

Applicant _____

Date _____

Project Name _____



CY 2013	Ohio Coordination Program Job Access and Reverse Commute (JARC) New Freedom	Project Proposal
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Form II: Mobility Management Projects

Service Group Name _____

Project Name _____

Provide a brief description of the project that clearly states the project's goal and its major activities (300 characters or less):

Geographic Target Area

Provide a brief description of the project's geographic area (300 characters or less):

(Optional) Provide a map depicting the project boundaries.

Project Status

Specify if this is a continuing or new project (check one):

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- Continuation of an existing mobility management project
- New project

Anticipated project start date _____

Describe the anticipated duration of the project (e.g., one year, two years, indefinitely, etc.) (200 characters or less):

Project Elements (include at least one):

Specify (200 characters or less):

Specify (200 characters or less):

Specify (200 characters or less):

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Specify (200 characters or less):

Specify (200 characters or less):

Demographic data for the project's geographic area

2010 Population _____

Use the Ohio Department of Development's Ohio County Profiles for this information, <http://www.development.ohio.gov/research/files/s0.htm>

Population 5 years and over _____

With a disability _____

Percent with a disability _____

Use Census 2000 Summary File 3 for this information

Population with Ratio of Income to Poverty Level Under 150% _____

Percent with Ratio of Income to Poverty Level Under 150% _____

Use the Ohio Department of Development's Ohio County Profiles for this information, <http://www.development.ohio.gov/research/files/s0.htm>

Population Receiving Food Assistance (FA) Benefits _____

Percent Receiving Food Assistance (FA) Benefits _____

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Population Receiving Ohio Works First (OWF) Benefits _____

Percent Receiving Ohio Works First (OWF) Benefits _____

Use the Ohio Department of Job and Family Service's County Profiles for this information, <http://jfs.ohio.gov/County/cntypro/index.stm>

Year of County Profiles used _____

Population by Race/Ethnicity

Population White _____

Population African-American _____

Population Asian _____

Population Pacific Islander _____

Population Other _____

Population Two or More Races _____

Percent White _____

Percent African-American _____

Percent Asian _____

Percent Pacific Islander _____

Percent Other _____

Percent Two or More Races _____

Population Hispanic (may be of any race) _____

Percent Hispanic (may be of any race) _____

Use the Ohio Department of Development's Ohio County Profiles for this information, <http://www.development.ohio.gov/research/files/s0.htm>

Target Population

Age (check one):

Age 60 and older

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Age 65 and older

Other: Please specify (200 characters or less):

Race/Ethnicity (check all that apply):

African-American

Asian/Pacific Islander

Caucasian

Hispanic

Native American

Other: Please specify (300 characters or less):

Income (check all that apply):

Low income: Defined as (300 characters or less):

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Other income range: Defined as (300 characters or less):

Disability (check all that apply):

Adults with disabilities

Older people with disabilities

Persons with specific disabilities: Including (300 characters or less):

Key partners/stakeholders to be involved in the project (check the 3 most that will be most involved):

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)

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Other: Please specify (300 characters or less):

Describe how key partners will be involved in the project:

Provide ongoing guidance and assistance throughout the project: Specify who (200 characters or less):

Provide specific assistance, e.g., training, education/awareness sessions, outreach activities, conduct focus groups, etc.: Specify who and types of support provided (200 characters or less):

Other: Specify (200 characters or less):

Does the project augment existing public transit and/or human service agency transportation services? (Augmentation of existing services includes providing connections to other services, encouraging the use of other services, and accommodating gaps in other services.)

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- Yes: Describe the details of the augmentation; also include the point of contact of the other transportation service(s) (300 characters or less):

- No: Explain (300 characters or less):

Does the project duplicate any other existing services (e.g., coverage of services, participant eligibility, etc.)?

- Yes: Describe the nature and justification of the duplication. Include why your service is more effective and an improvement over the existing service. (300 characters or less):

- No: Explain how you have verified that there is no duplication. (300 characters or less):

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Which of the gaps or issues identified in the coordinated transportation plan will the project address? Include the page reference(s) from the coordinated transportation plan for each gap/issue. (300 characters or less):

Describe how the project will mitigate the transportation need for each gap or issue by explaining how your project affects it. (300 characters or less):

Increases or enhancements related to geographic coverage, service quality and/or service times that impact availability of transportation services for individuals with disabilities (300 characters or less):

Describe the key personnel assigned to this project along with their qualifications to implement the project (300 characters or less):

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Describe how the project will be marketed to serve the target population(s). (300 characters or less):

Describe the project's information/marketing materials and distribution channels (300 characters or less):

Include all marketing materials your project has developed or proposes to use in this effort. Attach a copy of your current marketing plan for your project.

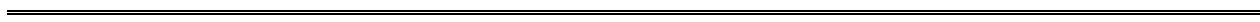
Project Metrics

Estimated number of customer contacts _____

Estimated number of rides (as measured by one-way unlinked passenger trips) if the mobility manager will oversee service delivery _____

For projects with one-on-one transit training (travel training) or transportation resource training (group training), estimated number of persons trained _____

Estimated number of website hits _____



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Mobility Management Project Narrative

Project Description (2,000 characters or less):

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Date _____

Project Name _____

Community Need and Benefit (2,000 characters or less):

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Date _____

Project Name _____

Input from Target Population(s) (if any) (800 characters or less):

Innovation/Replicability (if any) (800 characters or less):

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Project Name _____

Outcomes (800 characters or less):