive Director	201-369-4320 x4101	kcrimmins@hcnj.us	0%	0%		
1	Asst. Coordinator Safety Officer	201-369-4320 x4102	jostaszewski@hcnj.us	0%	0%		
1	Motor-pool Supervisor Safety Officer	201-309-1577	adeida@hcnj.us	0%	0%		
2	Dispatchers	201-369-4320 x4105	n/a	0%	0%		
4	Reservationists	201-369-4320 X4107	n/a	0%	0%		
41	Motor Vehicle Operators Elderly & Handicapped	201-369-4320	n/a		17.88%		
1	Diesel Mechanic	201-369-4320	n/a		17.88%		

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- By grant, for positions that will only be partially charged to either grant, describe how the estimated percentage of the salary to be charged to the grant was derived. Describe what mechanism(s) are used to verify the actual time that an individual spends on grant related activities.

We took the Grant amount and divided it by the total budget to come up with the percentage of the driver's salary that is paid for by the grant. Drivers are assigned trips daily that are charged to the SCRDTAP Funding Source based on estimated cost of a trip.

- Attach an official organizational chart for those involved in your transportation program. If you contract out your service to a third party vendor, include an organization chart for the vendor's operations.

Attach as NJT Attachment A and B

- List SCDRTAP Citizens Advisory Committee 2016 meeting dates, locations and times. All meetings are scheduled for 11AM at 595 County Ave. Bldg. # 1 Conference Room, Secaucus, N.J.

January 12, 2016

March 15, 2016

June 8, 2016

August 9, 2016

September 20, 2016

November 22, 2016

- Provide us with the names of SCDRTAP Citizen Advisory Committee Members. Indicate if the members are senior citizens, people with disabilities or consumer advocates. Indicate Chairperson, and if applicable, Vice-Chairperson of Committee.

BAYONNE -	SHIRLEY HARHOUSE	Senior/Disabled
EAST NEWARK -	SHIRLEY BECKER	Senior
GUTTENBERG -	JOE MILLER	Senior
HARRISON -	JOAN WOODS	Advocate
HOBOKEN -	TOM FOLEY	Advocate
JERSEY CITY -	MARYANN VALLS	Senior/Disabled
	CATHRINE GRIMM	Senior/Disabled
	SADIE DELIZER	Senior
	MARY MCBETH	Senior/Disabled
	THOMAS BRAZICKE	Disabled
	BERNICE LORD	Senior
KEARNY-	JO ANN CARRATURA	Senior
NORTH BERGEN -	RUDY KLIMA	Senior

SECAUCUS -	LISA SNEDEKER	Advocate
Union City -	YOLI VALDES	Senior
WEST NEW YORK -	ETHEL TURDO	Senior

Documents and Recordkeeping

Refer to program documents listed below that are maintained relating to program activities. Indicate which staff member(s) performs the administration and oversight of the following:

Table 3

Documents	Name and Title of Responsible Person
Grant Application / Administration	Kevin Crimmins
	Executive Director
Contract (w/ NJ TRANSIT)	Kevin Crimmins
	Executive Director
Driver's Manifest	Mark Page
	Reservationist/Scheduler
Financial Records	Sam Cintron
	Fiscal Monitor
Procurement / Bid Documents Including RFP's	Maria Mercurio
	Purchasing Agent
Daily Pre-Trip form	Abraham Deida
	Motor Pool Supervisor
Maintenance Records	Abraham Deida
	Motor Pool Supervisor
Monthly Ridership Reports	Jim Ostaszewski
	Assistant Coordinator
Drug & Alcohol Data	Edmund Shea
	Risk Management
Monitoring 3 rd Party Contractors	Kevin Crimmins
	Executive Director
Complaints (ADA, Title VI, Service, etc)	Jim Ostaszewski & Kevin Crimmins
	Assistant Coordinator & Executive Director
Others:	n/a

Procedures for Grant Administration Reporting

1. Describe the methodology that is used to determine how trips are charged to each funding source or grant.

We charge each Funding Source for trips based on the cost of the trip and the amount of funding received. When making the reservation we assign the trip to a funding source.

2. Complete Table 4 and attach all of the policies and procedures that apply as NJT Attachment C. **If Copies of PROCEDURES/POLICIES were submitted with your 2015 Application please only attach copies of new or updated policies.**

Table 4

PROCEDURES/POLICIES	Date Revised
Driver Manual/Operations Manual	No Updates
Reservation/In-take Policy (RSD procedures/policies)	6/15/2015
No Show/Denial Policy	No Updates
Fares/Donation Policy	No Updates
Vehicle Maintenance Policy	No Updates
Vehicle Accident Policy	No Updates
3 rd Party Monitoring Policy	n/a
Route Deviation Policy	n/a
Complaint Policy	No Updates
Indirect Cost Allocation Plan	n/a
ADA Procedures/Policy* (Should Include Reasonable Modification Policy)	6-15-15
Title VI Program*	
Other:	

*Required for Section 5311, recommended for SCDRTAP

SECTION II - DESCRIPTION OF SERVICE

Service Description

1. Describe any changes that were made (days, hours of operations) in 2014.

SCDRTAP:

We provided more service alter in the day and evening. We had four vehicles working until 8PM.

Section 5311:

2. Describe, in detail, the proposed project for 2016. (Include type of service provided by grant type (i.e. deviated fixed route, demand response) and include days & hours of operation.

SCDRTAP:

We will provide Demand Response Service Monday through Friday from 7AM to 7PM. We currently pick up our first client at 7AM for transport to competitive employment. Our early trips from 7AM to 9:30 AM, are subscription trips for those clients going to dialysis, competitive and non-employment. We will be doing later service in the day with four drivers working until 8PM.

Section 5311:

N/A

In planning public transportation services, private sector providers must be given an opportunity to express their views. How does the subrecipient allow for input on services from private operators in the service area?

Service Operations

Describe how the following functions are performed by your system. Explain any differences between your SCDRTAP and 5311 programs.

1. Demand response reservation process:
 - a. Provide the phone number for reservations, and provide the hours and days reservations are accepted. If there is more than one provider, list name, telephone number and the hours and days that they accept reservations.
Reservations can be contacted at 201-369-4320 option #2. We accept reservations between the hours of 8:30AM and 4PM Monday through Friday
 - b. What is the minimum and maximum amount of time needed to reserve a trip?
We provide next day service if we have availability. You cannot reserve a trip further than 14 days in advance
 - c. Will you accept a same-day reservation?
If there is availability.

- d. Do you maintain a customer profile? If yes, what information is contained in this profile?
Yes. We capture their age, date of birth, ethnicity, address, telephone number, language spoken, mobility type, assistance needs, and emergency contact.
- e. How is customer eligibility verified for SCDRTAP?
Verbally when registering via telephone.
- f. How is a trip identified as Section 5311 eligible?
N/A
- g. Name the computer routing and scheduling software product currently used for operations.
Routematch
- h. How is the above computer routing and scheduling product used? Please check all that apply.
 Customer database
 Computer assisted routing and scheduling
 Generate ridership reports
- i. Describe any other computer technology used for operations. Example: mobile data terminal, global positions systems, AVL, Tablets, IVR, Cameras, Etc.
Each vehicle has a mobile data terminals (Rangers) or tablets, global positioning and AVL.

Americans with Disabilities Act (ADA) Service Requirements

1. Does your program have a way for customers with visual impairments waiting at a stop to know what bus has arrived? Vehicle Identification Mechanisms are required on routes where multiple vehicles serve the same stop, but suggest done at all times as a common passenger courtesy.
 Yes No
2. Does your program permit individuals with disabilities to travel with their service animals?
 Yes No
3. Lift and Securements
 1. Do you have securements for mobility devices on your vehicles?
 Yes No

2. Do you service passengers whose mobility devices cannot be secured to your satisfaction on your vehicles?
Yes No
 3. If yes, do allow a passenger to remain in their mobility device without requiring them to transfer to another seat?
Yes No
 4. Does your staff provide assistance with the use of lifts, ramps and securement systems?
Yes No
 5. Do you permit individuals with disabilities who do not use a mobility device the use of a lift or ramp, including standees?
Yes No
 6. Do you allow wheelchair passengers to refuse a lap belt if all other customers are not required to use one?
Yes No
4. Do you provide service to persons using respirators or portable oxygen?
Yes No
 5. Do you ensure adequate time for individuals with disabilities to board or disembark a vehicle?
Yes No
 6. Do you provide training to operators of deviated fixed routes and demand responsive service including training for the safe operating of the vehicles and accessibility equipment and the proper treatment of people with disabilities? Drivers and support staff should have regular sensitivity training in addition to other required driver training.
Yes No
 7. Do you make reasonable accommodations in policies, practices, or procedures when such accommodations are necessary to avoid discrimination on the basis of disability?
Yes No
 8. Do you make information about how to contact the agency to make requests for reasonable modifications readily available to the public through the same means it uses to inform the public about its policies and practices?
Yes No

Service Area Details and Feeder Service

Complete the following by Grant:

1. List area you propose to serve in this application by grant.

SCDRTAP:

All of Hudson County and St. Michael's, Beth Israel, UMDNJ and Claara Maas hospitals in Essex County. We will also provide service to Hackensack Hospital on the first and third Thursday of the month. We go to locations below 70th St. in Manhattan every Tuesday.

Section 5311: (Include the specific municipalities served).

2. Provide a list of relevant common sites and key trip generators, including central business districts, major employment centers, shopping centers, hospitals, social service centers and college/universities, apartment complexes, senior complexes. Indicate those that are in your 5311 service area (5311 recipients are required to submit a map of your 5311 service area).

Hudson County Plaza 257 Cornelison Ave, Jersey City.

Jersey City Medical Center area, 395 Grand St. Jersey City.

Christ Hospital area 176 Palisade Ave, Jersey City.

Bayonne Hospital 29E 29th St. Bayonne.

Hoboken University Hospital 305 Willow St. Hoboken

Senior Centers at 28 Paterson St. and 335 Bergen Ave., Jersey City.

Senior Housing 2555 Kennedy Blvd. Jersey City

Senior Housing 80 Cambridge St. Jersey City

Senior Housing 1065 Summit Ave. Jersey City

Unico Senior Housing 500 Marin Blvd. Jersey City

Dialysis Facilities located at;

109 Pacific Ave., Jersey City

398 9th St., Jersey City

434 Broadway, Bayonne

1310 5th, North Bergen

508 31st, Union City

1600 Willow Ave., Hoboken

Bayonne Renal 454 Broadway, Bayonne

Fresenius Dialysis 620 Essex St., Harrison

3. Indicate if the proposed service feeds other services? (check all that apply):

Private bus service SCDRTAP 5311

List bus routes _____

Municipal bus service SCDRTAP 5311

List municipalities _____

County bus service SCDRTAP 5311

List bus routes _____

County paratransit SCDRTAP 5311

List counties _____

NJ TRANSIT train service SCDRTAP 5311

List train line & stations **Path Train Stations at Journal Sq., Grove St., Pavonia**

Ave. Exchange Place, Harrison, Hoboken and NJ Transit at Secaucus Junction.

NJ TRANSIT local fixed route bus SCDRTAP 5311

List route numbers **Journal Square Transportation Center**

NJ TRANSIT Light Rail SCDRTAP 5311

List train line & stations **All Light Rail Stops in Hudson County**

Service Coordination

All service providers must have in place a Coordinated Human Service Transportation Plan (CHSTP) that has been locally developed. The CHSTP may include the intercity bus needs of seniors, people with disabilities, and low income populations. The FTA encourages the inclusion of intercity transportation in the CHSTP.

Provide the following:

1. Date last updated CHSTP: November 2013
2. Attach all addendums and/or updates to your CHSTP since 2014.
Attach as NJT Attachment D

None

3. Please list CHSTP stakeholder 2016 meetings dates, locations and times.

November 2016 the date to be determined.

4. List all formal and informal coordination efforts with other agencies, organizations, municipalities and/or counties where no money is involved in Table 5. The description of the service provided should include trip purposes, customer characteristics, days and span of hours. Submit copies of all written agreements as NJT Attachment E.

All Agreements are verbal

Table 5

Name of Agency	Description of Service Provided
Secaucus	Medical Trips for consumers in wheelchairs. Monday Through Friday 9AM to 6PM. Verbal
Passaic Para Transit	Provide wheelchair securement training for their drivers when requested.
Harrison	Medical trips into Essex County to the hospitals we service there and the immediate surrounding areas. Monday through Friday 10AM to 6PM. Verbal
Catholic Charities	We transport a group of visually impaired people to a meeting every Tuesday evenings. Verbal
BEOF	When they need assistance with transportation for their nutrition program we provide it.

5. List all contracts in which you receive funds from an agency to provide service. Complete Table 6. The description of the service provided should include trip purposes, customer characteristics, days and span of hours. Submit copies of all written agreements as NJT Attachment F.

Table 6

Name of Agency	Contract Term	Unit Cost	Annual Revenue	Description of Service Provided
Hudson County Office of the Aging Title III	1-1-15 to 12-31-15		\$245,000	Transport Seniors for all needs. Service is provided Monday through Friday 10AM to 6PM
Veterans Administration	1-1-15 to 12-31-15		\$15,000	Transport Veterans for all needs. Service is provided Monday through Friday 10AM to 6PM
Logisticare	Indefinite		\$70,000	medical appointments Service is provided Monday through Friday 9AM to 5PM
Regional Cancer Care Assoc.	1-1-15 to 12-31-15 Verbal as needed		\$18,000	Transport consumers to 155 State St. Hackensack to receive radiation therapy. Clients arrive at 11AM and the return is at 1PM
Regional Cancer Care Assoc.	1-1-15 to 12-31-15 Verbal as needed		\$5,000	Transport consumers to 7650 River Rd. North Bergen for radiation Therapy

Route Deviation

1. If you operate routes that deviate, explain how the trips are documented and complete Table 7.
N/A

Table 7

Route by Name	Is This Route Funded by SCDRTAP?	Is This Route Funded by 5311?	Annual One-Way Trips	Annual Total # of Times Vehicle Deviates from Route

2. Is it your policy to announce stops at transfer points, major intersections and destination points, at adequate intervals along a route and an individual stop upon request? This requirement must be noted in driver manual.
Yes No N/A

3. Do your vehicles have signage showing route and destination?
Yes No N/A

4. Do you permit a customer who uses a lift to disembark from vehicles at any designated stop, unless the lift cannot be deployed, the lift will be damaged if it is deployed, or temporary conditions preclude the safe use of the stop by all customers?
Yes No

5. Do allow deviation for general public?
Yes No N/A

2016 Short-Term Program Strategies

List at least three of your current strategies to improve your system in grant year 2016.

1. We will aggressively market our services to seniors and people with disabilities. We will continue to participate with the Hudson County of Office of Disabilities Advisory Group. Efforts will be made to meet with senior, disabled and civic organizations throughout the County enlightening them of services provided by Hudson County TRANSCEND.

2. Upgrade our telephone technology by purchasing IVR software. This IVR system will be used to simplify the process for seniors and people with disabilities to receive their scheduled pick up times. Presently they must call the office the day before their trip and speak with someone to obtain their pick up time for the next day. This system will automatically call all clients scheduled for a trip, notify them of their pick up time and enable them to confirm or cancel the trip. This will reduce the number of calls to our office by approximately 200 to 250 per day and give us early notification of cancellations. With the reduction of phone calls and early notification of cancellations it will allow us to provide trips for those clients that were denied a trip because of capacity and some same day service

3. We would like to update our routing and scheduling software with Routematch's real time optimization module. This would assist with the anticipated increase in demand for service as a result of aggressive marketing and implementation of the IVR in 2016. With this optimization module we will be able to more same day service to maximize occupancy on our vehicles.

SECTION III – BUDGET

Program Budgets

Complete attached Excel spreadsheets for your grant year 2014 Expenditure and grant year 2016 projected budgets. You must submit these sheets in Excel format in addition to your application.

Alternative Revenue Total Collected for Calendar Year 2014

1. Is a fare charged to use your 5311 service?
 Yes No **N/A**

2. Is a fare charged to use your SCDRTAP service?
 Yes No

3. Is there a donation policy to use your 5311 service?
 Yes No **N/A**

4. Is there a donation policy to use your SCDRTAP service?
 Yes No

5. Are funds from donations and fares placed in an account for transportation?
 Yes No **N/A**
 If no, explain.

6. Explain how donations/fares are collected.
N/A

7. Complete Table 8 with all dollar amounts earned through alternative revenue sources.

Table 8

Alternative Revenue	Revenue Collected in 2014	Revenue Projected for 2016
Fares / SCDRTAP	0	0
Fares / 5311	0	0
Donations / SCDRTAP	0	0
Donations / 5311	0	0
Advertising	0	30,000
Medicaid (Logisticare)	70,000	75,000
Revenue Contracts	19,000	12,000

Indirect Administrative Costs

1. By grant, do you charge indirect cost to either SCDRTAP or 5311?
If yes, attach your approved Indirect Cost Plan as NJT Attachment G.

SCDRTAP

Yes No

5311

Yes No

What federal agency has approved your indirect cost plan for 5311?

2. Has the applicant made a change in its accounting system and/or cost rate proposed methodology, thereby affecting the previously approved cost allocation plan/indirect cost rate and its basis of application?
 Yes No

Third Party Contracting

1. Current Third Party Contracting

Please list all transit-related third party purchases and contracts that were funded (i.e., transportation services, computer routing/scheduling or services, dispatching, auditing, drug and alcohol testing, legal, and marketing, vehicles, maintenance) to a third party.

Table 9 – SCDRTAP 2015

Name of Agency	Contract Term	Unit Cost	Annual Cost	Description of Service Purchased
Routematch	01-01-15to 12-31-15		\$35,000	Scheduling & Routing Software Support

Table 10 – 5311 July 2014- June 2015

Name of Agency	Contract Term	Unit Cost	Annual Cost	Description of Service Purchased
N/A				

2. Proposed Third Party Contracting

Please list all transit-related third party proposed purchase and contracts that will be funded (i.e., transportation services, computer routing/scheduling or services, dispatching, auditing,

drug and alcohol testing, legal, marketing, vehicles, maintenance) to a third party.

Table 11– SCDRTAP January 1, 2016- December 31, 2016

Name of Agency	Contract Term	Unit Cost	Annual Cost	Description of Service Purchased
Routematch	01-01-16to 12-31-16		\$35,000	Scheduling & Routing Software Support

Table 12 – Section 5311* July 1, 2015 -December 31, 2016

Name of Agency	Contract Term	Unit Cost	Annual Cost	Description of Service Purchased

*All procurements over \$1,000 require prior approval of NJ TRANSIT, this includes service and capital procurements. Section 5311 third party contracts must include applicable federal clauses. All vendors with multiyear contracts under FTA programs must sign the Lobbying Certifications, and NJT Vendor Ethics form yearly.

SECTION IV – PROJECT EQUIPMENT

Vehicle Inventory

Attach a current inventory list of all vehicles in fleet using excel spreadsheet that was provided. If possible, inventory should be sorted by oldest model year listed first. Attach as NJT Attachment H (Use provided Excel spreadsheet)

The inventory includes:

- A. License plate number
- B. VIN
- C. Mileage
- D. Year of Purchase
- E. Funding Source
- F. Vehicle Manufacturer – (engine manufacturer) - Ford, International, Chevy, etc.
- G. Vehicle Body – when a chassis or body is altered by another manufacturer (such as Blue Bird, Champion), the company completing the alteration is considered the body manufacturer.
- H. Vehicle Model – the manufacturer’s model name and/or number.
- I. Vehicle Type
 - Bus 40 ft. – large transit bus
 - Bus 35 ft. – medium transit bus
 - Bus < 30 ft. – small transit bus, 18-24 passenger
 - Bus < 30 ft. – minibus (158” WB)
 - Bus < 30 ft. – extended minibus (176” WB)
 - Sedan/station wagons – Sedan/wagons
 - Accessible minivan
- J. Vehicle Cost
- K. Grant Year
- L. Location
- M. Use and condition
- N. In-service Date
- O. Projected Retirement Date – *All counties should have a vehicle replacement plan*
- P. Proposed Disposition Action (Auctioned; Active; Competitive Sale Process, Transferred, Returned to NJ TRANSIT)
- Q. Fuel – DF (Diesel); GA (Gas); AF (Alternative Fuel)
- R. Floor Plan – Please include # seats; # foldaway; foldaway type; # securements. (For example: If you have a vehicle that can seat 14 and has a floor plan that seats 12 ambulatory, has one double foldaway seat that seats an additional two and one securement position up you would provide information as follows:)
 - # of seats: 12
 - # of Foldaway: 1
 - Foldaway: (seats one or two) 2
 - # of securements: 1
- S. Accessible – LF (low floor); LE (lift-equipped); NA (not accessible)
- T. Other-fill in description

Non-Vehicle Inventory

FTA funded non-vehicle inventory, for those subrecipients who have used 5311 funds to purchase non-vehicle items. Attach as NJT Attachment I (Use provided Excel spreadsheet).

Inventory/Asset Name	Serial Number	Funding Source	Grant Year	Date of Purchase	Original Purchase Price	Maintenance Plan Required for Items over \$5,000.00*	Date Useful Life will be met
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All items purchased with FTA funding must be tagged with grant year, funding source and date of purchase.

Capital Disposal 2014

1. Did the applicant dispose of any vehicles and/or equipment purchased with SCDRTAP funds in calendar year 2014?

Yes No

If yes, were any vehicles and/or equipment removed from service before the end of useful life?

Yes* No

*If yes, complete the Table 13 below

2. Did the applicant dispose of any vehicles and/or equipment purchased with Section 5311 funds between the period of July 1, 2013 through June 30, 2014?

Yes No **N/A**

If yes, were any vehicles and/or equipment removed from service before the end of useful life?

Yes* No **N/A**

*If yes, complete the Table 13 below

Table 13

Description of Disposed Equipment	Grant Used to Purchase Equipment		Was NJ TRANSIT notified?		Date of Notification	Amount Received if Auction or Sold	Was Supporting Documentation Submitted?		Appraised Value if Vehicle was removed prior to useful life	Name of Appraiser
	SCDRTAP	5311	Yes	No			Yes	No*		

SECTION V - PUBLIC OUTREACH

Public Outreach Activities

1. Describe special events, presentations, conferences, articles, news coverage, reports or any other forms of media and if applicable, a copy of that coverage the County intends on participating in 2016. Include recent surveys and survey results.

Presentations to; Office of Disabilities Advisory Group , Senior /Civic Groups throughout the County, Title III Provider Meeting, Office Disabilities Advisory Group and our public hearing each year for the SCRDTAP application. In 2015 we included a flyer that with a mailing that was sent out by the Office of Aging/Disabilities to thirty thousand residents of Hudson County. We also sent out 2260 surveys to clients that used our service in 2015. We received 387 back or 17%. Attached is a copy of the survey and flyer that was mailed.

2. Provide a list of locations of where transportation marketing materials are distributed in the service area, how often are they distributed?

Every time we register a new client we send them a copy of our User Guide. At the various meetings and presentations, listed above, copies of the User Guide are distributed. Flyers are included in mailing done by the Office of Aging and Office of Disabilities

3. In planning public transportation services, private sector providers must be given an opportunity to express their views. How does the subrecipient allow for input on services from private operators in the service area?

Notification via the newspaper is done to inform the public of hearings for our SCRDTAP Application. Notifications were place in the local newspaper notifying the public of the filing of the 5310 application. Each time we receive a 5310 vehicle we advertise it in the paper and request comments. Our CAC meetings are open to the public.

Marketing Materials

1. Attach SCDRTAP and Section 5311 marketing materials. (i.e., system brochure, timetables, cable TV ads, advertising, mailings, newspaper articles and copies of website). Attach as NJT Attachment J
2. Do you make service information available in accessible format upon request?
Yes No

Public Hearing and Notification (only required for SCDRTAP funding)

Attach all documents as NJT Attachments K1-K7

1. The notice should include the location, when and where the application will be available for public review. The notice must be advertised in two different newspapers at least 30 days prior to the public hearing dates. Submit notarized copies of both public notices with application as NJT Attachment K1.

2. The Public Hearing Notice must be sent to all Municipal Clerks. The Public Hearing Notice must also be sent to county organizations, agencies, and associations that serve senior citizens and people with disabilities. Submit a list of organizations that the letter was sent to as NJT Attachment K2.
3. A large print of the Public Hearing Notice must be posted on all system vehicles. Notice must be posted on all vehicles at least 30 days prior to the public hearing and left on the vehicles until the date of the hearing. Submit a sample of the vehicle notice as NJT Attachment K3.

Prior and After Public Hearing Date:

1. One copy of the 2016 entire application must be placed in the Main Branch of the County Library for public review (at least 14 days after the public hearing date). Include in the exhibit the name of the Branch, address and date copy was placed in Library as NJT Attachment K4.
2. An electronic copy of the 2016 application must be placed on the county website for public review (at least 14 days after the public hearing date). Attach a screen shot of the county website with the link to the electronic application as NJT Attachment K5.
3. The County must meet with their local CAC to review the proposed service activities and budget for 2016. Their input and feedback should be considered in the planning process for this application. Please indicate in the date of this CAC meeting and include copy of meeting minute notes showing application was reviewed with CAC members as NJT Attachment K6.
4. Copies of the 2016 application including a summary of proposed activities and proposed budget must be available for public review at the public hearing. The applicant must read into the record the proposed services and budgets for 2016.
5. Complete public hearing transcripts must be submitted. The transcripts can be submitted after the application's filing deadline as NJT Attachment K7.

SECTION VI - ADDENDUMS

SCDRTAP Maintenance of Effort (MOE) Certification

Excerpt from Guidelines, Description and certification of Maintenance of Effort (MOE)

(a) The purpose of the Senior Citizen and Disabled Resident Transportation Assistance Program is to provide for additional or expanded transportation services to senior citizens and disabled residents. Therefore designated recipients must maintain the same level of funding for senior citizen and transportation services as prior years.

(b) In order to comply with this Maintenance of Effort (MOE) requirement, the application must contain senior citizen and disabled resident transportation non-capital expense data from the past two years prior to the implementation of the Senior Citizen and Disabled Resident Transportation Assistance Program. This data should include non-capital expenditures of the designated recipient and/or applicant and any other agency, group, or groups, which will participate in the coordinated transportation program. Data from groups joining the coordinated system since the implementation of the Senior Citizen and Disabled Resident Transportation Assistance Program must be added to the original year period immediately preceding their joining the coordinated system

Actual Maintenance of Effort for 2014 \$1,913,838.00

Proposed Maintenance of Effort for 2016 \$2,268,178.00

If the MOE for 2016 has increased/decreased, please explain below:

The increase in MOE is the result of decreased funding through state casino revenue and an increase in wages and benefits.

Attachment L

Date June 23, 2015

Steve Fittante, Director
NJ TRANSIT
Local Programs and Minibus Support
One Penn Plaza East, 4th floor
Newark, New Jersey 07105-2246

Dear Mr. Fittante:

The (Name of County) is hereby applying for funds under Senior Citizens & Disabled Residents Transportation Assistance Program (SCDRTAP). The approval of this grant will enable transportation services to be available to the senior citizens and disabled residents in our County. Hudson County is requesting \$ 887,683.00 for 2016. The scheduled public hearing date is June 26, 2015. The application will be available at the following location the Hudson County Law Library, 583 Newark Ave., Jersey City, NJ 07306 as of the following date July 1, 2015.

To my knowledge, all information provided in support of this application is true and correct. If you have questions or require additional information, please contact Kevin Crimmins at 201-369-4320 ext. 4101.

As the Applicant, Hudson County agrees to comply with all regulations and administrative guidance required for application to the Senior Citizens and Disabled Resident Transportation Assistance Program for the program year 2016. The Applicant affirms the truthfulness and accuracy of the information it has made in the statements submitted herein and any other submission made to NJ TRANSIT. In signing this document, I declare the foregoing information and any other statement made on behalf of the Applicant are true and correct.

Sincerely,

(Signature of Authorized Representative of Applicant)

Print Name Kevin Crimmins
Title of Authorized Representative of Applicant

SCDRTAP Applicant Authorizing and Supporting Resolution

Sample Text for Authorizing Resolution. Attach as NJT Attachment M.

Resolution authorizing the filing of an application to NJ TRANSIT on behalf of (Subrecipient) for a grant under the Senior Citizen and Disabled Resident Transportation Assistance Act, as amended.

WHEREAS, in 1984 the governor of New Jersey signed into law legislation creating the "Senior Citizen and Disabled Resident Transportation Assistance Act;" and,

WHEREAS, under this law Casino Tax Revenues may be utilized for the provision of elderly (60+) and disabled transportation; and,

WHEREAS, the county of (Name of County) must submit an application to NJ Transit Corporation to obtain funding in amount of \$ _____ for period covering January 1, 2016 to December 31, 2016;

NOW, THEREFORE, BE IT RESOLVED BY (Name of Governing Body)

1. (Title of Subrecipient's Designated Official) shall forward one (1) original application together with one (1) certified copy of this resolution to:

NJ TRANSIT
Local Programs & Minibus Support
One Penn Plaza East- 4th Floor
Newark, NJ 07105-2246; and,

2. BE IT FURTHER RESOLVED, that the (Name of Subrecipient's Designated Official) is hereby authorized to execute the necessary contractual agreements on behalf of the county of (Name of County).

SECTION VII – 5311 ADDITIONAL ITEMS

The following are only required by Section 5311 Applicants

Opinion of Counsel Letter

Sample Opinion of Counsel-Attach as NJT Attachment N

(Date)

(Name of Applicant)

(Address of Applicant)

To Whom It May Concern:

This communication will serve as the requisite opinion of counsel to be filed with NJ TRANSIT in connection with the application of Name of Applicant for financial assistance pursuant to the provisions of Section 5311 of the Federal Transit Act, as amended for administration, capital, and operating assistance project(s). The legal authority for Name of Applicant's ability to carry out administration, capital and/or operating assistance projects directly, by lease, contract, or otherwise is set forth below:

Name of Applicant is authorized to provide and assist public transportation by acquisition, construction and operation of existing or additional transit facilities. This assistance may be provided directly or by agreements with other parties.

The authority of Name of Applicant to provide funds for the local share of the project is set forth in (cite source and provide a copy of, for example, of the local ordinance passed by County Board of Chosen Freeholders or other governing body authorizing funding for the local share, if applicable).

I have reviewed the pertinent Federal State and local laws, and I am of the opinion that there is no legal impediment to making application for Section 5311 assistance. Furthermore, as a result of my examination, I find that there is no pending or threatened litigation or other action, which might in any way adversely affect the proposed project in the program or the ability of Name of Applicant to carry out such projects in the program.

Sincerely,

Legal Counsel

ADA Certification of Equivalent Service

The Hudson County TRANSCEND certifies that its demand responsive/ Route Deviation service offered to individuals with disabilities, including individuals who use wheelchairs, is equivalent to the level and quality of service offered to individuals without disabilities. Such service, when viewed in its entirety, is provided in the most integrated setting feasible and is equivalent with respect to:

- (1) Response time;
- (2) Fares;
- (3) Geographic service area;
- (4) Hours and days of service;
- (5) Restrictions on trip purpose;
- (6) Availability of information and reservation capability; and
- (7) Constraints on capacity or service availability.

In accordance with 49 CFR 37.77, public entities operating demand responsive/ Route Deviation systems for the general public which receive financial assistance under 49 U.S.C. 5311 or 5307 must file this certification with the appropriate state program office before procuring any inaccessible vehicle. Such public entities not receiving FTA funds shall also file the certification with the appropriate state program office. Such public entities receiving FTA funds under any other section of the FT Act must file the certification with the appropriate FTA regional office. This certification is valid for no longer than one year from its date of filing.

(Name of authorized official)

(Title)

(Signature)

Date: _____

DISCLOSURE OF LOBBYING ACTIVITIES (LLL Form)

Complete form to disclose lobbying activities pursuant to 31 U.S.C. 1352. Attach as NJT Attachment O.

N/A – My agency does not engage in any lobbying activities

1. Type of Federal: _____ a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: _____ a. bid/offer/application b. initial award c. post-award	3. Report Type: _____ a. initial filing b. material change For Material Change Only: Year _____ Quarter _____ Date of last report _____		
4. Name and Address of Reporting Entity: _____ Prime _____ Subawardee Tier _____, <i>if known:</i> Congressional District, <i>if known:</i>	5. If Reporting Entity in No 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, <i>if known:</i>			
6. Federal Department/Agency:	7. Federal Program Name/Description: CDFA Number, <i>if applicable</i> _____			
8. Federal Action Number, <i>if known:</i>	9. Award Amount, <i>if known:</i> \$ _____			
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> 10. a. Name and Address of Lobbying Registrant address if <i>(if individual, last name, first name, MI):</i> </td> <td style="width: 50%; border: none; vertical-align: top;"> b. Individuals performing services including different from no. 10a) <i>(last name, first name, MI):</i> </td> </tr> </table>			10. a. Name and Address of Lobbying Registrant address if <i>(if individual, last name, first name, MI):</i>	b. Individuals performing services including different from no. 10a) <i>(last name, first name, MI):</i>
10. a. Name and Address of Lobbying Registrant address if <i>(if individual, last name, first name, MI):</i>	b. Individuals performing services including different from no. 10a) <i>(last name, first name, MI):</i>			
11. Information request through this form is authorized by title 31 U. S.C Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will available for public inspection. Any person who fails to file the required disclosure shall be subject to civil penalty of not less then 10,000 and no more then \$100,000 for each such failure.	Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____			
<i>Federal Use Only:</i> _____ <i>Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)</i>				

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of

any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is or expects to be a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number, grant announcement number, the contract, grant, or loan award number, the application/proposal control number assigned by the Federal agency.) Include prefixes, e.g. "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. A) Enter the full name, address, city, state and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

B) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter last name, first name and middle initial (MI).
11. The certifying official shall sign and date the form; print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-10046), Washington, DC 20503.

LOBBYING CERTIFICATION
Attach as NJT Attachment P

(Required)(An authorized representative of the applicant must sign and submit this certification.)
The undersigned applicant certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to a person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriate funds have been paid or will be paid to any person for making lobbying contracts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure form to Report Lobbying," in Restrictions on Lobbying," 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, et. seq.)
- (3) The undersigned shall require that the language of this certification be included in the award documents or all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. [Note: Pursuant to 31 U.S.C. § 1352(c)(1)–(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure.]

The Applicant certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. § 3801, et seq., apply to this certification and disclosure, if any.

Signature of Applicant's Authorized Representative: _____

Print Name of Applicant's Authorized Representative: _____

Title of Applicant's Authorized Representative: _____

Date _____

(For those counties who subcontract out their services please have your vendors sign off on the required lobbying certifications. This is collected during annual Certifications and Assurances mailing.)

Civil Rights

Equal Employment Opportunity (EEO)

An EEO program is required if an applicant in previous Federal fiscal year (only FTA funds) - received in excess of \$1 million or planning assistance in excess of \$250,000 and has 50 or more mass transit related employees.

For the period July 1, 2015 through December 31, 2016, answer the following:

- 1. Is the applicant required to have an EEO Program?
Yes No
 - a. If yes, does the applicant have an approved program in place?
Yes No
 - b. If no required program is in place, provide estimated date of completion.
Date:

- 2. Were any complaints received between the period July 1, 2014 and June 30, 2015?
Yes No

If yes, summarize complaints, any informal or formal EEO complaints (only from transit related employees) received, and describe how these complaints were addressed or resolved.

ADA

Did applicant make reasonable accommodations for employees and/or passengers with disabilities during the past year in accordance with Title III of the ADA?

- Yes No

If yes, explain.

Title VI

Does your agency have a current approved Title VI program submitted to NJ TRANSIT?

- Yes No

Has your agency received any complaints, investigations or lawsuits alleging discrimination in the delivery of transportation service within the last three years?

- Yes No

If yes, provide a description of the allegation and the current status and/or outcome.

Has any federal entity conducted a Title VI compliance review of your agency within the last three years?

- Yes No

If yes, provide the following:

- Purpose/Reason for Review
- Name of the Agency that Performed the Review
- Summary of Findings/Recommendations
- Status and/or Disposition

Do you have any pending grant applications to other federal agencies (besides FTA)?

Yes No

If yes, provide a brief description of pending applications to other federal agencies.

Has your agency had a finding of noncompliance by any other federal agency?

Yes No

5311 Budget Request FTA Non-Urbanized Area Formula Program (Section 5311)

**July 1, 2015 - Dec 31, 2015
Project Budget Request (include Match)**

Operating	Budget Request
Total Operating	
(-Fares)	
(-Donation)	
Total Operating Deficit	
Administrative	Budget Request
Total Administrative	
Capital	Budget Request
Total Capital	
GRAND TOTAL	

**January 1, 2016 - Dec 31, 2016
Project Budget Request (include Match)**

Operating	Budget Request
Total Operating	
(-Fares)	
(-Donation)	
Total Operating Deficit	
Administrative	Budget Request
Total Administrative	
Capital	Budget Request
Total Capital	
GRAND TOTAL	

Rolling Stock

Only fill Table 17 if you are purchasing rolling stock under the 5311 grant.

If you are applying for rolling stock your Section 5311 contract will be reduced for the cost of the vehicle (s). NJ TRANSIT purchases all rolling stock on behalf of our FTA subrecipients. In addition there is a required local match of 10% for capital purchases. The subrecipient is given a choice at time of vehicle purchase to pay the 10% local match either by: 1) being invoiced by NJ TRANSIT for the 10% match or 2) if subrecipient receives SCDRTAP funds we will reduce by budget modification your SCDRTAP contract at time of purchase by an amount equal to the 10% cost of vehicle.

Table 17

	Budget Grant Approval (Shows current fleet numbers)	Amount of Change (Shows additions to fleet if expansion)	After Grant Approval (Shows final fleet total after grant is relieved)
I. Active Fleet			
A. Peak Requirement			
B. Spares			
C. Total(A+B)			
D. Spare Ratio(B/A)			
II. Inactive Fleet			
A. Contingency Reserve			
B. Pending Disposal			
C. Total (A+B)			
III. Total Fleet			
(IC + IC)			

Fleet Replacement

If Section 5311 vehicle is being purchased is for replacement fill in this section, regardless of funding source.

Make/Model:

Year of Manufacture:

Vehicle I.D. Number (VIN):

Month/Year Placed in Revenue Service:

Accumulated Revenue Miles:

Estimated Month/Year to be Taken Out of Revenue Service:

Condition:

Original Grant Purchased Under:

Capital Public Notice Requirement

As per the FTA there must be an opportunity for public review and comment for all FTA funded capital projects. To comply with this requirement all Section 5311 subrecipients awarded a capital project (vehicle, mobility management project and/or other capital equipment) must do a public notice in a newspaper soliciting public comment. A public hearing is only required if the capital project has a significant economic, social or environmental impact in the community.

PUBLIC NOTICE

Notice is hereby given that _____ has made application to
Agency Name

NJ TRANSIT for _____ to assist in providing
How many and what type of vehicles

transportation to general public in rural areas of _____, New Jersey. This project
List areas utilizing vehicle(s)

will be partially funded with FTA S5311 funds under a grant submitted to the Federal Transit Administration.

Any interested party who has a significant, social, economic or environmental interest is invited to provide comments within 30 days to:

(Name of Subrecipient)
(Address)

PLEASE NOTE:

When returning application, please include: Original notarized copies of Public Notices that actually appeared in the newspaper on two separate days. (Raised seal not required as long as the newspapers provide a certification and proof of publication.) Attach as NJT Attachment Q.

1. Does the applicant have fiscal control and accounting procedures sufficient to do the following:
 - a. Permit the preparation of reports necessary to comply with program and statutory requirements.
Yes No
 - b. Permit the tracking of funds to ensure that funds have not been used in violations of restrictions and prohibitions applicable to program.
Yes No
2. Please describe accounting system used – include name of system.
3. Do you keep separate accounting records for this project?
Yes No

Suspension and Debarment

It is the Section 5311 subrecipient' s responsibility to ensure that none of their third party contractors are debarred, suspended, ineligible or voluntarily excluded from participation in FTA funded projects.

Has the required suspension/debarment clause been included in bid specs (services or capital) and the final contract for all third party contracts over \$25,000 utilizing FTA Section 5311 funds? (For bid specs and contracts covering 2014-2015 contract year)

Yes No

Prior to entering into third party contracts over \$25,000 (services or capital) must review the website System for Awards Management (SAM) at www.sam.gov. The new website sam.gov provides a more detailed profile of the vendor including disbarment, DUNS number and federal debt then previous excluded party listing system website. (Subrecipient should print screen which would show date website was checked and verify whether vendor was NOT debarred or suspended from participating in federally funded contracts.)

Did subrecipient check the Systems for Awards Management prior to entering into contract with vendor during 2014-2015?

Yes No

Local In-Kind Match and Match Source

Do you plan on using an in-kind match for 2015-2016?

Yes No

*If yes, what is the total amount and source(s)?

Total Amount \$ _____ Source(s): _____

*Documentation must be submitted by applicants who indicated they would be providing an in-kind match in period July 1, 2015 through December 31, 2016.

Provide breakdown of proposed match dollars for 2015-2016 contract years in Table 18.

Table 18

Funding Match Source	Match Amount
Local Funds: (list)	
State Funds: (list) (i.e. Human Service funding)	
Revenue Contracts (list) (i.e. vehicle advertising contracts list indicate revenue source/contracts used as match)	
SCDRTAP funding	
In-Kind (list)	
Other specify	

Special Section 5333(b)

The attached Special Warranty and the procedures incorporated therein represent the understandings of the Department of Labor and the Department of Transportation with respect to the formula Grant Program for Areas Other Than Urbanized Areas (C.F.R. U.S.C. Section 5311)

The Department of Transportation will make this Special Warranty a part of the contract of assistance between the U. S. Department of Transportation and each state agency designated to receive and administer funds under Section 5311 of the Urban Mass Transportation Act of 1964, as amended.

The Secretary of Labor has found that the terms and conditions of the Special Warranty meet the requirements of Section 5333(b) of the Urban Mass Transportation Act of 1964, as amended. Accordingly, the Secretary of Labor hereby makes the certification that inclusion of these terms and conditions in formula grant contract for small urban and rural program grants meets the requirements of Section 5311 of the Urban Mass Transportation Act of 1964, as amended.

A. General Application

The Public Body (A) agrees that, in the absence of waiver by the Department of Labor, the terms and conditions of this warranty, as set forth below, shall apply for the protection of the transportation related employees of any employer providing transportation services assisted by the Project (Recipient), and the transportation related employees of any other surface public transportation providers in the transportation service area of the project.

The Public Body shall provide to the Department of Labor and maintain at all times during the Project an accurate, up-to-date listing of all existing transportation providers which are eligible Recipients of transportation assistance funded by the Project, in the transportation service area of the Project, and any labor organizations representing the employees of such providers.

Certification by the Public Body to the Department of Labor that the designated Recipients have indicated in writing acceptance of the terms and conditions of the warranty arrangement will be sufficient to permit the flow of Section 5311 funding in the absence of a finding of non-compliance by the Department of Labor.

B. Standard Terms and Conditions

The Project shall be carried out in such a manner and upon such terms and conditions as will not adversely affect employees of the Recipient and of any other surface public transportation provider in the transportation service area of the Project. It shall be an obligation of the Recipient and any other legally responsible party designated by the Public Body to assure that any and all transportation services assisted by the Project are contracted for and operated in such a manner that they do not impair the rights and interest of affected employees. The term a Project, as used herein, shall not be limited to the particular facility, service, or operation assisted by Federal funds, but shall include any changes, whether organizational, operational, technological, or otherwise, which are a result of the assistance provided. The phrase "as a result of the Project," shall when used in this arrangement, include events related to the Project occurring in anticipation of, during, and subsequent to the Project and any program of efficiencies or economies related thereto; provided, however, that volume rises and falls of business, or changes in volume and character of employment brought about by causes other than the Project (including any economies or efficiencies unrelated to the Project) are not within the purview of this arrangement.

An employee covered by this arrangement, who is not dismissed, displaced or otherwise worsened in his position with regard to his employment as a result of the Project, but who is dismissed, displaced or otherwise worsened solely because of the total or partial termination of the Project, discontinuance of Project services, or exhaustion of Project funding shall not be deemed eligible for a dismissal or displacement allowance within the meaning of paragraphs (6) and (7) of the Model agreement or applicable provisions of substitute comparable arrangements.

- (a) Where employees of a Recipient are represented for collective bargaining purposes, all Project services provided by that Recipient shall be provided under an in accordance with any collective bargaining agreement applicable to such employees which is then in effect.
- (b) The Recipient or legally responsible party shall provide to all affected employees sixty (60) days notice of intended actions which may result in displacements or dismissal or rearrangements of the working forces. In the case of employees represent by a union, such notice shall be provided by certified mail through their representatives. The notice shall contain a full and adequate statement of the proposed changes, and an estimate of the number of employees affected by the intended changes, and the number and classifications of any jobs in the Recipient=s employment available to be filled by such affected employees
- (c) The procedures of this subparagraph shall apply to cases where notices involve employees represented by a union for collective bargaining purposes. At the request of either the Recipient or the representatives of such employees' negotiations for the purposes of reaching agreement with respect to the application of the terms and conditions of this arrangement shall commence immediately. If no agreement is reached within twenty (20) days from the commencement of negotiations, any party to the dispute may submit the paragraph (4) of this warranty. The foregoing procedures shall be complied with and carried out prior to the institution of the intended action.

For the purpose of providing the statutory required protections including those specifically mandated by Section 5333(b) of the Act, the Public Body will assure as a condition of the release of funds that the Recipient agrees to be bound by the terms and conditions of the National (Model) Section 5333(b) Agreement executed July 23, 1975, identified below², provided that other comparable agreements may be substituted therefore, if approved by the Secretary of Labor and certified for inclusion in these conditions.

Any dispute or controversy arising regarding the application, interpretation, or enforcement of any of the provisions of this arrangement which cannot be settled by and between the parties at interest within thirty (3) days after the dispute or controversy first arises, may be referred by any such party to any final and binding disputes settlement procedure acceptable to the parties, or in the event they cannot agree upon such procedure, to the Department of Labor or an impartial third party designated by the Department of Labor for final and binding determination. The compensation and expenses of the impartial third party, and any other jointly incurred expenses shall be borne equally by the parties to the proceeding and all other expenses shall be paid by the party incurring them.

In the event of any dispute as to whether or not a particular employee was affected by the Project, it shall be his obligation to identify the Project and specify the pertinent facts of the Project relied upon. It shall then be the burden of either the Recipient or other party legally responsible for the application of these conditions to prove that factors other than the Project affected the employees. The claiming employee shall prevail if it is established that the Project had an effect upon the employee even if other factors may also have affected the employee.

The Recipient or other legally responsible party designated by the Public Body will be financially responsible for the application of these conditions and will make the necessary arrangements so that any employee covered by these arrangements, or the union representative of such employee, may file claim of violation of these arrangements with the Recipient within sixty (60) days of the date he is terminated or laid off as a result of the Project, or within eighteen (5311) months of the date his position with respect to his employment is otherwise worsened as a result of the Project. In the latter case, if the events giving rise to the claim have occurred over an extended period, the 18-month limitation shall be measured from the last such event. No benefits shall be payable for any period prior to six (6) months from the date of the filing of any claim.

Nothing in this arrangement shall be construed as depriving any employee of any rights or benefits which such employee may have under existing employment or collective bargaining agreements, nor shall this arrangement be deemed a waiver of any rights of any union or of any represented employee derived from any other agreement or provision of federal, state or local law.

In the event any employee covered by these arrangements is terminated or laid off as a result of the Project, he shall be granted priority of employment or reemployment to fill any vacant position within the control of the Recipient for which he is, or by training or retraining within a reasonable period can become qualified. In the event training or retraining is required by such employment or reemployment, the Recipient or other legally responsible party designated by the Public Body shall provide, or provide for, such training or retraining at no cost to the employee.

The Recipient will post, in a prominent and accessible place, a notice stating that the Recipient has received federal assistance under the Urban Mass Transportation Act and has agreed to comply with the provisions of Section 5333(b) of the Act. This notice shall also specify the terms and conditions set forth herein for the protection of employees. The Recipient shall maintain and keep on file all relevant books and records in sufficient details as to provide the basic information necessary to the proper application, administration, and enforcement of these arrangements and to the proper determination of any claims arising thereunder.

Any labor organization which is the collective bargaining representative of employees covered by these arrangements, may become a party to these arrangements by serving written notice of its desire to do so upon the Recipient and the Department of Labor. In the event of any disagreement that such labor organization represents covered employees, or is otherwise eligible to become a party to these arrangements, as applied to the Project, the dispute as to whether such organization shall participate shall be determined by the Secretary of Labor.

In the event the Project is approved for assistance under the Act, the foregoing terms and conditions shall be made part of the contract of assistance between the federal government and the Public Body or Recipient of federal funds; provided, however, that this arrangement shall not merge into the contract of assistance, but shall be independently binding and enforceable by and upon the parties thereto, and by any covered employee or his representative, in accordance with its terms, nor shall any other employee protective agreement merge into this arrangement, but each shall be independently binding and enforceable by and upon the parties thereto, in accordance with its terms.

C. Waiver

As a part of the grant approval process, either the recipient or other legally responsible party designated by the Public Body may in writing seek from the Secretary of Labor a waiver of the statutory required protections. The Secretary will waive these protections in cases, where at the time of the requested waivers, the Secretary determines that there are no employees of the Recipient or of any other surface public transportation providers in the transportation services area who could be potentially affected by the Project. A 30-day notice of proposed waiver will be given by the Department of Labor and in the absence of timely objection; the waiver will become final at the end of the 30-day notice period. In the event of timely objection, the Department of Labor will review the matter and determine whether a waiver shall be granted. In the absence of waiver, these protections shall apply to the Project.

5333(b) Certification Letter

Attach as NJT Attachment R

Date:

Steve Fittante, Director
NJ TRANSIT
Local Programs and Minibus Support
One Penn Plaza East, 4th floor
Newark, New Jersey 07105-2246

Dear Mr. Fittante:

The Name of Applicant has made application to NJ TRANSIT and the Federal Transit Administration pursuant to Section 5311 of the Federal Transit Act, as amended for a mass transportation grant to assist in the reimbursement of operating and/or non-operating expenses for the period July 1, 2015 to December 31, 2016.

The Name of Applicant agrees that, in absence of a waiver by the Department of Labor the terms and conditions of the Special Section 5333(b) Warranty shall apply for the protection of the employees of any employer providing transportation service assisted by the Project, and the employees of any other surface public transportation providers which are eligible recipients, in the transportation service area of the Project. The Warranty arrangement shall be made part of the contract of assistance and shall be binding and enforceable by and upon the parties thereto, by any covered employee or his representative.

Additionally, pursuant to Section (A) of the Special Section 5333(b) Warranty, included with this submission is a listing of all transportation providers in the geographic area of our project and any labor organizations representing the employees of such providers.

Sincerely,

Signature of Authorized Representative
Title

Listing of Operators and Union Representatives

As part of the 5333(b) warranty process applicants must submit an accurate and up-to-date listing of all existing transportation providers in the Section 5311 service area of the project. Applicants must also include any labor organizations representing such providers. A complete statewide list (Addendum C) is submitted by NJ TRANSIT to the US Department of Labor. Do not include NJ TRANSIT as a transportation provider in your area.

Submit all changes on Table 16 below (include any additions, deletions or changes to the transportation providers listed in Addendum C – do not retype information from or on Addendum C). Note if a (D)eleletion, (A)ddition or (C)hange to Addendum by adding a (D), (A) or (C) after the name of the provider in the first column. If “no changes” indicate that below.

To assist you we also included a list of major private for-profit transportation providers in the state on Addendum A. Take note that other organizations including taxi and private non-profit organizations may provide transportation and have union representation as well and should be listed.

Note to applicant – include your county and indicate if there is a driver union.

Table 16

Other Transportation Providers in Section 5311 Service Area	Name of Union	Union Address	Union Phone Number	E-Mail Address of Union

Sample of Required S5311 and Innovative Grant Application Cover Letter

Attach as NJT Attachment S

Date

Steve Fittante, Director
 NJ TRANSIT
 Local Programs and Minibus Support
 One Penn Plaza East, 4th floor
 Newark, New Jersey 07105-2246

Dear Mr. Fittante:

The (Name of Applicant) is hereby applying for a grant under FTA Section 5311 of the Federal Transit Act, as amended. The approval of this grant will enable public transportation services to be available to the small urban and rural residents of our service area.

(Name of Applicant) is requesting Non Operating and/or Operating Assistance for the period July 1, 2015 – December 31, 2016. The total amount of federal and state funds requested is as follows:

July 2015- December 2016 NEW ALLOCATION

	OPERATING	NON-OPERATING
FTA Section 5311 Funds:		
State match funds:		
Local match funds:		
Total:		

January 2016- December 2016 Innovation Grant (Operating only)

OPERATING

FTA Section 5311 Funds:
State match funds:
Local match funds:
Total:

To my knowledge, all information provided in support of this application is true and correct. If you have questions or require additional information, contact Name and Title of Principal Organization Contact and Phone Number.

Sincerely,

(Signature of Authorized Representative of Applicant)

Print Name
Title of Authorized Representative of Applicant

5311 Applicant Authorizing and Supporting Resolution

The applicant must also attach a supporting resolution in the application if any portion of the Applicant's local match comes from another organization, municipality, government entity or other funding source. Below is Sample Text for Authorizing Resolution. Attach as NJT Attachment T

Resolution authorizing the filing of an application to NJ TRANSIT and the Department of Transportation, United States of America, on behalf of (Subrecipient) for a grant under the Federal Transit Act, as amended.

WHEREAS, the Secretary of Transportation is authorized to make grants for a general public transportation program of projects in other than urbanized areas under Section 5311 of the Federal Transit Act, as amended;

WHEREAS, the grant for financial assistance will impose certain obligations upon the Subrecipient (Legal Name of Applicant), including the provision of the local share of the project costs in the program;

WHEREAS, it is required by the U.S. Department of Transportation in accordance with the provisions of Title VI of the Civil Rights Act of 1965, that in connection with the filing of an application for assistance under the Federal Transit Act, as amended, the Subrecipient gives an assurance that it will comply with Title VI and EEO requirements of the Civil Rights Act of 1964 and U.S. Department of Transportation requirements; and

WHEREAS, the Subrecipient is required to adhere to the requirements as specified in the U.S. Department of Transportation's Minority Business Enterprise (MBE) regulation set forth in 49 C.F.R. Part 23, Subpart D.

NOW, THEREFORE, BE IT RESOLVED BY (Name of Governing Body)

1. That (Title of Applicant's Designated Official) is authorized to execute and file an application on behalf of Subrecipient (Legal Name of Applicant) with NJ

TRANSIT who as the Designated Recipient will apply to the U.S. Department of Transportation requesting aid in the financing of administration, capital and/or operating assistance projects pursuant to Section 5311 of the Federal Transit Act, as amended.

2. That (Title of Applicant's Designated Official) is authorized to execute and file with such applications and assurance or any other document required by the U.S. Department of Transportation effectuating the purposes of Title VI and EEO requirements of the Civil Rights Act of 1964.
3. That (Title of Applicant's Designated Official) is authorized to set forth and execute affirmative minority business policies pursuant to 47 C.F.R. Part 23, Subpart D.
4. That (Title of Authorized Representative) is authorized to furnish such additional information as the U.S. Department of Transportation may require in connection with the application.
5. That (Title of Applicant's Designated Official) is authorized to execute grant agreements on behalf of Legal Name of Applicant for aid in the financing of the administration, capital and/or operating assistance.
6. That (Governing Body of Applicant) hereby authorize the amount of (\$ amount) be obligated as the local share required under the provisions of the grant application.

Addendum A – A List of Private Bus Operators Serving New Jersey

<p>Aristocrat Limo & Bus Co. 354 Kingston Road Parsippany, NJ 07054 973-887-2726 Fax: 973-884-1880 Mr. Robert Wright Mrs. Brenda Baxter Safety Director: Richard Wright</p>	<p>Atlantic Express Coachways, Inc. 7 North Street Staten Island, NY 10302 718-556-8078 FAX: 718-556-8042 Ms. Laura Cagnetta Safety Director: Mr. Ron Caruso</p>	<p>Ayan Travel, Inc. 149 17th Avenue Elmwood Park, NJ 07407 973-340-8750 FAX: 973-340-8759 E-MAIL: ayanbus@yahoo.com Ms. Beverly Corasio</p>
<p>Bestway Coach Express, Inc. 2 Mott Street Suite 705 New York, NY 10013 212-608-8988 FAX: 212-608-9169 E-MAIL: info@bestwaycoach.com WEBSITE: www.bestwaycoach.com Mr. Wilson Cheng Mr. Kelvin Chan</p>	<p>Camptown Bus Lines, Inc. 126-140 Frelinghuysen Avenue Newark, NJ 07114-1633 973-242-6100 FAX: 973-242-4123 E-MAIL: camptownbus@verizon.net Mr. Thomas M. Zambolla</p>	<p>Carefree Bus Tours 45 Somerset Place Clifton, NJ 07017 1-800-640-9429 973-778-4000 FAX: 973-778-4610 E-MAIL: CBL4000@aol.com Mr. Paul Lenoir</p>
<p>Classic Tours/Classic Cruisers, Inc. 1533 Prospect Street Lakewood, NJ 08701 732-657-1144 FAX: 732-367-8233 By request only Mr. Mark R. Waterhouse</p>	<p>Coachman International Tours, Inc. P.O. Box 8328 Haledon, NJ 07538 201-398-9855 FAX: 201-398-9855 EMAIL: coachmanintl@optonline.net Mr. Richard Jaeger Ms. Pauline Wolthouse, VP</p>	<p>Coastal Coach 603 Whildam Ave N. Cape May, NJ 08204 609-602-2271 FAX: 609-345-5300 E-MAIL: tidi03@aol.com Mr. Tim Generale</p>

<p>Express Tours, Inc/Golden Express 15 Division Street 3rd Floor New York, NY 10002 212-966-8433 FAX: 212-343-7207 Mr. Richard Chow Ms. May Chow</p>	<p>Greyhound Lines, Inc. 3104 Pacific Avenue Atlantic City, NJ 08401 609-345-5921 FAX: 609-345-5927 Mr. Nate Karp E-MAIL: nkarp@greyhound.com</p>	<p>Infinity Tours, Inc. 6013 Al Ventura Road Wallington, NJ 07057 201-507-5055 FAX: 201-507-5001 Ms. Mary Ann Kamrowski Safety Director: Mr. Tom Boyle</p>
<p>Jay/Nay Travel PMB 106-621 Beverly Rancocas Road Willingboro, NJ 08046 609-877-7127 FAX: 609-877-7546 E-MAIL: sales@jayandnaytravel.com WEBSITE: www.jayandnaytravel.com Mr. John Mills Ms. Renee Mills</p>	<p>Lakeland Bus Lines, Inc. PO Box 898 425 E. Blackwell Street Dover, NJ 07802-0898 973-366-0600 Ext. 632 FAX: 973-366-8012 E-MAIL: ttaylor@lakelandbus.com WEBSITE: www.lakelandbus.com Mr. Tom Taylor Ext. 632 Mr. Tom Graves</p>	<p>Leprechaun Lines, Inc 100 Leprechaun Lane New Windsor, NY 12550 845-565-7900 FAX: 845-565-1220 E-MAIL: fgallagher@leprechaunlines.com Mr. Frank Gallagher</p>
<p>Lion Trailways Hornet and Ranger Roads Rio Grande, NJ 08242 609-889-0925 FAX: 609-889-0033 E-MAIL: info@lionbus.com WEBSITE: www.lionbus.com Mr. Nick Paglione</p>	<p>Martz Lines 239 Old River Road Wilkes-Barre, PA 18702 570-821-3838 FAX: 570-821-3813 E-MAIL: shenry@martzgroup.com WEBSITE: www.martzgroup.com Mr. Scott E. Henry</p>	<p>Passaic Valley Coach Lines 71 River Road Chatham, NJ 07928-1930 973-635-2374 FAX: 973-635-0199 E-MAIL: www.wayne@passaicvalleycoach.com WEBSITE: passaicvalleycoach.com Mr. Wayne Braunwarth</p>
<p>Peter Pan Bus Lines 25 County Avenue Secaucus, NJ 07094 201-866-6001 FAX: 201-866-6234 E-MAIL: frank@peterpanbus.com WEBSITE: www.peterpanbus.com Mr. Frank Farrow</p>	<p>Raritan Valley Bus Service PO Box 312 Metuchen, NJ 08840-0312 732-549-1212 FAX: 732-549-1168 E-MAIL: www.raritanvalleybus.com Mr. Steve Yelencsics Mr. Steve Yelencsics, Jr.</p>	<p>Safety Bus 7200 Park Avenue Pennsauken, NJ 08109 856-665-2662 FAX: 856-665-0658 Mr. Thomas Dugan, Jr.</p>
<p>Sheppard Bus Service 35 Rockville Road Bridgeton, NJ 08302 856-451-4004 FAX: 856-453-1620 E-MAIL: john@sheppardbus.com Mr. John Sheppard Mr. Ken Sheppard</p>	<p>Starr Tours 2531 E. State Street Trenton, NJ 08619 609-587-0626 FAX: 609-587-3052 E-MAIL: msussman@starrtours.com Mr. Mitchell Sussman</p>	<p>Stout's Charter Service, Inc. 20 Irven Street Trenton, NJ 08638 609-883-8891 FAX: 609-883-6682 E-MAIL: vivian@stoutsbus.com WEBSITE: www.stoutsbus.com Mr. Harry Stout Mr. Shawn Stout</p>
<p>Trans-Bridge Lines 2012 Industrial Drive Bethlehem, PA 18017 610-868-6001 Ext. 122 FAX: 610-868-9057 WEBSITE: www.transbridgebus.com Mr. Tom JeBran Mr. Len Marzen</p>	<p>Travelynk, INC 52 Bailly Drive Burlington, NJ 08016 201-232-0563 FAX: 201-232-0563 Michael Rodriguez</p>	<p>Triple D Travel PO Box 3208 Hamilton, NJ 08619 609-631-0200 FAX: 609-631-0047 Mr. David A. Tenney</p>

Trolley Tours, Inc. 216 North Main Street (Route 9) PO Box 418 Forked River, NJ 08731-0418 609-971-6699 800-468-0446 FAX: 609-971-6341 E-MAIL: ronaldfailace@hotmail.com WEBSITE: www.trolleytoursinc.net Ronald R. Failace, President	Vanderhoof Transportation 18 Wilfred Street West Orange, NJ 07052 973-325-0700 FAX: 973-669-9639 WEBSITE: www.evanderhoof.com Mr. Edward Vanderhoof	Via Bus 19 Tilton Street Hammonton, NJ 08037 609-567-7705 800-890-4756 FAX: 609-567-2328 Mr. Glenn Davis
Villani Bus Company 811 East Linden Avenue Linden, NJ 07036 908-862-3333 FAX: 908-474-8058 Mr. Dee Villani	Coach USA Northeast Region 349 First Street Elizabeth, NJ 07206 908-354-3330 FAX: 908-994-9338 E-MAIL: john.emberson@coachusa.com Mr. John Emberson	Community Coach 160 South Route 17 North Paramus, NJ 07652 201-225-7515 FAX: 201-225-7590 E-MAIL: jon.nguyen@coachusa.com Jon Nguyen
Olympia Trails 349 First Street Elizabeth, NJ 07206 908-354-3330 ext. 232 FAX: 908-994-9355 E-MAIL: jim.rutherford@coachusa.com Mr. Jim Rutherford	Rockland Coaches 180 Old Hook Road Westwood, NJ 07675 201-263-1254 ext. 418 FAX: 201-664-8036 E-MAIL: david.gee@coachusa.com Mr. David Gee	Short Line/Hudson Transit/Coach USA 4 Leisure Lane Mahwah, NJ 07430 201-529-3666 ext. 1036 FAX: 201-529-0221 E-MAIL: george.grieve@coachusa.com Mr. George Grieve
Suburban Transit 750 Somerset Street New Brunswick, NJ 08901 732-249-1100 ext. 201 FAX: 732-545-7015 WEBSITE: ronald.kohn@coachusa.com Mr. Ronald Kohn		

Addendum B – Designated Leads for Human Services Transportation Coordination Plan

County	Lead	E-mail	Phone Number
Atlantic	Mr. Carl Lindow	lindow_carl@aclink.org	609-645-7700 x4058
Bergen	Mr. Tom Murphy	tmurphy@co.bergen.nj.us	201-336-3380
Burlington	Mr. Bill Stewart	wstewart@co.burlington.nj.us	609-265-5788
Camden	Ms. Carol Miller Mr. Bob Damminger	cmiller@sita.com	856-427-0988
Cape May	Mr. Dan Mulraney	dmulraney@co.cape-may.nj.us	609-889-3700 x107
Cumberland	Ms. Barbara Nedohon	barbarane@co.cumberland.nj.us	856-453-2220
Essex	Ms. Jaklyn DeVore	jdevore@seniors.essexcountynj.org	973-395-8392
Gloucester	Mr. Mark Seigel	mseigel@co.gloucester.nj.us	856-686-8362
Hudson	Ms. Darice Toon	dtoon@hcnj.us	201-369-5280 x4231
Hunterdon	Ms. Tara Shepherd	tara@hart-tma.com	908-788-5553
Mercer	Mr. Martin DeNero	mdenero@mercercounty.org	609-530-1970 x17
Middlesex	Ms. Beverly Briggs	beverly.briggs@co.middlesex.nj.us	732-745-4029
Monmouth	Ms. Kathy Lodato	kathleen.lodato@co.monmouth.nj.us	732-577-6731
Morris	Ms. Lauren Burd	lburd@co.morris.nj.us	973-829-8105
Ocean	Mr. David Fitzgerald	dfitzgerald@co.ocean.nj.us	732-736-8989 x235
Passaic	Mr. John McGill Ms. Mary Kuzinski	johnm@passaiccountynj.org maryk@passaiccountynj.org	973-305-5763 / 5758 973-569-4070

Salem	Mr. Ray Bolden	rbolden@salemcountynj.gov	856-935-7510 x8317
Somerset	Ms. Yvonne Manfra	manfra@co.somerset.nj.us	908-231-7116
Sussex	Ms. Carol Novrit	cnovrit@xbp.dhs.state.nj.us	973-383-3600 x5152
Union	Ms. Karen Dinsmore	kdinsmore@ucnj.org	908-527-4809
Warren	Ms. JanMarie McDyer	jmcdyer@co.warren.nj.us	908-475-6080

SECTION VIII FTA SECTION 5311 INNOVATION GRANT

Purpose

The FTA Section 5311 Innovation Grant is a designation of a portion of unused **funding allocated to Section 5311 eligible counties** which is made available to these counties on a competitive application basis. The objective is to provide funding to promote integration of community transit services and NJ Transit bus and rail services in rural counties.

Grant Qualification Criteria

Project applications must meet the following standards in order to be eligible for competitive review:

1. Project must provide a **direct connection with an existing NJ Transit bus, private fixed route bus or rail service** either within or in a contiguous county
2. Route must serve residential origins **within the Census defined rural area**
3. The service must consist of a **deviated fixed route service with a service frequency of 60 minutes or less** during either peak or off-peak periods
4. Service must be provided on a **minimum of five days per week**
5. The proposed service may be **either a new service or an expansion of service span or frequency of an existing service** that provides direct connections to a rail station or an established bus route at either a route endpoint or key bus stop or station.
6. Submit a marketing plan which includes a commitment to provide a bus timetable that includes at minimum key time-points, a map with a designation of those key time-points, pickup/drop-off points, fare information, and connecting transit bus and rail services. The proposer must also provide a plan for a timetable distribution program including key residential, commercial and employment locations served and the proposed mode of ensuring that bus timetables are supplied and available to potential customers.
7. Proposed service operator must demonstrate the ability to meet operating requirements including but not limited to:
 - Meeting New Jersey Motor Vehicle Commission (NJMVC) requirements for operating authority and vehicle inspections if charging a fare
 - Demonstrate a vehicle fleet sufficient to meet the peak vehicle requirement for the service with a minimum 15% spare ratio in order to ensure that the daily peak vehicle requirement is met

Funding Requirements

Funding may be used only for direct operating expenses for the provision of vehicle services including driver salary and benefits, fuel, vehicle parts and maintenance labor or the cost of contract operated service.

Funding may NOT be used to cover operating expenses including operations management, dispatch and training. It is assumed that the existing system will be able to provide these direct operating support services within the context of the existing service or through other grant funding sources.

The applicant must demonstrate the financial capability to provide the required **25%** match which must be used in combination with the NJ Transit 25% match to support half of the direct operating expenses for the proposed service. Once approved projects have been Identified Resolutions will be requested.

A maximum of \$200,000.00 (including the applicant's 25% match) will be made available to a single project.

The service must meet a minimum threshold of four (4.0) passenger trips per revenue hour at the end of the initial service period. Services not meeting the minimum operating standard will not be eligible for continued funding in the next year.

Factors Supporting Proposed Section 5311 Innovation Grant Route Proposal

A. Percentage of low-income individuals (150% of poverty level) in project service area:

- | | |
|-----------------|-----------------|
| 0 – 20% _____ | 61 – 80% _____ |
| 21 – 40 % _____ | 81 – 100% _____ |
| 41 – 60% _____ | |

B. Percentage of zero-car and one auto households in project service area:

- | | |
|-----------------|----------------|
| 0 – 10% _____ | 21 – 40% _____ |
| 11 – 20 % _____ | Over 41% _____ |

C. Characteristics of proposed route deviation bus service (Check one)

- ___ Proposed route is a new route deviation service
- ___ Proposed route is an expansion of an existing route deviation service
- ___ Proposed route serves at least one shopping center or village shopping area
- ___ Proposed route serves at least one congregate (multi-family) residential building or apartment complex

D. Connection to Traditional Transit (Check all that apply)

- ___ Connection provided to an existing NJT Rail, Bus or Private bus station/stop
- ___ Connection provided during Peak Period (defined as 6-9 AM and 4-7 PM)
- ___ Connection provided during Off-Peak period
- ___ Connection provided to hub with three or more rail lines and/or bus routes

Project Description

Describe the parameters of your proposed route:

How many vehicles will be used to operate this service?

Please note: If you are charging a mandatory fare you must meet New Jersey Motor Vehicle Commission (NJMVC) requirements for operating authority and vehicle inspections

Please describe your Marketing plan for this project:

Submit a marketing plan which includes a commitment to provide a bus timetable that includes at minimum key time-points, a map with a designation of those key time-points, pickup/drop-off points, fare information, and connecting transit bus and rail services.

Timetables must also include Route Deviation Policy, Nondiscrimination Policy, and Reasonable Accommodation Policy.

The proposer must also provide a plan for a timetable distribution program including key residential, commercial and employment locations served and the proposed mode of ensuring that bus timetables are supplied and available to potential customers.

Route Description

Provide Turn by Turn route description:

Provide a Map highlighting the route (Attach as Attachment U)

Identify bus/rail or light rail service connection points along the route:

Span of Service

Provide a schedule identifying time points and trip times:

Number of Operating Days

Total annual Days of operations (Ex. 244 weekdays and 52 Saturdays)

Number of Projected Daily Revenue Hours for each bus operated per day from route starting point to route ending point, not including deadhead from and to garage.

Projected Operating Budget

Operating Budget	Budget Request
Driver Salaries/Fringe	
Third Party Contract Svcs	
Maintenance & Repairs	
Materials Consumed (Fuel)	
Total Operating	
(-Fares)	
(-Donation)	
GRAND TOTAL	

Identify Source of Hard (Cash) 25% Match: _____

NOTE: Operating Costs are limited to driver labor, driver benefits, third party contract services, fuel and/or maintenance costs.

Provide the number of Staff that will be charged to this grant. Do not list each individual Operator, Dispatcher, or Reservationist - list the number of these positions and percentage charged per grant:

SECTION IX- COMPLETE APPLICATION CHECKLIST OF DOCUMENTS

The following documents are to be attached to this application.

- | | | |
|--------------------------|-------------------|---|
| <input type="checkbox"/> | NJT Attachment A | Organizational Chart |
| <input type="checkbox"/> | NJT Attachment B | Vendor Organization Chart (if applicable) |
| <input type="checkbox"/> | NJT Attachment C | Policies and Procedures |
| <input type="checkbox"/> | NJT Attachment D | CHSTP Addendums/Updates |
| <input type="checkbox"/> | NJT Attachment E | CHSTP Written Agreements (if applicable) |
| <input type="checkbox"/> | NJT Attachment F | Contracts Program receives funds from (if applicable) |
| <input type="checkbox"/> | NJT Attachment G | Indirect Cost Plan (if applicable) |
| <input type="checkbox"/> | NJT Attachment H | Vehicle Inventory (use spreadsheet provided) |
| <input type="checkbox"/> | NJT Attachment I | Non-Vehicle Inventory (5311 only if applicable, use spreadsheet provided) |
| <input type="checkbox"/> | NJT Attachment J | Marketing Materials |
| <input type="checkbox"/> | NJT Attachment K1 | Notarized Copies of Public Notice |
| <input type="checkbox"/> | NJT Attachment K2 | List of Organizations for Public Hearing Notice |
| <input type="checkbox"/> | NJT Attachment K3 | Large Print Vehicle Notice |
| <input type="checkbox"/> | NJT Attachment K4 | Library Public Notice Information |
| <input type="checkbox"/> | NJT Attachment K5 | Website Screen Shot Public Notice |
| <input type="checkbox"/> | NJT Attachment K6 | CAC Meeting Public Notice |
| <input type="checkbox"/> | NJT Attachment K7 | Public Hearing Transcript |
| <input type="checkbox"/> | NJT Attachment L | SCDRTAP Application Cover Letter |
| <input type="checkbox"/> | NJT Attachment M | SCDRTAP Resolution |
| <input type="checkbox"/> | NJT Attachment N | Opinion of Council Letter (5311 only) |
| <input type="checkbox"/> | NJT Attachment O | Disclosure of Lobbying Activities (5311 only) |
| <input type="checkbox"/> | NJT Attachment P | Lobbying Certification |
| <input type="checkbox"/> | NJT Attachment Q | Capital Public Notice (5311 only if applicable) |
| <input type="checkbox"/> | NJT Attachment R | 5333(b) Certification Letter (5311 only) |
| <input type="checkbox"/> | NJT Attachment S | 5311 Application Cover Letter |
| <input type="checkbox"/> | NJT Attachment T | 5311 Resolution |
| <input type="checkbox"/> | NJT Attachment U | Innovative Grant Map (5311 only if applicable) |

Excel Spreadsheet attachments

- 2014 Actual Expenditures by funding source
- 2016 Proposed budget by funding source
- Vehicle Inventory
- Non-Vehicle Assets