

Applicant _____

Date _____

Project Name _____



CY 2013	Ohio Coordination Program Job Access and Reverse Commute (JARC) New Freedom	Project Proposal
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Form IV: Operating 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):

Project Purpose (check all that apply):

- Transportation services for low-income individuals to and from jobs and activities related to their employment, and/or reverse commuting service
- Transportation services beyond those required by the Americans with Disabilities Act of 1990 (ADA), and/or transportation alternatives beyond those required by the ADA designed to assist individuals with disabilities with accessing transportation services

Project Type (select the one that best fits)

- Expanded geographic coverage
- Extended hours or days of service
- Improved system capacity
- Improved access or improved connections: projects that improve an individual's ability to travel (other than mobility management)

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Improved customer knowledge: customer information and training programs

Geographic Area

Please identify the county or counties covered in whole or in part by this project. For each county, specify whether this project covers:

- a. 100%
- b. 75% to less than 100%
- c. 50% to less than 75%
- d. 25% to less than 50%
- e. Less than 25%

Please be as specific as possible.

If necessary, provide additional clarification of your service area boundaries (300 characters or less):

Attach a map depicting the project boundaries, outlining any fixed routes.

Project Status

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

Continuation of an existing operating project, with no changes

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- Continuation of an existing operating project, with some changes or new elements
- 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):

If this is a continuation of an existing operating project, was any part of the project in operation on or before August 10, 2005?

- Yes
- No

Project Elements (check all that apply):

- Late-night and weekend service
- Guaranteed ride home service
- Shuttle service
- Expanding fixed-route public transit routes
- Demand-responsive van service
- Ridesharing and carpooling activities
- Transit-related aspects of bicycling (such as adding bicycle racks to vehicles to support individuals that bicycle a portion of their commute or providing bicycle storage at transit stations)
- Local car loan programs that assist individuals in purchasing and maintaining vehicles for shared rides

Promotion, through marketing efforts, of the

- use of transit by workers with non-traditional work schedules
- use of transit voucher programs by appropriate agencies for welfare recipients and other low-income individuals

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- development of employer-provided transportation such as shuttles, ridesharing, carpooling
- use of transit pass programs and benefits under Section 132 of the Internal Revenue Code of 1986
- Voucher programs (intended to supplement existing transportation services by expanding the number of providers available or the number of passengers receiving transportation services)
- Subsidizing the costs associated with adding reverse commute bus, carpool van routes or service from urbanized areas and nonurbanized areas to suburban work places
- Otherwise facilitating the provision of public transportation services to suburban employment opportunities
- Expansion of paratransit service parameters beyond the three-fourths mile required by the ADA (only applicable where fixed-route service already exists)
- Expansion of current hours of operation for ADA paratransit services that are beyond those provided on the fixed-route services
- The incremental cost of providing same day service
- The incremental cost of making door-to-door service available to all eligible ADA paratransit riders (only applicable where curb-to-curb paratransit already exists)
- Enhancement of the level of service by providing escorts or assisting riders through the door of their destination
- Labor costs of aides to help drivers assist passengers with over-sized wheelchairs
- New “feeder” service (transit service that provides access) to commuter bus and intercity bus stations, for which complementary paratransit service is not required under the ADA
- New training programs for individual users on awareness, knowledge, and skills of public and alternative transportation options available in their communities. This includes travel instruction and travel training services
- Volunteer driver and aide programs
- Other: Specify (200 characters or less):

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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 _____

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 _____

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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
- Age 65 and older
- Other: Please specify (200 characters or less):

Race/Ethnicity (check all that apply):

African-American

Asian/Pacific Islander

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- Caucasian
- Hispanic
- Native American
- Other: Please specify (300 characters or less):

Income (check all that apply):

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

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

Disability (check all that apply):

- Adults with disabilities
- Older people with disabilities

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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)
- Other: Please specify (300 characters or less):

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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):

What days and hours will the project provide services? (200 characters or less):

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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.)

- 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):

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

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):

Project Metrics

Estimated number of jobs that can be accessed as a result of geographic or temporal coverage of the project _____

Estimated number of jobs targeted _____

Estimated number of rides (as measured by one-way unlinked passenger trips) provided as a result of the project _____

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Estimated number of rides (as measured by one-way unlinked passenger trips) provided for individuals with disabilities as a result of the project _____

Estimated number of customer contacts _____

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 _____

If this is a standalone fixed route or flexible route project:

Route length in miles (one way), measured from start to finish _____

If this is a fixed route or flexible route project in conjunction with existing routes:

Number of new miles added to the route(s) (based on one-way route length in miles on an average or typical weekday) _____

Number of new miles added to the route(s) on a typical Saturday _____

Number of new miles added to the route(s) on a typical Sunday/holiday _____

Number of additional hours of service on a typical weekday _____

Number of additional hours of service on a typical Saturday _____

Number of additional hours of service on a typical Sunday/holiday _____

If this is a demand response project:

Estimated number of rides (as measured by one-way unlinked passenger trips) provided beyond those required by the ADA, as a result of the project _____

Square miles of geographic coverage provided on a typical weekday beyond the required ADA service area, as a result of the project _____

Square miles of geographic coverage provided on a typical Saturday beyond the required ADA service area, as a result of the project _____

Square miles of geographic coverage provided on a typical Sunday/holiday beyond the required ADA service area, as a result of the project _____

Weekday hours added *within* the required ADA service area _____

Saturday hours added *within* the required ADA service area _____

Sunday/holiday hours added *within* the required ADA service area _____

Weekday hours added *beyond* the required ADA service area _____

Saturday hours added *beyond* the required ADA service area _____

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Sunday/holiday hours added *beyond* the required ADA service area _____

If this is a project that enhances curb-to-curb service with door-to-door or door-through-door service:

Estimated number of rides (as measured by one-way unlinked passenger trips) provided beyond those required by the ADA, as a result of the project _____

All projects:

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):

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

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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.



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Operating Project Narrative

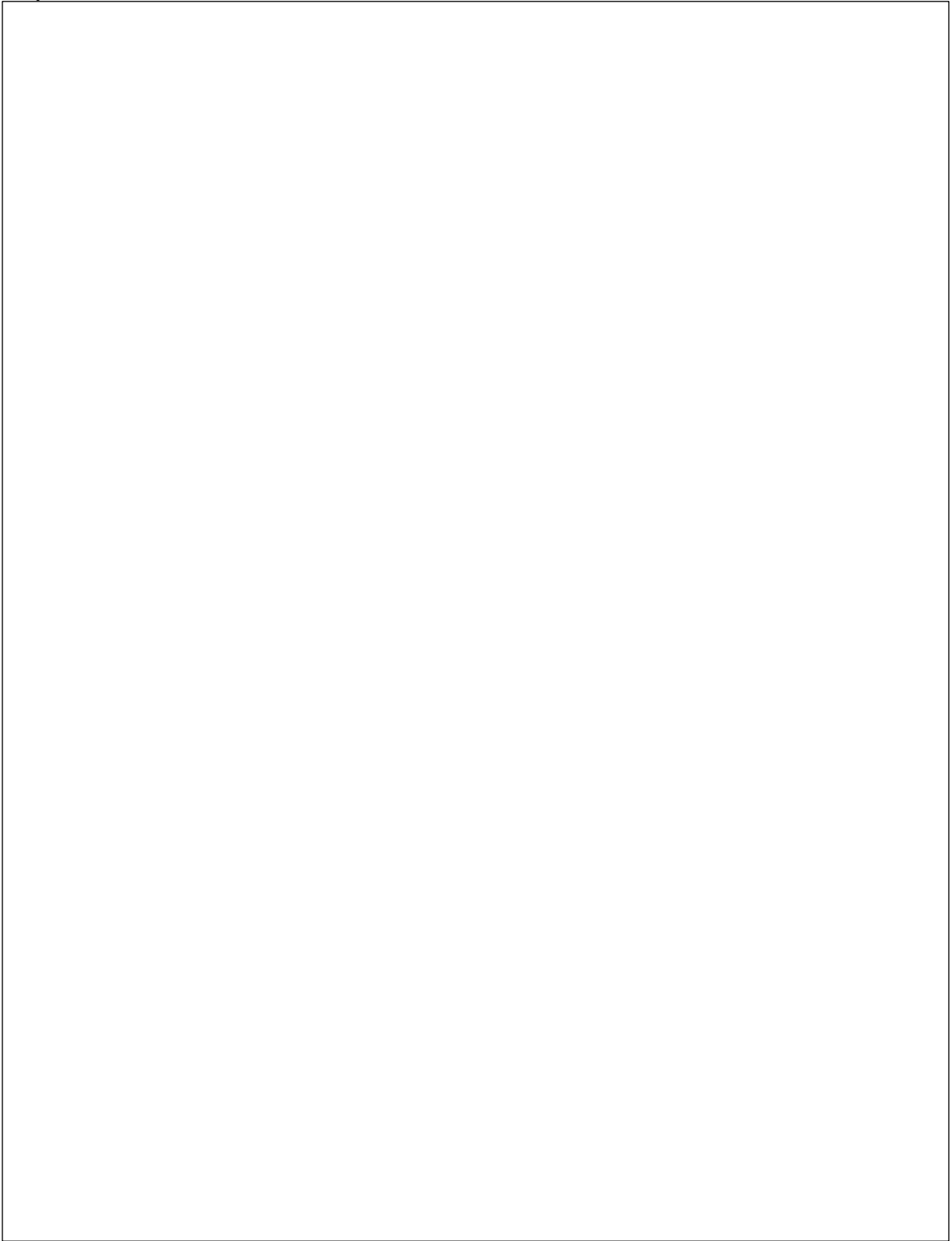
Project Description (2,000 characters or less):

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

A large, empty rectangular box with a thin black border, intended for the applicant to write their response to the 'Community Need and Benefit' question. The box is currently blank.

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

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

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Outcomes (800 characters or less):