



CY 2013	Ohio Coordination Program Job Access and Reverse Commute (JARC) New Freedom	Project Proposal
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Form I: All Applicants

About the Applicant and the Organization Responsible for Project Management

Applicant

Full Legal Name of Organization _____

DBA _____

Street Address of Main Office _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

Mailing City _____ State _____ Zip _____

Telephone _____ Fax _____

Website _____

E-Mail _____

DUNS Number _____

Employer Identification Number (EIN) _____

Applicant's Chief Executive Officer

Name _____

Title _____

Telephone _____ Fax _____

Email _____

Applicant's Organization Structure

Organization is (check all that apply):

- 501(c)(3) Nonprofit Organization
- Political Subdivision
- State Agency

Agency Description _____

Primary Source(s) of Funds _____

Year of Incorporation _____

Annual Budget _____

Applicant's Organization Type

Organization is (check all that apply):

- Area Agency on Aging
- Aging and Disability Services Provider
- Other Aging Services Provider
- Transit Agency
- Other Transportation Services Provider
- Human Services Agency
- Metropolitan Planning Organization/Regional Planning Organization
- Community-based or grassroots organization serving specific cultural/ethnic older adult population(s)
- Recipient of U.S. DOT 5307 Urban Transit Funds
- Recipient of U.S. DOT 5311 Rural Transit Funds
- Recipient of any other U.S. DOT Funds (other than JARC or New Freedom)
- Recipient of any non-U.S. DOT Federal Funds
- Other: Please specify _____

Organization Responsible for Project Management

(enter information in this section only if different from above)

Full Legal Name of Organization _____

DBA _____

Street Address of Main Office _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

Mailing City _____ State _____ Zip _____

Telephone _____ Fax _____

Website _____

E-Mail _____

DUNS Number _____

Employer Identification Number (EIN) _____

Primary Project Contact (person completing the proposal and/or anticipated project director)

Name _____

Title _____

Telephone _____ Fax _____

Email _____

Explain this person's relationship to Applicant or Organization Responsible for Project Management

Street Address for Primary Project Contact _____

City _____ State _____ Zip _____

Mailing Address for Primary Project Contact (if different) _____

Mailing City _____ State _____ Zip _____

Will this person be signing invoices? Yes No

Other Individuals with Signature Authority on Invoices (enter as many or as few as desired)

Name _____

Title _____

Telephone _____ Fax _____

Email _____

Name _____

Title _____

Telephone _____ Fax _____

Email _____

Name _____

Title _____

Telephone _____ Fax _____

Email _____

Organization Structure of the Organization Responsible for Project Management

Organization is (check all that apply):

501(c)(3) Nonprofit Organization

Political Subdivision

State Agency

Agency Description _____

Primary Source(s) of Funds _____

Year of Incorporation _____

Annual Budget _____

Organization Type of the Organization Responsible for Project Management

Organization is (check all that apply):

- Area Agency on Aging
 - Aging and Disability Services Provider
 - Other Aging Services Provider
 - Transit Agency
 - Other Transportation Services Provider
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 - Recipient of any other U.S. DOT Funds (other than JARC or New Freedom)
 - Recipient of any non-U.S. DOT Federal Funds
 - Other: Please specify _____
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Organizational Capacity of the Organization Responsible for Project Management

Organization's experience/involvement in transportation operations, transportation coordination and planning (check all that apply):

- Administers or operates transportation programs. Please briefly describe experience and current role(s) (200 characters or less):

- Involved in the effort to develop the area's coordinated transportation plan, and plays a leadership role
- Involved in the effort to develop the area's coordinated transportation plan, but not in a leadership role

Please briefly describe role(s) in transportation coordination (200 characters or less):

Briefly describe the organization's previous experience with grant management (200 characters or less):

Describe the organization's capital resources (facilities, equipment, other) that will ensure the ability to house, maintain, and implement the project (300 characters or less):

Provide a brief description of the organization's history, mission, and programs (300 characters or less):



Attachment A

Authorizing Resolution

1. Email a scan of your authorizing resolution along with your proposal.
2. Include a certified copy of your authorizing resolution when you mail in your signed proposal.

Attachment B-1

**Self-Certification relating this Project to the
Locally Developed, Coordinated Public Transit-Human Services Transportation Plan
("Coordinated Transportation Plan")**

(Prepare and submit Attachments B-1 and B-2 for each mobility management and/or operating project)

The Mobility Management Operating project named
(project name) _____ is derived from the
Locally Developed, Coordinated Public Transit-Human Services Transportation Plan for
(geography) _____, prepared by
(lead agency) _____ and adopted on
(date) _____. This project is identified and ranked as a priority on page(s)
_____ of the plan.

Additional information to support your self-certification (300 characters or less):

Applicant

Signature of Authorized Authority

Date

Print Name

Attachment B-2

Page(s) from the Coordinated Transportation Plan

1. Email a scan of the page(s) referenced in Attachment B-1 along with your proposal.
2. Include the printed page(s) when you mail in your signed proposal.

Attachment C-1

Budget, Budget Narrative and (if applicable) Cost Allocation Plan and/or Indirect Cost Plan

(Prepare and submit only *one* set of Attachments C-1 and C-2)

1. Email your budget spreadsheet, budget narrative, cost allocation plan and/or indirect cost plan along with your proposal.
2. Include the printed budget (all worksheets), budget narrative, cost allocation plan, and/or indirect cost plan when you mail in your signed proposal.

Attachment C-2

Local Share Certification

1. Email a scan of the signed Local Share Certification worksheet of the budget workbook.
2. Include the printed page with original signature when you mail in your signed proposal.

Attachment D

Maps

(required for operating projects; optional for mobility management projects)

1. Email your mobility management and/or operating project maps (as applicable) along with your proposal.
2. Include the printed maps when you mail in your signed proposal.

Attachment E

Marketing Plan(s)

1. Email your mobility management and/or operating marketing plans (as applicable) along with your proposal.
2. Include the printed marketing plans when you mail in your signed proposal.

Attachment F

Public Involvement

(required for applicants with capital procurements; optional for all others)

1. Email your public involvement policy, if you have one, along with your proposal. If your public comment period will conclude before you submit your proposal, email the required public involvement documentation as well.
2. Include a copy of your public involvement documentation when you mail in your signed proposal, or at the end of your public comment period (whichever is later).

Attachment G

Designated Grantee

(only for nonprofit organization applicants with Mobility Management projects)

If a nonprofit organization wishes to submit a proposal for a Mobility Management project, it **must** obtain designation as a potential grantee from the Board of County Commissioners for each county in the project service area.

1. Email a scan of the Commissioners' authorizing resolution along with your proposal.
2. Include a certified copy of the Commissioners' authorizing resolution when you mail in your signed proposal.