



**Winston-Salem Urban Area
Metropolitan Planning
Organization**



**Department of
Transportation**

**Federal Transit Administration (FTA)
Enhanced Mobility of Seniors and
Individuals with Disabilities, Section 5310
*Grant Application***

**Winston-Salem Urban Area Metropolitan Planning Organization
Winston Salem Department of Transportation
City of Winston-Salem, NC**

May 2019

Allocation Initial Form

Available Funding Total: \$363,729.00

Select the funding being applied for and notate the amount being requested

<i>Funding</i>	<i>Amount Available</i>	<i>Amount Requested</i>
<i>FY 2019 Allocation- Section 5310</i>	<i>\$363,729.00</i>	
Total	\$363,729.00	

NOTE: The FY 2019 Allocation represents the full year apportionment for the urban area, announced April 9, 2019.

Part I- Section 5310 Grant Applicant Information

APPLICANT DATA

Legal Name:	
Contact Person:	
Address:	
City, State, Zip Code:	
Telephone:	
Fax:	
E-Mail:	
Organization Website:	

PROJECT DESCRIPTION

Title:	
Brief Description:	

Anticipated Project Expenditures: **Operating** _____

Service Days/Hours: _____

Estimated Cost per One Way Trip: _____ *(Operating Cost)*

Cost for Passengers per One Way Trip: _____ *(Cost)*

Estimated Daily Riders: _____ *(Weekday)* _____ *(Weekend)*

ORGANIZATIONAL CAPACITY

Please provide the existing mission statement of your organization. For those organizations that do not have a mission statement, please develop a statement for the purposes of this application that covers the full mission of the organization, not just the programs to be funded by the City. The mission statement should be brief but should identify the purpose of the organization, who it serves, and how that service is provided.

Be sure to make the connection of the organization's benefit to the Winston Salem urban area.

- How does the organization improve the quality of life within the urban area?
- How does the organization serve a wide range of citizens within the urban area?
- How does the organization demonstrate broad-based support within the urban area?

ORGANIZATION/PROGRAM ACCOMPLISHMENT

Please provide any specific achievements that were part of the program/project. This is not limited to awards received by the organization, reorganization of staff, renovation or construction of facilities and receipt of new grants as it relates to the project/program.

Part II- Project Narrative

As per the Program Management Plan (PMP) and Public Transit Human Service Coordination Plan (PT-HSC), Part II consists of the framework for the competitive selection process.

Project Need/Goals and Objectives (25 points)

1. Describe the unmet transportation need that the proposed project seeks to address and the relevant planning effort that documents the need.

- a. Does it cover an area targeted by the Coordination Plan?

- b. Describe how the project will mitigate the transportation need.

- c. Estimate the number of people served and/or the number of service units that will be provided.

- d. Describe the specific community this project will serve, and provide pertinent demographic data and/or maps.

2. What are the project's goals and objectives?

Implementation Plan (25 points)

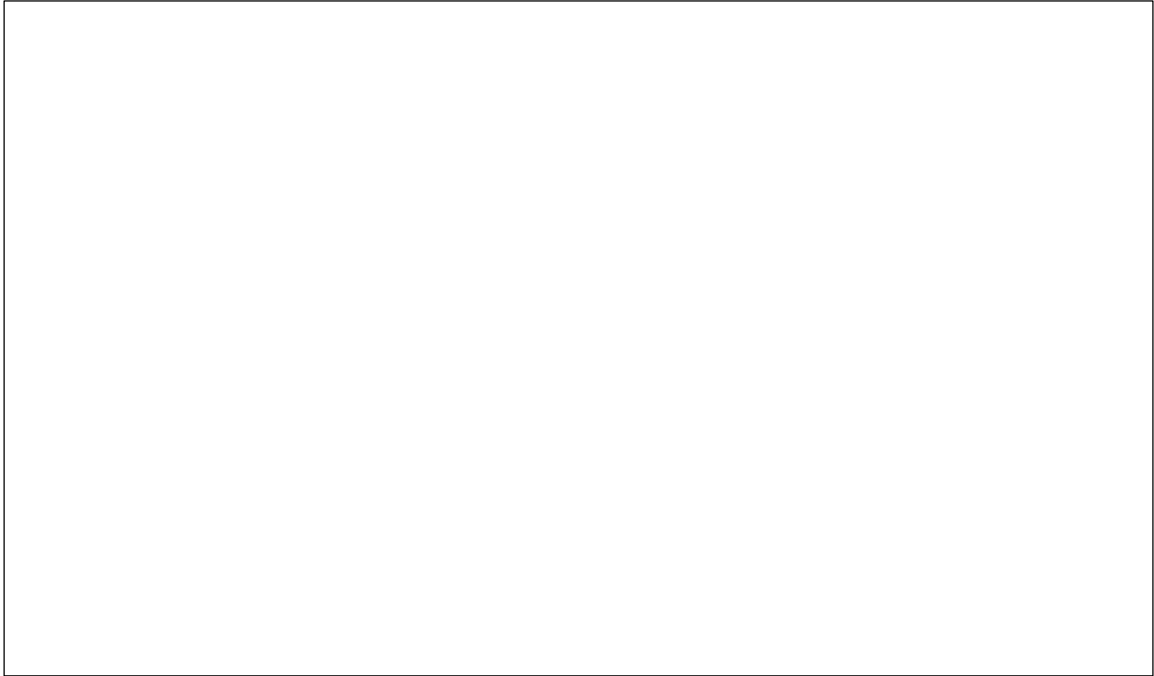
1. Describe key personnel assigned to this project, and your agency's ability to manage the project.

2. Provide an operational plan for delivering service. Include route or service area map, if applicable OR provide an implementation plan for completing a capital project, including key milestones and estimated completion date.

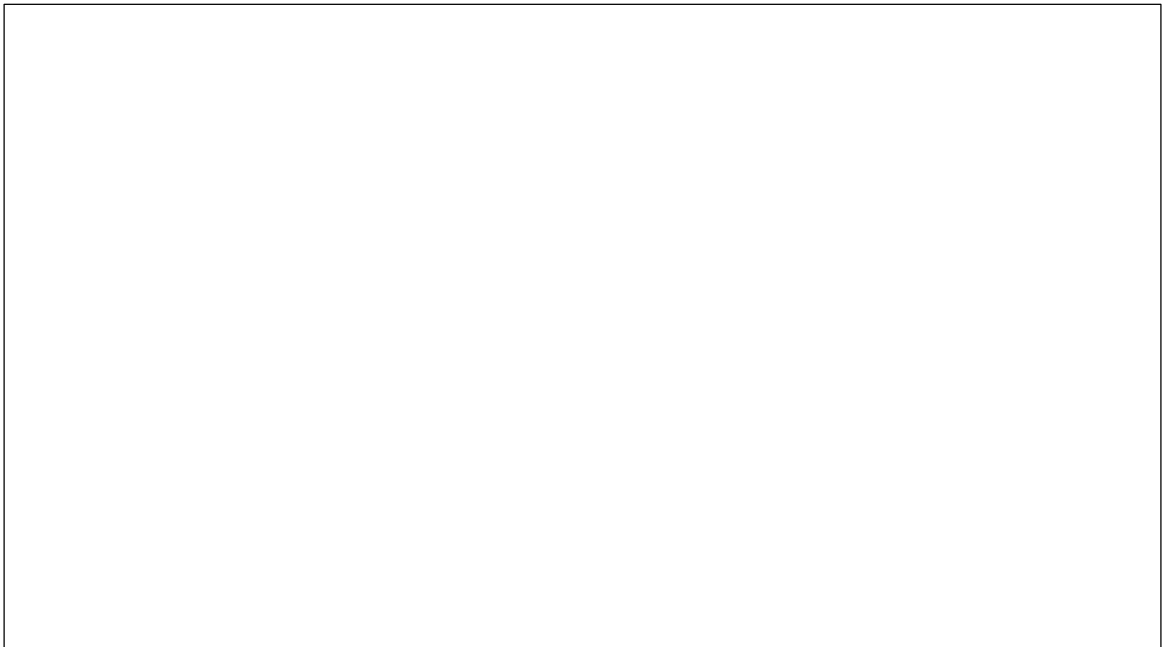
3. Explain how this project relates to other services or facilities provided by your agency or firm and demonstrate how it can be achieved within your technical capacity.

Program Effectiveness and Performance Indicators (20 points)

1. Project application should demonstrate that the proposed project is the most appropriate match of service delivery to the need. Identify performance measures to track the effectiveness of the service in meeting the identified goals. For capital-related projects, project sponsor is responsible to establish milestones and report on the status of project delivery.



2. Describe a plan for monitoring and evaluation of the services and steps to be taken if original goals are not achieved.



Project Budget (15 points)

Continue on page 8

In Reference to the Project Budget Section

Last Year's Actual Budget: the budget that reflects how much revenue has actually generated or expenditures paid out during the 2018 fiscal year

Current Year's Estimated Budget: the anticipated budget that will reflect how much revenue will be generated or expenditures paid out by the end of the 2019 fiscal year.

Future Year's Projected Budget: the proposed budget that will reflect the anticipated revenues and expenditures for the 2020 fiscal year.

Program Services: Expenditures for those activities that are part of the organization's primary purpose and that form the basis for its non-profit status. Expenditures can also be related to business or trade operations of the organization, such as the cost of operating a gift shop.

Management and General: Expenditures for overall operation and management, rather than for direct conduct of fund-raising or program services. This function should include the expenditures for the organization's Board of Directors or similar body and the salary and benefits of the executive officer and that officer's immediate staff. If the officer spends any time directly supervising program or fund-raising activities, that time should be allocated to those functions. Other expenditures in this function include general legal services, accounting, insurance, office management, auditing, personnel, and investment expenses.

1. Project sponsor should provide a complete budget indicating project revenues and expenditures in the format provided (same as Part V) and describe efforts to ensure its cost-effectiveness. *(Complete the Budget Sheet on page 8 and, if needed, the context space below).*

Budget for the Proposed Project

All information should pertain to the proposed project

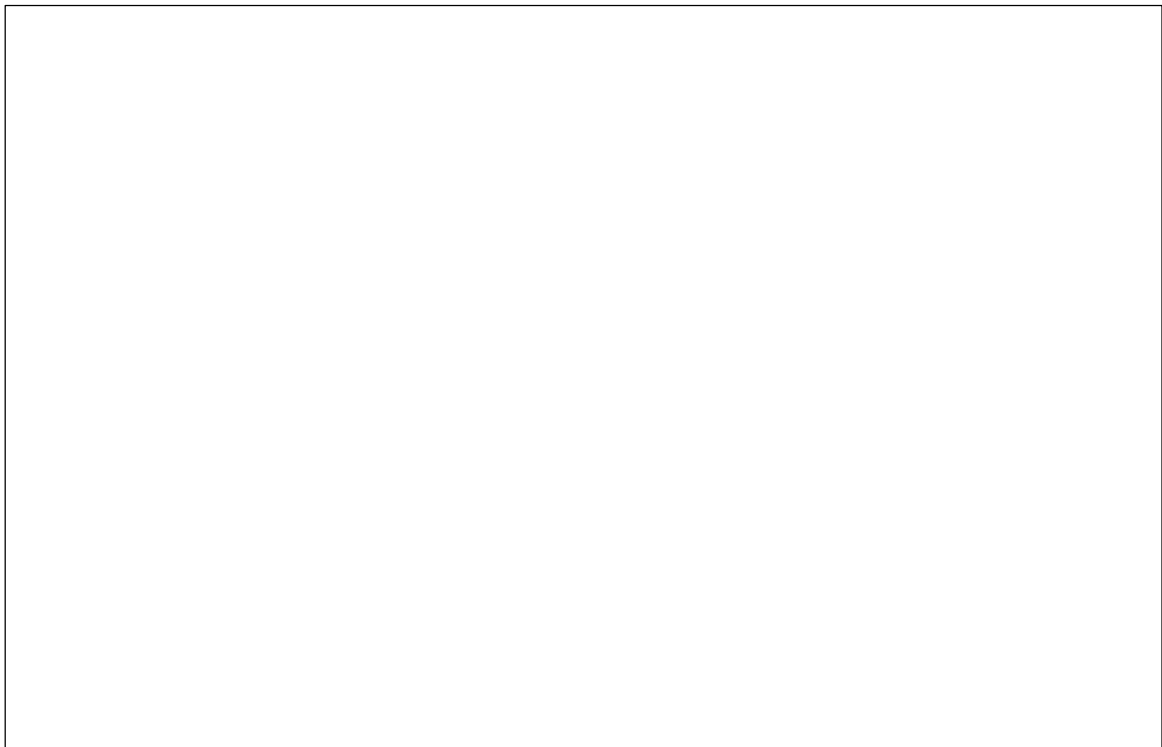
	Last Year's Actual FY 2018	Current Year's Estimated FY 2019	Future Year's Projected FY 2020
EXPENDITURES BY PROGRAM			
Program Services			
Management and General			
Total (Should match Total Expenditures by Category)			
EXPENDITURES BY CATEGORY			
Personnel			
<i>Employee Salaries and Wages</i>			
<i>Employee Benefits</i>			
<i>Subtotal, Personnel</i>			
Operating Expenditures			
<i>Facility Rent and Utilities</i>			
<i>Training and Conference Registration</i>			
<i>Membership and Dues</i>			
<i>Travel and Transportation</i>			
<i>Other Contracted Services</i>			
<i>Other Operating Expenditures</i>			
<i>Subtotal, Operating Expenditures</i>			
Capital Outlay			
Total (Should match Total Expenditures by Program)			
REVENUE BY CATEGORY			
City of Winston-Salem			
Forsyth County			
State of North Carolina			
Federal Government			
Admissions/Program Revenue/ Sales			
Memberships			
Donations			
Foundation Grants			
Interest and Investment Income			
Parent Organization			
Other			
Total			

Coordination and Program Outreach (10 points)

1. Describe how the project will be coordinated with public and/or private transportation and social service agencies serving seniors and individuals with disabilities.



2. Describe efforts to market the project, and ways to promote public awareness of the program. Letters of support should be obtained from key stakeholders and attached to the grant application.



Innovation (5 points)

1. Describe any proposed use of innovative approaches that will be employed for this project. Discuss what is innovative about the approach and how the innovations could be applied to other services in the region.



Part III- Performance Measures

As per the Federal Transit Administration’s (FTA) developed performance measures for this grant funding, please provide the applicant’s goals as it pertains to the applicable performance measures and how the applicant anticipates to meet those goals during the life of the grant.

Please select the type of Section 5310 project being applied for and respond to the prompt above.

Traditional Section 5310 Projects

- ✓ ***Gaps in Services Filled***: Provision of transportation options that would not otherwise be available for seniors and individuals with disabilities measured in numbers of seniors and people with disabilities afforded mobility as a result of the project.
- ✓ ***Ridership***: number of rides (as measured by one way trips) provided annually for individuals as a result of the

Part IV- Proposed Project Budget

Project Funding

Local matching funds will be required for all application submittals.

Section 5310 grant funding:

Operating Expenses, that are eligible for Capital Funding (net costs): **80% federal / 20% local**

Expense Type	Total Funding (\$)	Federal Share (\$)	Local Share (\$)
Operating Expenses			

Local Match Funding Source:

Note: The applicant is required to demonstrate a commitment to providing local match funds. This can be in the form of a letter and/or a copy of an existing grant agreement or supporting documentation where funds will be drawn from.

Will there be a commitment of funds beyond the grant period?

Yes

No

Describe (If more space is needed, please attach detailed proposal to the application):

Part V- Current Year's Budget

(Please have personnel responsible for finance and/or financial development complete the budget sheet, page 14)

In Reference to the Budget Section

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Please complete the table to show the organization's current operating budget.

Budget for the Organization's Operation			
	Last Year's Actual FY 2018	Current Year's Estimated FY 2019	Future Year's Projected FY 2020
EXPENDITURES BY PROGRAM			
Program Services			
Management and General			
Total (Should match Total Expenditures by Category)			
EXPENDITURES BY CATEGORY			
Personnel			
<i>Employee Salaries and Wages</i>			
<i>Employee Benefits</i>			
<i>Subtotal, Personnel</i>			
Operating Expenditures			
<i>Facility Rent and Utilities</i>			
<i>Training and Conference Registration</i>			
<i>Membership and Dues</i>			
<i>Travel and Transportation</i>			
<i>Other Contracted Services</i>			
<i>Other Operating Expenditures</i>			
<i>Subtotal, Operating Expenditures</i>			
Capital Outlay			
Total (Should match Total Expenditures by Program)			
REVENUE BY CATEGORY			
City of Winston-Salem			
Forsyth County			
State of North Carolina			
Federal Government			
Admissions/Program Revenue/ Sales			
Memberships			
Donations			
Foundation Grants			
Interest and Investment Income			
Parent Organization			
Other			
Total			

Please complete the table below to show proposed City funding and other leveraged funding (if applicable).

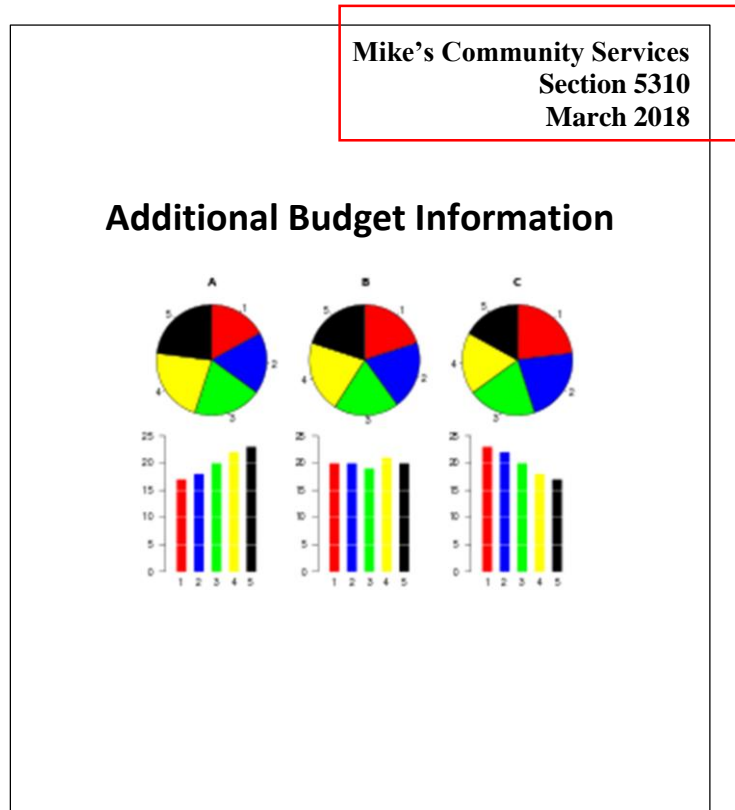
Activity	Funding Requested from City	Funds from Other Sources	Other Funds Sources	Total Funding
<i>[Example: Utilities]</i>	<i>5,000</i>	<i>5,000</i>	<i>Foundation</i>	<i>10,000</i>

PLEASE NOTE

Any additional attachments to this grant application must be labeled as followed:

Organization's Legal Name/ Grant (Section 5310 or JARC, Section 5307)/Date

Example:



I, certify that the information disclosed in this application, is in fact accurate and complete, to the best of the applicant's abilities.

Information found incomplete or inaccurate maybe cause for disqualification for consideration of the Federal Transit Administration grant funding opportunities during this fiscal year's Request for Funding Process with the Winston Salem Department of Transportation (WSDOT)/ Winston Salem Urban Area Metropolitan Planning Organization (WSMPO).

Organization Name

Executive Director (Printed Name)

Executive Director (Signature)

**Finance Director/ Appointed Finance
Personnel (Printed Name)**

**Finance Director/ Appointed Finance
Personnel (Signature)**

Date

