STATE OF NEW JERSEY

SENIOR CITIZENS & DISABLED RESIDENTS
TRANSPORTATION ASSISTANCE PROGRAM
&
FTA NON-URBANIZED AREA FORMULA PROGRAM
(SECTION 5311 AND SECTION 5311 INNOVATION)
JANUARY 1, 2019 – DECEMBER 31, 2019

<table>
<thead>
<tr>
<th>County</th>
<th>Hudson</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Transportation System</td>
<td>Hudson County TRANSCEND</td>
</tr>
<tr>
<td>Applicants Legal Name</td>
<td>Hudson County</td>
</tr>
<tr>
<td>Address</td>
<td>830 Bergen Avenue, Bldg. A-8th Floor</td>
</tr>
<tr>
<td></td>
<td>Jersey City, New Jersey 07306</td>
</tr>
<tr>
<td>Name &amp; Title of Person Completing the Application</td>
<td>James Ostaszewski</td>
</tr>
<tr>
<td></td>
<td>Assistant Coordinator</td>
</tr>
<tr>
<td>Phone Number</td>
<td>201-369-4320 ext. 4102</td>
</tr>
<tr>
<td>Fax Number</td>
<td>201-369-4318</td>
</tr>
<tr>
<td>E-Mail Address</td>
<td><a href="mailto:jostaszewski@hcnj.us">jostaszewski@hcnj.us</a></td>
</tr>
</tbody>
</table>

NJ TRANSIT
Local Programs and Minibus Support
One Penn Plaza East, 4th flr.
Newark, New Jersey 07105-2246
Phone: (973) 491-7456
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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 and financial 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. All Timetables and/or Marketing Materials must include the following:

- Systems must provide information to the public on how to request a deviation. Phone number on timetable must be listed for requesting deviation in advance
- All deviation service must be open to the general public and noted on timetable
- Title VI “Notice to Beneficiaries” must be on all Marketing Materials
- ADA Reasonable Modification Language must be on all Marketing Materials
- Instructions on how to obtain information in alternate format or languages
- Universal symbol of accessibility
PROPOSED SCHEDULE FOR CASINO REVENUE APPLICATION FOR YEAR 2019

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:  

No later than September 7, 2018  

SCDRTAP Application Only Activity:  

By this date you should have:  

- Published your public hearing notice in two different newspapers, notice must be published at least 30 calendar days prior to hearing date.  
- Sent copy of public hearing notice to all municipal clerks in county  
- Sent copy of public hearing notice to interested agencies including but not limited to senior centers, nutrition sites, adult workshops, senior and disabled non-profit agencies.  
- Posted large print on-board public hearing notices in your vehicles.

At your Public Hearing  

- Read into the public hearing record summary of 2018 (to date) grant activities and proposed 2019 SCDRTAP budget  
- Provide copies of summary of 2018 grant activities (to date) and copies of proposed 2019 budget. (should be available in alternative format upon request)

14 days After Public Hearing  

- A copy of summary of 2018 grant activities/goals and copies of proposed 2019 grant activities/goals and budget should be placed in the main branch of the county library and/or 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/or the website one available. 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/or website for public review.

September 21, 2018  

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.

Please note: The County must meet with their local CAC to review the proposed service activities, goals and budget for 2019. Their input and feedback should be considered in the planning process for this application.
SECTION I – COUNTY INFORMATION

Project Contacts/Personnel

1. Complete the below Table with the key contact people.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Address</th>
<th>Phone #</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthony Vainieri</td>
<td>Freeholder Director</td>
<td>567 Pavonia Ave. Jersey City, NJ 07306</td>
<td>201-795-6001</td>
<td><a href="mailto:avainieri@hcnj.us">avainieri@hcnj.us</a></td>
</tr>
<tr>
<td>Maria Mercurio</td>
<td>Procurement Contact</td>
<td>567 Pavonia Ave. Jersey City, NJ 07306</td>
<td>201-795-6280</td>
<td><a href="mailto:mmmercurio@hcnj.us">mmmercurio@hcnj.us</a></td>
</tr>
<tr>
<td>Cheryl Fuller</td>
<td>Audit Contact</td>
<td>567 Pavonia Ave. Jersey City, NJ 07306</td>
<td>201-795-6077</td>
<td><a href="mailto:cfuller@hcnj.us">cfuller@hcnj.us</a></td>
</tr>
<tr>
<td>Elinor Gibney</td>
<td>EEO Contact*</td>
<td>567 Pavonia Ave. Jersey City, NJ 07306</td>
<td>201-795-6200 ext-6244</td>
<td><a href="mailto:egibney@hcnj.us">egibney@hcnj.us</a></td>
</tr>
<tr>
<td></td>
<td>ADA Representative*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>James Ostaszewski</td>
<td>Title VI Representative*</td>
<td>830 Bergen Ave. Jersey City, NJ 07306</td>
<td>201-369-4320-</td>
<td><a href="mailto:jostaszewski@hcnj.us">jostaszewski@hcnj.us</a></td>
</tr>
<tr>
<td>James Ostaszewski &amp; Abe Deida</td>
<td>Safety Officer*</td>
<td>830 Bergen Ave. Jersey City, NJ 07306</td>
<td>201-369-4320-</td>
<td><a href="mailto:jostaszewski@hcnj.us">jostaszewski@hcnj.us</a></td>
</tr>
</tbody>
</table>

*Required for Section 5311, recommended for SCDRTAP

2. 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, and Safety Officer. Do not list each individual Operator, Dispatcher, or Reservationist - list the number of these positions and percentage charged per grant.

<table>
<thead>
<tr>
<th>Staff Member</th>
<th>Title</th>
<th>Phone #</th>
<th>E-mail</th>
<th>SCDRTAP</th>
<th>5311</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Admin %</td>
<td>Operating %</td>
</tr>
<tr>
<td>James</td>
<td>Asst. Coordinator &amp; Safety</td>
<td>201-369-4320</td>
<td><a href="mailto:jostaszewski@hcnj.us">jostaszewski@hcnj.us</a></td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Ostaszewski</td>
<td>Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abraham</td>
<td>Motor Pool Supervisor</td>
<td>201-309-1577</td>
<td><a href="mailto:adeida@hcnj.us">adeida@hcnj.us</a></td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Deida</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dorothy</td>
<td>Fiscal Monitor</td>
<td>201-369-4320</td>
<td><a href="mailto:dpietrowski@hcnj.us">dpietrowski@hcnj.us</a></td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Pietrowski</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Dispatchers</td>
<td>201-369-4320</td>
<td></td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>4</td>
<td>Reservationists</td>
<td>201-369-2000</td>
<td></td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4320</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>------</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>40</td>
<td>Drivers</td>
<td>201-309-1577</td>
<td>0%</td>
<td>40%</td>
<td>0%</td>
</tr>
<tr>
<td>2</td>
<td>Mechanics</td>
<td>201-309-1577</td>
<td>0%</td>
<td>40%</td>
<td>0%</td>
</tr>
</tbody>
</table>

3. 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.

The total amount of the salaries and benefits for the drivers and mechanics were determined, and that amount was divided into the amount of grant money allocated to salaries. Each trip scheduled is charged to a specific funding source. All the trips being funded by SCDRTAP are assigned to that funding source in our routing and software program. We can produce reports reflecting the trips assigned to each funding source that supports the Transcend Program.

4. 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

5. List SCDRTAP Citizens Advisory Committee 2019 meeting dates, locations and times.

Please, be advised of the Advisory Committee meetings for 2019 will be held at the Gallo Room, Lincoln Park, Jersey City, at 10:30 A.M. to 1:00 P.M.

- January 15, 2019 reorganization
- March 19, 2019
- May 21, 2019
- July 16, 2019
- September 17, 2019
- November 19, 2019

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

<table>
<thead>
<tr>
<th>Town</th>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bayonne</td>
<td>Anthony Giannuzzi</td>
<td>Advocate/Senior</td>
</tr>
<tr>
<td>Harrison</td>
<td>Joan Woods</td>
<td>Advocate</td>
</tr>
<tr>
<td>Hoboken</td>
<td>Tom Foley</td>
<td>Advocate</td>
</tr>
<tr>
<td>Jersey City</td>
<td>Maryann Valls</td>
<td>Consumer/Disabled</td>
</tr>
<tr>
<td>Jersey City</td>
<td>Charles Stofko</td>
<td>Consumer/Senior</td>
</tr>
<tr>
<td>Jersey City</td>
<td>Mireya Delacruz</td>
<td>Consumer/Senior</td>
</tr>
<tr>
<td>Jersey City</td>
<td>Mary MCBeth</td>
<td>Consumer/Disabled</td>
</tr>
<tr>
<td>Jersey City</td>
<td>Bernice Lord</td>
<td>Consumer/Senior</td>
</tr>
<tr>
<td>Jersey City</td>
<td>Eric Petersen</td>
<td>Consumer/Disabled</td>
</tr>
<tr>
<td>Jersey City</td>
<td>Richard Pallazzo</td>
<td>Consumer/Senior</td>
</tr>
<tr>
<td>Kearny</td>
<td>Alvin Cox</td>
<td>Consumer/Senior</td>
</tr>
<tr>
<td>Kearny</td>
<td>Joan Carratury</td>
<td>Consumer/Senior</td>
</tr>
<tr>
<td>Newark</td>
<td>Isabel Hernandez</td>
<td>NJ TRANSIT</td>
</tr>
<tr>
<td>North Bergen</td>
<td>Rudy Klima</td>
<td>Consumer/Senior</td>
</tr>
<tr>
<td>Secaucus</td>
<td>Lisa Snedeker</td>
<td>Advocate</td>
</tr>
<tr>
<td>Union City</td>
<td>Gladys Guier</td>
<td>Advocate</td>
</tr>
<tr>
<td>West New York</td>
<td>Benita (Cary) Parets</td>
<td>Consumer/Senior</td>
</tr>
</tbody>
</table>
## 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>
<thead>
<tr>
<th>Documents</th>
<th>Name and Title of Responsible Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant Application / Administration</td>
<td>James Ostaszewski</td>
</tr>
<tr>
<td></td>
<td>Assistant Coordinator</td>
</tr>
<tr>
<td>Contract (w/ NJ TRANSIT)</td>
<td>James Ostaszewski</td>
</tr>
<tr>
<td></td>
<td>Assistant Coordinator</td>
</tr>
<tr>
<td>Operations/Manifest</td>
<td>Candice Poomchonghko</td>
</tr>
<tr>
<td></td>
<td>Scheduler</td>
</tr>
<tr>
<td>Financial Records</td>
<td>Dorothy Pietrowski</td>
</tr>
<tr>
<td></td>
<td>Fiscal Monitor</td>
</tr>
<tr>
<td>Procurement / Bid Documents Including RFP's</td>
<td>Maria Mercurio</td>
</tr>
<tr>
<td></td>
<td>Purchasing Agent</td>
</tr>
<tr>
<td>Daily Pre-Trip form</td>
<td>Abe Deida</td>
</tr>
<tr>
<td></td>
<td>Motor Pool Supervisor</td>
</tr>
<tr>
<td>Maintenance Records</td>
<td>Abe Deida</td>
</tr>
<tr>
<td></td>
<td>Motor Pool Supervisor</td>
</tr>
<tr>
<td>Driver Training</td>
<td>Abe Deida</td>
</tr>
<tr>
<td></td>
<td>Motor Pool Supervisor</td>
</tr>
<tr>
<td>Monthly/Quarterly Ridership Reports</td>
<td>James Ostaszewski</td>
</tr>
<tr>
<td></td>
<td>Assistant Coordinator</td>
</tr>
<tr>
<td>Drug &amp; Alcohol Data</td>
<td>Edmund Shea</td>
</tr>
<tr>
<td></td>
<td>Risk Management</td>
</tr>
<tr>
<td>Monitoring 3rd Party Contractors</td>
<td>Not Applicable</td>
</tr>
<tr>
<td></td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Complaints (ADA, Title VI, Service, etc)</td>
<td>James Ostaszewski</td>
</tr>
<tr>
<td></td>
<td>Assistant Coordinator</td>
</tr>
<tr>
<td>Others:</td>
<td>Darice Toon-Director- Health and Human Services</td>
</tr>
<tr>
<td></td>
<td>Nicole Harrison-Garcia- Deputy Director</td>
</tr>
<tr>
<td></td>
<td>Health and Human Services</td>
</tr>
</tbody>
</table>
Procedures for Grant Administration Reporting

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

The methodology used to charge trips to a funding source is based on the eligibility of the client and the funding available. When making the client's reservation we assign the trip to a specific funding source.

2. Complete Table 4 and attach all of the policies and procedures that are applicable as NJT Attachment C. Please attach all applicable policies and procedure that were not submitted with your 2018 application.

<table>
<thead>
<tr>
<th>PROCEDURES/POLICIES</th>
<th>Date Revised</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driver Manual/Operations Manual</td>
<td>No Updates</td>
</tr>
<tr>
<td>Reservation/In-take Policy (RSD procedures/policies)</td>
<td>4-15-2018</td>
</tr>
<tr>
<td>No Show/Denial Policy</td>
<td>4-15-2018</td>
</tr>
<tr>
<td>Fares/Donation Policy</td>
<td>No Policy</td>
</tr>
<tr>
<td>Vehicle Maintenance Policy</td>
<td>No Updates</td>
</tr>
<tr>
<td>Vehicle Accident Policy</td>
<td>No Updates</td>
</tr>
<tr>
<td>Capital Replacement Policy</td>
<td>No Updates</td>
</tr>
<tr>
<td>3rd Party Monitoring Policy</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Route Deviation Policy</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Complaint Policy</td>
<td>No Updates</td>
</tr>
<tr>
<td>Indirect Cost Allocation Plan</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>ADA Procedures/Policy (Should Include Reasonable Modification Policy)</td>
<td>No Updates</td>
</tr>
<tr>
<td>Title VI Program Non-Discrimination Policy*</td>
<td>No Updates</td>
</tr>
<tr>
<td>Drug and Alcohol Plan*</td>
<td>No Updates</td>
</tr>
<tr>
<td>Procurement Policy (County's)*</td>
<td>No Updates</td>
</tr>
<tr>
<td>CAC By-Laws (SCDRTAP)</td>
<td>Provided</td>
</tr>
<tr>
<td>EEO Plan</td>
<td>Provided</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>
*Required for Section 5311
SECTION II - DESCRIPTION OF SERVICE

Service Description

1. Describe any changes that were made (days, hours of operations) in 2018 (to date).

SCDRTAP:
There have been no changes in hours of operation for Transcend in 2018.

Section 5311:

2. Describe, in detail, the proposed project for 2019. (Include type of service provided by
grant type (i.e. deviated fixed route, demand response) and include days & hours of
operation.

SCDRTAP:
In this application, the Hudson County Transcend Program proposes to provide
continued Demand Response Service Monday through Friday from 7AM to 8PM. We
presently pick up our first client at 7AM for transportation location to competitive
employment. Our early trips, 7AM to 9:30 AM, are subscription trips for those clients being
transported to dialysis, competitive and non-competitive employment locations.

Section 5311:

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?

Public Hearing

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.

   Transportation reservations can be made by contacting 201-369-4320, option #2. We accept reservations between the hours of 8:00AM and 4PM Monday through Friday.

   b. What is the minimum and maximum amount of time needed to reserve a trip?

   There is not a minimum amount of time required to reserve a trip.

   We allow clients to reserve trips two weeks in advance for non-subscription trips. We allow one month of subscription trips to be made but they must be renewed monthly. We will provide next day service if there is availability within the scheduled trips.

   c. Will you accept a same-day reservation?

   If there is availability within our fleet of buses, we will accept a same day reservation.

   d. What is your agency’s available hours for open appointments other than subscription trip? (For example, limited capacity from 7-10am and 3-5pm due to nutrition and/or non-competitive employment).

   We have limited availability from 7 am- 10 am and 4 pm-7 pm due to competitive employment, non-competitive employment and dialysis trips in the morning and competitive employment and limited vehicles in the evening.

   Transcend handles the majority of demand trips between the hours of 10 am -4 pm.

   e. Do you maintain a customer profile? If yes, what information is contained in this profile?

   Yes. We capture each client’s age, date of birth, ethnicity, address, telephone number, language spoken, mobility type, assistance needs, and an emergency contact.

   f. How is customer eligibility verified for SCDRTAP?
We confirm customer eligibility via a telephone intake when registering a new client.

g. How is a trip identified as Section 5311 eligible?

Not applicable

h. Name the computer routing and scheduling software product currently used for operations. Include yearly license fee/cost for this product.

   The scheduling software used by Transcend is RouteMatch Software Inc. The annual cost for this product is $42,000, which includes user licenses, maintenance, and remote serviced training.

i. How is the above computer routing and scheduling product used? Please check all that apply.
   X Customer database
   X Computer assisted routing and scheduling
   X Generate ridership reports

j. Describe any other computer technology used for operations. Example: mobile data terminal, global positions systems, AVL, Tablets, IVR, Cameras, Etc.

   Transcend motor vehicle operators use Tablets to manage their schedules. The tablets are equipped with Automatic Vehicle Locators.

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.
   X Yes          ☐ No          ☐ N/A

2. Does your program permit individuals with disabilities to travel with their service animals?
   X Yes          ☐ No

3. Lift and Securements
   1. Do you have securements for mobility devices on your vehicles?
      X Yes          ☐ No

   2. Do you service passengers whose mobility devices cannot be secured to your satisfaction on your vehicles?
      X Yes          ☐ No
3. Do you allow a passenger to remain in their mobility device or do you require them transfer to another seat?
   X Yes ☐ No they can remain in mobility device

4. Does your staff provide assistance with the use of lifts, ramps and securement systems?
   X Yes ☐ No

5. Do you permit individuals with disabilities who do not use a mobility device to use of a lift or ramp, including standees?
   X Yes ☐ No

6. Do you allow wheelchair passengers to refuse a lap belt if all other customers are not required to use one?
   X Yes ☐ No

4. Do you provide service to persons using respirators or portable oxygen?
   X Yes ☐ No

5. Do you ensure adequate time for individuals with disabilities to board or disembark a vehicle?
   X 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.
   X 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?
   X 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?
   X 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:

Transcend is proposing to continue to provide transportation services throughout Hudson County. We provide daily trips to St. Michael's, Beth Israel, and UMDNJ hospitals in Newark. We also provide daily trips to Clara Maas hospital in Belleville. We provide service to the Veterans Hospital in East Orange on Wednesday, Thursday and Friday. We also provide service to Hackensack Hospital in Bergen County, the first and third Thursday of each month. Transportation to New York City is provided every Tuesday to locations below 70th St. in Manhattan for medical purposes.
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. In addition provide a map of your Section 5311 service area as NJT Attachment U. If you are operating a deviated fixed route(s) service please indicate the route on the map.

Hudson County Plaza, 257 Cornelison Ave, Jersey City.
Occupational Center 780 Montgomery St, Jersey City
Shoprite 400 Marin Boulevard, Jersey City
Jersey City Medical Center area, 395 Grand St. & 377 Jersey Ave., Jersey City.
Christ Hospital area, 176 Palisade Ave, Jersey City.
Bayonne Hospital, 29 E 29th St. Bayonne.
Hoboken University Hospital, 305 Willow St. Hoboken
Senior Centers, 28 Paterson St. and 335 Bergen Ave., Jersey City.
Grace Van Vorst Church, 38 Erie St., Jersey City
Jersey City Senior Housing, 2555 Kennedy Blvd., Jersey City
Jersey City Senior Housing, 80 Cambridge St. Jersey City
Jersey City Senior Housing, 1065 Summit Ave., Jersey City
Veteran’s Hospital, 385 Tremont Ave., East Orange
University Hospital, 90 Bergen St., Newark
Beth Israel Hospital, 150 Lyons Ave., Newark
St. Michael’s Hospital, 111 Central Ave., Newark

Dialysis Facilities located at;
109 Pacific Ave., Jersey City
398 9th St., Jersey City
434 Broadway, Bayonne
1310 5th street, North Bergen
508 31st street, 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


List bus routes

Municipal bus service


List municipalities

SCDRTAP

5311

SCDRTAP

5311
County bus service
List bus routes ____________ SCDRTAP □5311
County paratransit ____________ X SCDRTAP □5311
List counties ____________ Service to locations in Essex and Bergen Counties, as well as
New York City ______
NJ TRANSIT train service ____________ X SCDRTAP □5311
List train line & stations ____________ PATH train stations at Journal Square, Grove Street
and Exchange Place in Jersey City, Hoboken Terminal, Harrison Station and Secaucus
Junction ______
NJ TRANSIT local fixed route bus ____________ X SCDRTAP □5311
List route numbers ____________ Multiple Routes that provide service throughout Hudson
County from the Journal Square Transportation Center ______
NJ TRANSIT Light Rail ____________ X SCDRTAP □5311
List train line & stations ____________ Light Rail Stations throughout Hudson
County ______
ACCESS LINK paratransit ____________ □SCDRTAP □5311

4. Does your service extend to the required 5 miles outside the county borders?
X Yes □No

  a. What significant trip generators have been identified outside the county borders?
  Veteran’s Hospital, 385 Tremont Ave., East Orange
  University Hospital, 90 Bergen St., Newark
  Beth Israel Hospital, 150 Lyons Ave., Newark
  St. Michael’s Hospital, 111 Central Ave., Newark
  Clara Maass Med Center, Belleville, NJ

  b. Do you provide non-medical out of county trips?
    Yes

  c. Does your agency place any restrictions on out of county trips?
    Yes

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 21, 2016
2. Did your Agency hold any CHSTP meeting in 2017 to Date?

☐ Yes X No

If yes please list dates of when meeting occurred

Meeting Date____________________
Meeting Date____________________
Meeting Date____________________
Meeting Date____________________

3. Did your agency update your CHSTP in 2017 to date?

☐ Yes X No

If yes please attach all addendums and/or updates to your CHSTP since 2017 to date. Attach as NJT Attachment D

4. Please list CHSTP stakeholder 2019 meetings dates, locations and times. Meetings should be scheduled at a minimum of two times a year.

May, 2019
November, 2019

Dates to be determined

5. 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.

<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>Description of Service Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secaucus</td>
<td>Trips for consumers requiring the use of a lift. Monday through Friday 9AM to 6PM</td>
</tr>
<tr>
<td>Passaic Para Transit</td>
<td>Provide wheelchair securement training when requested</td>
</tr>
</tbody>
</table>
Catholic Charities | We transport a group of visually impaired individuals to a meeting every Tuesday evening.

Bayonne Economic Opportunity Foundation | When requested we provide transportation to their nutrition program

6. 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>
<thead>
<tr>
<th>Name of Agency</th>
<th>Contract Term</th>
<th>Unit Cost</th>
<th>Annual Revenue</th>
<th>Description of Service Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hudson County Office of the Aging Title III</td>
<td>1-1-18 to 12-31-18</td>
<td></td>
<td>$253,738</td>
<td>Transportation to Senior Citizens to for all needs. Service is provided Monday through Friday 10AM to 6PM</td>
</tr>
<tr>
<td>Veterans Administration</td>
<td>7-1-18 to 6-30-19</td>
<td></td>
<td>$15,000</td>
<td>Transport Veterans for all needs. Service is provided Monday through Friday 10AM to 6PM</td>
</tr>
<tr>
<td>Logisticare</td>
<td>Logisticare</td>
<td></td>
<td>$12,000</td>
<td>Service is provided for medical appointments Monday - Friday 9AM to 5PM</td>
</tr>
<tr>
<td>Regional Cancer Care Assoc.</td>
<td>1-1-18 to 12-31-18 Verbal as needed</td>
<td></td>
<td>$6,500</td>
<td>Transport consumers to 155 State St. Hackensack, NJ to receive radiation therapy. Clients arrive at 11AM and the return trip is 1PM.</td>
</tr>
</tbody>
</table>

Route Deviation

1. If you operate route deviation service, explain how trips are documented and how deviation requests are tracked?
   Not Applicable
2. List routes and provide data in Table 7.
   Not Applicable

<table>
<thead>
<tr>
<th>Route by Name</th>
<th>Is This Route Funded by SCDRTAP?</th>
<th>Is This Route Funded by 5311?</th>
<th>Annual One-Way Trips</th>
<th>Annual Total # of Times Vehicle Deviates from Route</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

3. 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             X No

4. Do your vehicles have signage showing route and destination?
   □ Yes             X No

5. Do you allow deviation for general public passengers?
   X Yes             □ No

6. Do your vehicles have the universal accessibility symbol?
   X Yes             □ No

Training

1. Do you provide training for your Administration /Operations staff?
   X Yes             □ No

If yes, list trainings and recertification requirements.

Prevention of Sexual Harassment. Hostile Work Environment, Discrimination & Unlawful Harassment every two years
Understanding & Managing Today’s Diverse Workplace every two years
Database Training as needed
Customer Service
2. Do you provide training for your drivers?

X Yes    □ No

If yes, please list trainings.

- Prevention of Sexual Harassment. Hostile Work Environment, Discrimination & Unlawful Harassment every two years
- Understanding & Managing Today’s Diverse Workplace every two years
- Database Training as needed
- Customer Service

Defensive Driving Training is required every two years
- Wheelchair Securement training when hired.

Prevention of Sexual Harassment. Hostile Work Environment, Discrimination & Unlawful Harassment every two years.
- Understanding & Managing Today’s Diverse Workplace every two years.

3. Does your agency have a certified driver trainer on staff or do you outsource your trainings?

We have a certified PASS and Wheelchair Securement Trainer on staff as well as two Certified Safety Officers. An outside vendor provides the defensive driver training for the county. The State of New Jersey conducts the Prevention of Sexual Harassment, Hostile Work Environment and Unlawful Harassment training.

2019 Short-Term Program Goals

List at least three goals to improve your system in grant year 2019. Include Milestones on how you will obtain these goals.

Goal 1.
Implement IVR (Interactive Voice Recording) system.

Milestone 1-Award of contract by April 1, 2019

Milestone 2-Installation by July 1, 2019

Goal 2.
Improve customer service. Transcend will provide additional training to our office staff.
Training programs will include
1-Client/Customer Service and Phone Management
2-Managing Change in a Complex Workplace
2-Conflict Resolution
Milestone 1 - Train half of administrative staff by May 1, 2019.

Milestone 2 - Second half of administrative will complete required courses by October 1, 2019

Goal 3.
Purchase new vehicles. The County is planning to purchase five new vehicles per calendar year, in order to keep the Transcend fleet operating safely and ensure vehicles are operating at full capacity.

Milestone 1 - Ensure an open procurement process is issued by April 1, 2019

Milestones 2 - Following procurement process and award to successful vendor, New vehicles will be received by September 30, 2019.
SECTION III – BUDGET

Program Budgets
Complete attached Excel spreadsheets for your grant year 2017 Expenditure and grant year 2019 projected budgets. Please make sure to include ALL funding sources. You can edit the heading to include funding sources that are not listed.

Close-out funds
Does your agency have carry over funds that will be added into the 2019 SCDRTAP budget? (Please note close-out funds should be added to your 2019 allocation and shown in the attached budget spreadsheet 2019 proposed budget by funding source.

X Yes         □ No

If yes, please explain what the carry over funds will be allocated for.

We will use the rollover funds ($235,217.57) for Operating (salaries and fringes).

Alternative Revenue Total Collected for Calendar Year 2017

1. Is a fare charged to use your 5311 service?
□ Yes         □ No Not Applicable

2. Is a fare charged for your SCDRTAP service?
   Yes          X No

3. Is there a donation policy for your 5311 service?
□ Yes         □ No Not Applicable

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

5. Are funds from donations and fares placed in an account for transportation?
□ Yes         □ No Not Applicable
   If no, explain.

6. Explain how donations/fares are collected.
   Not Applicable
7. Complete Table 8 with all dollar amounts earned through alternative revenue sources.

<table>
<thead>
<tr>
<th>Alternative Revenue</th>
<th>Revenue Collected in 2017</th>
<th>Revenue Projected for 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fares / SCDRTAP</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Fares / 5311</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Donations / SCDRTAP</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Donations / 5311</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Advertising on vehicles</td>
<td>$16,635</td>
<td>$10,000</td>
</tr>
<tr>
<td>Medicaid (Logisticare)</td>
<td>$12,645</td>
<td>$12,000</td>
</tr>
<tr>
<td>Revenue Contracts</td>
<td>$6,350</td>
<td>$5,000</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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
   - X No

   5311
   - ☐ Yes
   - ☐ No
   - ☐ Not Applicable

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

   Not Applicable

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
   - X 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 – SCORPAP January 1, 2018- December 31, 2018**

<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>Contract Term</th>
<th>Unit Cost</th>
<th>Annual Cost</th>
<th>Description of Service Purchased</th>
</tr>
</thead>
<tbody>
<tr>
<td>RouteMatch</td>
<td>4/1/18-3/31/19</td>
<td></td>
<td>$42,000</td>
<td>Routing and Scheduling Software, Maintenance</td>
</tr>
<tr>
<td>Minolta</td>
<td>1/1/18-12/31/18</td>
<td></td>
<td>$1,200</td>
<td>Copier Expense</td>
</tr>
</tbody>
</table>

   **Table 10 – 5311 January 1, 2018- December 31, 2018**

<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>Contract Term</th>
<th>Unit Cost</th>
<th>Annual Cost</th>
<th>Description of Service Purchased</th>
</tr>
</thead>
</table>

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 – SCORPAP January 1, 2019- December 31, 2019 (please make sure to include proposed CAPITAL purchases)**

<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>Contract Term</th>
<th>Unit Cost</th>
<th>Annual Cost</th>
<th>Description of Service Purchased</th>
</tr>
</thead>
<tbody>
<tr>
<td>RouteMatch</td>
<td>4/1/19-3/31/20</td>
<td></td>
<td>$42,000</td>
<td>Routing and Scheduling Software and Maintenance</td>
</tr>
<tr>
<td>Minolta</td>
<td>1/1/19-12/31/19</td>
<td></td>
<td>$1,200</td>
<td>Copier Expense</td>
</tr>
<tr>
<td>Purchase of 5 buses</td>
<td></td>
<td></td>
<td>$300,000</td>
<td></td>
</tr>
<tr>
<td>IVR System</td>
<td></td>
<td></td>
<td>$82,000</td>
<td></td>
</tr>
</tbody>
</table>

   **Table 12 – Section 5311* January 1, 2019- December 31, 2019**

<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>Contract Term</th>
<th>Unit Cost</th>
<th>Annual Cost</th>
<th>Description of Service Purchased</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>Contract Term</th>
<th>Unit Cost</th>
<th>Annual Cost</th>
<th>Description of Service Purchased</th>
</tr>
</thead>
</table>

   25
All procurements for SCDRTAP and S5311 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 and be reviewed and approved by NJ Transit prior to advertising. All vendors with multiyear contracts under FTA programs must sign annual certifications in order to remain compliant.

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
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).

<table>
<thead>
<tr>
<th>Inventory/Asset Name</th>
<th>Serial Number</th>
<th>Funding Source</th>
<th>Grant Year</th>
<th>Date of Purchase</th>
<th>Original Purchase Price</th>
<th>Maintenance Plan Required for Items over $5,000.00*</th>
<th>Date Useful Life will be met</th>
</tr>
</thead>
</table>

All items purchased with FTA funding must be tagged with grant year, funding source and date of purchase.

Capital Disposal 2017

1. Did the applicant dispose of any vehicles and/or equipment purchased with SCDRTAP funds in calendar year 2017 (to date)?
   X Yes  □ No

   If yes, were any vehicles and/or equipment removed from service before the end of useful life?
   □ Yes*  X No
   *If yes, complete the Table 13 below

2. Did the applicant dispose of any vehicles and/or equipment purchased with Section 5311 funds in 2017?
   □ Yes  □ No- Not Applicable

   If yes, were any vehicles and/or equipment removed from service before the end of useful life?
   □ Yes*  □ No-Not Applicable

   *If yes, complete the Table 13 below

Table 13

<table>
<thead>
<tr>
<th>Description of Disposed Equipment</th>
<th>Grant Used to Purchase Equipment</th>
<th>Was NJ TRANSIT notified?</th>
<th>Date of Notification</th>
<th>Amount Received if Auction or Sold</th>
<th>Was Supporting Documentation Submitted?</th>
<th>Appraised Value if Vehicle was removed prior to useful life</th>
<th>Name of Appraiser</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCDRTAP</td>
<td>5311</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No*</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>
SECTION V - PUBLIC OUTREACH

Public Outreach Activities

1. Describe special events, presentations, conferences, articles, news coverage, reports or any other forms of media that the county participated in 2017 to-date. In addition, if applicable, any activities that may be planned for 2019.

   The Hudson County Transcend program provided presentations to the; Office of Disability Services Advisory Group, Senior Citizen and Civic Groups throughout the County, Title III Provider Meeting, and at the open public hearing in reference to SDRTAP application.

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

   Upon registering a new client, Transcend mails a User Guide to the client’s home. At the various meetings and presentations, listed above, copies of the User Guide are distributed. Copies of our User Guide are available on all of our vehicles for riders. The User Guide is also available on the County Website and obtained at our offices located at, 830 Bergen Avenue, Jersey City, NJ, 07306. The Transcend Program has a dedicated link on the Hudson County website. This may be accessed via hudsoncountynj.org.

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 of the public hearings for our SCRDTAP Application and 5310 Applications are published in the local newspaper. A copy of the public notice is posted in all Transcend buses. We mail our public hearing notice to agencies in Hudson County, stakeholders, that provide transportation to the targeted populations. Advisory Council meetings are open to the public. Private transportation operators are invited to our stakeholder meetings as well. These public notices are posted on our county website.

Marketing Materials

1. Attach SCRDTAP 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?
   X 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 in your county. 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 and Municipalities 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 to and After Public Hearing Date:

1. Prior to the Public Hearing a copy of the 2019 budget and goals must be available for public review on the County Website and/or in the Public Library (and at least 14 days after the public hearing date). Include as NJT Attachment K4 the screen shot of the website and copies of correspondence requesting the web post and/or name of the library branch, address and date copy was placed in Library.

2. Once your application is completed an electronic copy of the 2019 application must be placed on the county website for public review. 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, goals and budget for 2019. Their input and feedback should be considered in the planning process for this application. Please indicate 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 2019 application (if available) or a summary of proposed activities, goals and proposed budget should be available at the public hearing.

5. Complete public hearing transcripts must be submitted. If not available by application due date the transcripts can be submitted after the application's filing deadline as NJT Attachment K7.
SECTIION 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 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 2017  $2,772,032

Proposed Maintenance of Effort for 2019  $2,842,704

If the MOE for 2019 has increased/decreased, please explain below:

The maintenance of effort for 2019 has increased due to union contracted salary increase and the increase cost of fringe benefits. In addition the County increased funding to purchase new vehicles.
Sample of Required SCDRTAP Application Cover Letter
Attach as NJT Attachment L

Date September 21, 2019

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

Dear Mrs. Magri:

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. (Name of County) is requesting $______________ for 2019. The scheduled public hearing date is _________________. The application will be available at the following locations____________________ as of the following date ____________.

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 (Name and Title of Principal Organization Contact) at (Phone Number).

As the Applicant, the (Name of 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 2019. 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
Title of Authorized Representative of Applicant
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, 2019 to December 31, 2019;

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
Attach as NJT Attachment O

The [name of agency] 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: ____________________________
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 January 1, 2017 through December 31, 2017, answer the following:

1. How many transit related employees does your agency have?
   When calculating the total number of transit-related employees, agencies are required to include all part-time employees and employees with collateral duties that support the transit program. For example, a budget analyst who processes payments for the transit program would be considered a transit-related employee. This includes part-time employees and those involved in support of the transit program
   ________________ Transit Related Employees

2. 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:

3. Were any complaints received between the period January 1, 2017 and December 31, 2017?
   ☐ 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? (Please make sure your Reasonable Accommodation policy is attached as part of Attachment C).
   ☐ 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)

January 1, 2019 - Dec 31, 2019
Project Budget Request (include Match)

<table>
<thead>
<tr>
<th>Operating</th>
<th>Budget Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Operating (should include total budget for this program)</td>
<td></td>
</tr>
<tr>
<td>(-Fares)</td>
<td></td>
</tr>
<tr>
<td>(-Donation)</td>
<td></td>
</tr>
<tr>
<td>Total Operating</td>
<td></td>
</tr>
<tr>
<td>Administrative</td>
<td>Budget Request</td>
</tr>
<tr>
<td>Total Administrative</td>
<td></td>
</tr>
<tr>
<td>Capital</td>
<td>Budget Request</td>
</tr>
<tr>
<td>Total Capital</td>
<td></td>
</tr>
<tr>
<td>GRAND TOTAL</td>
<td></td>
</tr>
</tbody>
</table>

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Rolling Stock
Only fill Table 17 if you are purchasing rolling stock under the Section 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

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

Fleet Replacement
If Section 5311 vehicle is a 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:
Capital Public Notice Requirement
Attach as NJT Attachment P

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 Section 5311 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.

Financial Management Systems

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 2017-2018 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 2017-2018?
   □ Yes □ No

Local In-Kind Match and Match Source

Do you plan on using an in-kind match for 2019 S5311?
   □ 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 January 1, 2019 to December 31, 2019. In-Kind match will be reviewed by NJT staff to ensure that it meets federal requirements and that supporting documentation is verifiable. Subrecipient will receive approval of in-kind match prior to contract execution. Please note that all in-kind matches must have a measurable dollar value.

Provide breakdown of proposed match dollars for 2019 contract years in Table 18.

Table 18

<table>
<thead>
<tr>
<th>Funding Match Source</th>
<th>Name of Source</th>
<th>Match Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Funds: (list)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Funds: (list) (i.e. Human Service funding)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue Contracts (list) (i.e. vehicle advertising contracts list indicate revenue source/contracts used as match)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**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 below⁴, 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 detail 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 Q

Date:

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

Dear Mrs. Magri:

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 January 1, 2019 to December 31, 2019.

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), NJ Transit will update with the below information. Note if a (D)eletion, (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>
<thead>
<tr>
<th>Other Transportation Providers in Section 5311 Service Area</th>
<th>Name of Union</th>
<th>Union Address</th>
<th>Union Phone Number</th>
<th>E-Mail Address of Union</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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Sample of Required S5311 and Innovative Grant Application Cover Letter
Attach as NJT Attachment R

Date

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

Dear Mrs. Magri:

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 January 2019- December 2019. The total amount of federal and state funds requested is as follows:

**January 2019- December 2019 Section 5311**

<table>
<thead>
<tr>
<th>OPERATING</th>
<th>NON-OPERATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>FTA Section 5311 Funds:</td>
<td></td>
</tr>
<tr>
<td>State match funds:</td>
<td></td>
</tr>
<tr>
<td>Local match funds:</td>
<td></td>
</tr>
<tr>
<td>Total:</td>
<td></td>
</tr>
</tbody>
</table>

**January 2019- December 2019 Innovation Grant (Operating only)**

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<tr>
<th>OPERATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>FTA Section 5311 Funds:</td>
</tr>
<tr>
<td>State match funds:</td>
</tr>
<tr>
<td>Local match funds:</td>
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<tr>
<td>Total:</td>
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</tbody>
</table>

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
Attach as NJT Attachment S

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.

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.
<table>
<thead>
<tr>
<th>Company Name</th>
<th>Address</th>
<th>Telephone</th>
<th>Fax Number</th>
<th>Email Address</th>
<th>Contact Person</th>
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<tr>
<td>Aristocrat Limousine &amp; Bus Co.</td>
<td>354 Kingston Road, Parsippany, NJ 07054</td>
<td>973-887-2726</td>
<td>973-884-1880</td>
<td><a href="mailto:info@aristocratlimousine.com">info@aristocratlimousine.com</a></td>
<td>Mr. Robert Wright</td>
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<td>Mrs. Brenda Baxter</td>
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<td>Safety Director: Richard Wright</td>
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<tr>
<td>Atlantic Express Coachways, Inc.</td>
<td>7 North, Staten Island, NY 10302</td>
<td>718-556-8078</td>
<td>718-559-8042</td>
<td><a href="mailto:lmc@atlantic-express.com">lmc@atlantic-express.com</a></td>
<td>Ms. Laura Cagnotto</td>
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<td>Safety Director: Mr. Ron Caruso</td>
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<td>Ayan Travel, Inc.</td>
<td>149 17th Avenue, Elmwood Park, NJ 07407</td>
<td>973-340-8750</td>
<td>973-340-8759</td>
<td><a href="mailto:ayanbus@yahoo.com">ayanbus@yahoo.com</a></td>
<td>Ms. Beverly Corsino</td>
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<tr>
<td>Bestway Coach Express, Inc.</td>
<td>2 Mott Street, Suite 705, New York, NY 10013</td>
<td>212-608-8988</td>
<td>212-608-9169</td>
<td><a href="mailto:info@bestwaycoach.com">info@bestwaycoach.com</a></td>
<td>Mr. Wilson Cheng</td>
</tr>
<tr>
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<td>Mr. Kelvin Chan</td>
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<tr>
<td>Camptown Bus Lines, Inc.</td>
<td>126-140 Frelilghuyzen Avenue, Newark, NJ 07114-1633</td>
<td>973-242-6100</td>
<td>973-242-4123</td>
<td><a href="mailto:camptownbus@verizon.net">camptownbus@verizon.net</a></td>
<td>Mr. Thomas M. Zambolla</td>
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<tr>
<td>Carefree Bus Tours</td>
<td>45 Somerset Place, Clifton, NJ 07017</td>
<td>1-800-540-9429</td>
<td>973-778-4000</td>
<td><a href="mailto:carefreebus@verizon.net">carefreebus@verizon.net</a></td>
<td>Mr. Paul Lenoir</td>
</tr>
<tr>
<td>Classic Tours/Classic Cruisers, Inc.</td>
<td>1533 Prospect Street, Lakewood, NJ 07501</td>
<td>732-657-1144</td>
<td>732-367-8233</td>
<td>By request only</td>
<td>Mr. Mark R. Waterhouse</td>
</tr>
<tr>
<td>Coachman International Tours, Inc.</td>
<td>P.O. Box 8328, Healedon, NJ 07538</td>
<td>201-398-9655</td>
<td>201-398-9655</td>
<td><a href="mailto:coachmanintl@optonline.net">coachmanintl@optonline.net</a></td>
<td>Mr. Richard Jaeger</td>
</tr>
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<td>Ms. Pauline Wothouse</td>
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<tr>
<td>Coastal Coach</td>
<td>603 Whildam Ave, N. Cape May, NJ 08204</td>
<td>609-602-2271</td>
<td>609-345-6300</td>
<td><a href="mailto:coastalcoach@verizon.net">coastalcoach@verizon.net</a></td>
<td>Mr. Tim Generale</td>
</tr>
<tr>
<td>Express Tours, Inc</td>
<td>15 Division Street, 3rd Floor, New York, NY 10002</td>
<td>212-966-8433</td>
<td>212-966-7207</td>
<td>By request only</td>
<td>Mr. Richard Chow</td>
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<td>Ms. May Chow</td>
</tr>
<tr>
<td>Greyhound Lines, Inc.</td>
<td>3104 Pacific Avenue, Atlantic City, NJ 08401</td>
<td>609-345-9291</td>
<td>609-345-9297</td>
<td><a href="mailto:greyhoundcustomer@verizon.net">greyhoundcustomer@verizon.net</a></td>
<td>Mr. Nate Karp</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>E-MAIL: <a href="mailto:nkarp@greyhound.com">nkarp@greyhound.com</a></td>
</tr>
<tr>
<td>Infinity Tours, Inc.</td>
<td>6013 Al Ventura Road, Wellington, NJ 07087</td>
<td>201-507-5058</td>
<td>201-507-5001</td>
<td><a href="mailto:infinitytours@verizon.net">infinitytours@verizon.net</a></td>
<td>Ms. Mary Ann Kamrowski</td>
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<tr>
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<td>Safety Director: Mr. Tom Boyle</td>
</tr>
<tr>
<td>Jaynay Travel</td>
<td>PMB 106-621 Beverly Rancocas Road, Willingboro, NJ 08046</td>
<td>609-877-7127</td>
<td>609-877-7546</td>
<td><a href="mailto:jaynaytravel@verizon.net">jaynaytravel@verizon.net</a></td>
<td>Mr. John Mills</td>
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<td>Ms. Renee Mills</td>
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<tr>
<td>Lakeland Bus Lines, Inc.</td>
<td>PO Box 888, 425 E. Blackwell Street, Dover, NJ 07802-0898</td>
<td>973-366-0600 Ext. 632</td>
<td>973-366-8012</td>
<td><a href="mailto:lakelandbus@verizon.net">lakelandbus@verizon.net</a></td>
<td>Mr. Tom Taylor Ext. 632</td>
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<td>Mr. Tom Graves</td>
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<tr>
<td>Leprechaun Lines, Inc.</td>
<td>100 Leprechaun Lane, New Windsor, NY 12550</td>
<td>845-565-7900</td>
<td>845-565-1220</td>
<td><a href="mailto:leprechaunlines@verizon.net">leprechaunlines@verizon.net</a></td>
<td>Mr. Frank Gallagher</td>
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<tr>
<td>Lion Trailways</td>
<td>Hornet and Ranger Roads, Rio Grande, NJ 08242</td>
<td>609-889-0025</td>
<td>609-889-0033</td>
<td><a href="mailto:lionbus@lionbus.com">lionbus@lionbus.com</a></td>
<td>Mr. Nick Paglione</td>
</tr>
<tr>
<td>Martz Lines</td>
<td>239 Old River Road, Wilkes-Barre, PA 18702</td>
<td>570-821-3838</td>
<td>570-821-3913</td>
<td><a href="mailto:sheney@martzgroup.com">sheney@martzgroup.com</a></td>
<td>Mr. Scott E. Henry</td>
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<td>Peter Pan Bus Lines</td>
<td>25 County Avenue, Secaucus, NJ 07094</td>
<td>201-886-6001</td>
<td>201-866-6234</td>
<td><a href="mailto:ppanbus@verizon.net">ppanbus@verizon.net</a></td>
<td>Mr. Frank Farrow</td>
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<td>Raritan Valley Bus Service</td>
<td>PO Box 312, Metuchen, NJ 08840-0312</td>
<td>732-549-1212</td>
<td>732-549-1168</td>
<td><a href="mailto:raritanvalleybus@verizon.net">raritanvalleybus@verizon.net</a></td>
<td>Mr. Steve Yelenosios</td>
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<td>Mr. Steve Yelenosios, Jr.</td>
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<tr>
<td>Safety Bus</td>
<td>7200 Park Avenue, Pennsauken, NJ 08109</td>
<td>856-655-2662</td>
<td>856-655-0658</td>
<td><a href="mailto:safetyservices@verizon.net">safetyservices@verizon.net</a></td>
<td>Mr. Thomas Dugan, Jr.</td>
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<td>Sheppard Bus Service</td>
<td>35 Rockville Road, Bridgeton, NJ 08302 856-451-4094</td>
<td>856-453-1620</td>
<td><a href="mailto:john@sheppardbus.com">john@sheppardbus.com</a></td>
<td>Mr. John Sheppard</td>
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<td>Trans-Bridge Lines</td>
<td>2012 Industrial Drive, Bethlehem, PA 18017 610-868-6001 Ext. 122 610-868-8057</td>
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<td><a href="http://www.transbridgebus.com">www.transbridgebus.com</a></td>
<td>Mr. Tom JeBran</td>
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<td>Trolley Tours, Inc.</td>
<td>216 North Main Street (Route 9), PO Box 418 Forked River, NJ 08731-0418 609-971-6669 800-468-0466 609-971-6341</td>
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<td>Mr. Len Marzen</td>
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<td>Villani Bus Company</td>
<td>811 East Linden Avenue, Lindenhurst, NJ 07036 908-882-3333 908-474-8058</td>
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<td>Olympic Trails</td>
<td>349 First Street, Elizabeth, NJ 07206 908-354-3330</td>
<td>908-994-9338</td>
<td><a href="mailto:jim.rutherford@coachusa.com">jim.rutherford@coachusa.com</a></td>
<td>Mr. Jim Rutherford</td>
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<td>Suburban Transit</td>
<td>750 Somerset Street, New Brunswick, NJ 08901 732-249-1100 ext. 201 732-545-7015</td>
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<td>Starr Tours</td>
<td>2531 E. State Street, Trenton, NJ 08619 609-587-0626 609-587-3052</td>
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<td>Mr. Mitchell Sussman</td>
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<td>Travelink, INC</td>
<td>52 Bailly Drive, Burlington, NJ 08016 201-232-0563</td>
<td>201-232-0563</td>
<td>Michael Rodriguez</td>
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<td>Vanderhoof Transportation</td>
<td>18 Wilfred Street, West Orange, NJ 07092 973-325-0700 973-869-9639</td>
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<td><a href="http://www.vanderhoof.com">www.vanderhoof.com</a></td>
<td>Mr. Edward Vanderhoof</td>
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<td>Coach USA Northeast Region</td>
<td>349 First Street, Elizabeth, NJ 07206 906-354-3330</td>
<td>908-994-9338</td>
<td><a href="mailto:john.emberson@coachusa.com">john.emberson@coachusa.com</a></td>
<td>Mr. John Emberson</td>
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<td>Rockland Coaches</td>
<td>180 Old Hook Road, Westwood, NJ 07675 201-263-1254 ext. 418 201-664-8036</td>
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<td><a href="mailto:david.gee@coachusa.com">david.gee@coachusa.com</a></td>
<td>Mr. David Gee</td>
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<td>Short Line/Hudson Transit/Coach USA</td>
<td>4 Leisure Lane, Mahwah, NJ 07430 201-529-3666</td>
<td>201-529-0221</td>
<td><a href="mailto:george.grieve@coachusa.com">george.grieve@coachusa.com</a></td>
<td>Mr. George Grieve</td>
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<td>MPC Bus Corp</td>
<td>320 Nassau Blvd, Garden City, NY 11530 718-647-2988-3600</td>
<td>718-235-8075</td>
<td><a href="mailto:nyonia@btelbuscompany.com">nyonia@btelbuscompany.com</a></td>
<td>Mr. Augustino vona</td>
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<td>Stout's Charter Service, Inc.</td>
<td>20 Irven Street, Trenton, NJ 08638 609-983-8891</td>
<td>609-983-0682</td>
<td><a href="mailto:phil@stoutbus.com">phil@stoutbus.com</a></td>
<td>Mr. Harry Stout</td>
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<td>Triple D Travel</td>
<td>PO Box 3208, Hamilton, NJ 08619 609-631-0200</td>
<td>609-631-0047</td>
<td><a href="mailto:david.a.tenney@tripledtravel.com">david.a.tenney@tripledtravel.com</a></td>
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<td>Via Bus</td>
<td>19 Tilton Street, Hammonton, NJ 08037 609-567-7705</td>
<td>800-880-4756</td>
<td><a href="mailto:mister@davis.com">mister@davis.com</a></td>
<td>Mr. Glenn Davis</td>
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<tr>
<td>Community Coach</td>
<td>160 South Route 17 North, Paramus, NJ 07652</td>
<td>201-225-7515</td>
<td><a href="mailto:jon.nguyen@coachusa.com">jon.nguyen@coachusa.com</a></td>
<td>Jon Nguyen</td>
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# Exhibit B – Designated Leads for Human Services Transportation Coordination Plan

**Please update if necessary**

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<thead>
<tr>
<th>County</th>
<th>Lead</th>
<th>E-mail</th>
<th>Phone Number</th>
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</thead>
<tbody>
<tr>
<td>Atlantic</td>
<td>Mr. Carl Lindow</td>
<td><a href="mailto:lindow_carl@aclink.org">lindow_carl@aclink.org</a></td>
<td>609-645-7700 x4058</td>
</tr>
<tr>
<td>Bergen</td>
<td>Mr. Tom Murphy</td>
<td><a href="mailto:tmurphy@co.bergen.nj.us">tmurphy@co.bergen.nj.us</a></td>
<td>201-336-3380</td>
</tr>
<tr>
<td>Burlington</td>
<td>Mr. Jerry Kilkenny</td>
<td><a href="mailto:jkilkenny@co.burlington.nj.us">jkilkenny@co.burlington.nj.us</a></td>
<td>609-265-5597</td>
</tr>
<tr>
<td>Camden</td>
<td>Ms. Carol Miller</td>
<td><a href="mailto:cmiller@sita.com">cmiller@sita.com</a></td>
<td>856-427-0988</td>
</tr>
<tr>
<td>Cape May</td>
<td>Mr. Dan Mulraney</td>
<td><a href="mailto:dmulraney@co.cape-may.nj.us">dmulraney@co.cape-may.nj.us</a></td>
<td>609-889-3700 x107</td>
</tr>
<tr>
<td>Cumberland</td>
<td>Ms. Barbara Nedohon</td>
<td><a href="mailto:barbarane@co.cumberland.nj.us">barbarane@co.cumberland.nj.us</a></td>
<td>856-453-2220</td>
</tr>
<tr>
<td>Essex</td>
<td>Mr. Michael Viera</td>
<td><a href="mailto:michaelmvsr@aol.com">michaelmvsr@aol.com</a></td>
<td>973-395-8418</td>
</tr>
<tr>
<td>Gloucester</td>
<td>Ms. Lisa Cerny</td>
<td><a href="mailto:lcerny@co.gloucester.nj.us">lcerny@co.gloucester.nj.us</a></td>
<td>856-686-8362</td>
</tr>
<tr>
<td>Hudson</td>
<td>Ms. Darice Toon</td>
<td><a href="mailto:dtoon@hcni.us">dtoon@hcni.us</a></td>
<td>201-369-5280 x4231</td>
</tr>
<tr>
<td>Hunterdon</td>
<td>Ms. Tara Shepherd</td>
<td><a href="mailto:tara@hart-tma.com">tara@hart-tma.com</a></td>
<td>908-788-5553</td>
</tr>
<tr>
<td>Mercer</td>
<td>Mr. Martin DeNero</td>
<td><a href="mailto:mdenero@mercercounty.org">mdenero@mercercounty.org</a></td>
<td>609-530-1970 x17</td>
</tr>
<tr>
<td>Middlesex</td>
<td>Ms. Laila Caune</td>
<td><a href="mailto:laila.caune@co.middlesex.nj.us">laila.caune@co.middlesex.nj.us</a></td>
<td>732-745-4029</td>
</tr>
<tr>
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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 match) will be made available to a single project.
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

E. The service must meet a minimum threshold of three (3) passenger trips per revenue hour at the end of the initial service period (first year) and four (4.0) passenger trips per revenue hour for years thereafter. Services not meeting the minimum operating standard will not be eligible for continued funding in the next year. If funding is available subrecipients may continue to apply for the same project for up to five (5) years from the service start date. By year five (5) innovative projects should be self-sustaining.

If you are applying for continuation of an existing Section 5311 innovation project provide the number of passenger trips per revenue hour that your service is generating.

_________________ per revenue hour
Project Description

Describe the parameters of your current and/or proposed route: (Include start date of current innovative project.)

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 T)

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

Days and hours of operation of operations

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 (include match from subrecipient and NJT in your budget)
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 match) will be made available to a single project.

January 1, 2019 - Dec 31, 2019
Project Budget Request

<table>
<thead>
<tr>
<th>Operating</th>
<th>Budget</th>
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<tr>
<td>Total Operating (should include total budget for this program)</td>
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<tr>
<td>(-Fares)</td>
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<td>(-Donation)</td>
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<td>Total Request Amount for this grant</td>
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Line Item Budget

<table>
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<tr>
<th>Operating Budget</th>
<th>Budget</th>
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<tr>
<td>Driver Salaries/Fringe</td>
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<tr>
<td>Third Party Contract Svcs</td>
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<tr>
<td>Maintenance &amp; Repairs</td>
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<tr>
<td>Materials Consumed (Fuel)</td>
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</tr>
<tr>
<td>Total Operating</td>
<td></td>
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<tr>
<td>(-Fares)</td>
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<td>(-Donation)</td>
<td></td>
</tr>
<tr>
<td>Total Request Amount for this grant</td>
<td></td>
</tr>
</tbody>
</table>

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.

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

Excel Spreadsheet attachments
- 2017 Actual Expenditures by funding source/ 2019 Proposed budget by funding source
- NJT Attachment H Vehicle Inventory
- NJT Attachment I Non-Vehicle Assets

Exhibits:
- Exhibit A: List of Private Bus Operators Serving New Jersey
- Exhibit B: Designated Leads for Human Services Transportation Coordination Plan
- Exhibit C: Transportation Providers and Labor Representatives Spreadsheet 2019 is attached separately