**2026 SECTION 5310 PROGRAM APPLICATION AND INSTRUCTIONS**

**All Applicants:**

To maintain compliance with Federal and State program requirements and to better meet the needs of Arkansans, the Arkansas Department of Transportation (Department) has edited this application to reflect recent Federal Rulemaking and personnel changes. Application Instructions will help you to:

* DETERMINE YOUR AGENCY’S ELIGIBILITY FOR FUNDING,
* COMPLETE THE APPLICATION FOR CAPITAL ASSISTANCE, INCLUDING ALL ATTACHMENTS, AND
* COMPLY WITH ALL PROGRAM REQUIREMENTS TO MAXIMIZE YOUR APPLICATION SCORE.
* SIGNATURES MUST BE WET. NO ELECTRONIC SIGNATURES.

**Please Note important program limitations for applicants:**

1. THE DEPARTMENT WILL ACCEPT ONE APPLICATION PER RELATED ORGANIZATION. • All Applications for Capital Assistance will be initiated by the Master Applicant (Parent Agency) and not by a Subsidiary, Satellite Location, Controlled Corporation, Partner Agency, or any other Operation of Convenience.

* The DEPARTMENT will make the final determination regarding related organizations and the need to jointly file an application where a project is jointly operated. The Department reserves the right to limit/exclude/combine applications submitted by sub-corporate entities or partner agencies operating under or through a principle corporate entity.

2. The Master Applicant will choose from among its programs, operations, and related agencies to identify up to two Site Specific Locations and complete the Master Application with the Specific Site Location documented for each vehicle requested.

3. Applications will only be accepted from eligible legal entities operating within the State of Arkansas whose agency/program goals and objectives are consistent with Section 5310 Program limitations (serve only Seniors and/or Individuals with Disabilities) and which possess the experience, financial capacity, technical capacity, and administrative ability to carry out project(s) proposed in the Master Application.

4. Vehicles will be awarded on a competitive basis, at the sole discretion of the Department, and based upon a review of factors, including **prior funding awards**, the **proposed use of a vehicle**, the **needs to be addressed in a community through the award of a vehicle**, the **organizational capacity and performance of the Master Applicant organization and related agencies**, the **availability of funds, the following of current preventive maintenance plans, the current appropriate usage of FTA funded vehicles**.

5. The federal share of eligible capital costs will not exceed 80 percent of the net project cost and the local share of eligible capital costs will not be less than 20 percent of the net project cost. Except where a Federal program permits funds to be used to match Federal funds, local share must be provided from sources other than Federal funds.

6. NO CASH SUBSIDY IS AVAILABLE. Successful Applicants will be responsible for a 20 PERCENT CASH MATCH AT TIME OF VEHICLE DELIVERY. Application is LIMITED TO VEHICLES LISTED IN ATTACHMENT 8. The Department will PURCHASE ALL VEHICLES AWARDED through the STATE PROCUREMENT PROCESS ACCORDING TO DEPARTMENT SPECIFICATIONS.

7. Vehicles provided to Organizations through this Capital Assistance Program are granted for the sole purpose of providing transportation services to the Population of Seniors and/or Individuals with Disabilities Identified in the Application. An organization may not use a 5310 Program vehicle for any purpose or group of passengers, including service to the public, until they have fully satisfied the transportation needs of the client group described in the application. Other passengers may be transported on a “space available” basis, as long as no Senior or Individual with Disabilities is displaced.

8. Meal Delivery is not a transportation service under this Program. Administrative use of a vehicle awarded under this Program must be incidental to transportation service provided to eligible riders and cannot displace an eligible rider. Vehicles used primarily for administrative purposes, INCLUDING MEAL DELIVERY, may be available to eligible agencies under the Department’s TransLease Program. Contact the Public Transportation Programs Office for more information: 501-569-2952.

9. The information you provide may be compiled and shared with the Federal Transit Administration (FTA) and is used by the Program Managers and the Interagency Review Committee to evaluate and rank proposed projects.

10. All Master Applicant organizations will provide:

* **One (1) completed TYPED Master Application**
* **Include the Site Specific Location for each vehicle requested**, up to a maximum of two (listed in rank order of importance to your Agency).
* If submitting more than one vehicle selection, the Order of the vehicles in your application will be a factor in the ranking of each vehicle. (List your most important request first.)

11. Applicant Eligibility Criteria: There are three categories of eligible applicants:

* Private non-profit organizations determined by the Secretary of the Treasury to be an organization described by 26 U.S.C. Section 501(c) which is exempt from taxation under 26 U.S.C. Section 501(a) or Section 101.
* Public bodies that certify that no non-profit corporations or associations are ready, willing, and available in an area to provide the service.
* Public bodies approved by the Department to coordinate services in a particular area for seniors and individuals with disabilities.

Public Bodies wishing to participate in the Program must complete the Certificate of Eligibility for Local Entities Statement and the Availability of Private Non-Profit Response Form.

Private Non-Profit Agencies should complete the Availability of Private Non-Profit Response Form only.

12. Disabled Accessibility Requirement: Vehicles requested through this Program must be accessible to disabled individuals. The Department will consider issuance of a waiver of this requirement (See Attachment 6) only if, in its opinion, specific conditions have been clearly and completely met. To qualify for a waiver your Agency must:

* Currently meet all demand for service to disabled individuals as requested and required,
* Provide generally equal service to disabled individuals; and
* Continue to provide these services after the acquisition of a vehicle under this Program; and
* Complete a response letter responding to questions 1 through 6 found on Attachment 6.

13. **Nonprofit Financial Disclosure**: Your agency’s IRS Form 990(s), most recent Audited Financial Statement(s) and any audit/management letters issued by the auditor in conjunction with audit findings must be submitted with application.

14. To clarify the application process and request any additional information before all deadlines, you may wish to contact the Section 5310 Program Manager:

April Washington at 501-569-2952, [april.washington@ardot.gov](mailto:april.washington@ardot.gov)

**2026 Application & Supporting Documentation File Order**

**Based upon the organization of your Agency and your Agency’s approved status with the Department, select the Application Type that applies to your situation from the three options listed below and include the REQUIRED documents in the specified order for that Application Type:**

**Pre-Certified Private Non-Profit Applicants**

(These are agencies currently participating in the 5310 Program with active vehicles.

Quarterly Performance Measurement & Monitoring Reports are currently being submitted to the DEPARTMENT.)

1. Typed Master Application with Original or Electronic Signatures submitted via Email: **Handwritten and photocopy of application are not acceptable**.
2. Include Site Specific Location including **full address** for EACH requested vehicle: Include at least one and no more than two per Master Applicant-One per vehicle.
3. Listing of current Board of Directors with their positions, addresses and occupations.
4. Agency’s Articles of Incorporation: Provide amendments to your Articles of Incorporation, if any. The Department maintains these documents on-file. If your corporate structure/officers changed since your last application, or if you failed to report a change in a previous year, provide updated documentation.
5. Current or most recent, IRS Form 990 - Return of Organization Exempt from Income Tax. If necessary, include the IRS approval Form 2758 where your Agency filed for an extension.
6. Vehicle Inventory Form: Use blank form provided-Application Attachments Section, Attachment 1. Note: Include any/all ARDOT funded vehicles, even released vehicles.
7. Public Notice – the printed on-line listing or scanned copy of actual newspaper clipping or bulletin **published prior to submission of the application**. See Application Attachment 2 for use as a template. If requesting vehicles for separate sites, make notice in each media market.
8. Public or Private Operator’s Statement(s): Complete and present one form to each Responding Transit Operator in each service area(s) included in the Application for the **Responding Transit Operator to complete and return to you**. Copy and use Attachment 3 for distribution.
9. Federal Assistance Form 424. Use blank form provided, Attachment 4. **Fill in highlighted areas**.
10. Certification of Eligibility for All Entities certifying that there are no nonprofit organizations ready, willing, and available in the area to provide the proposed service. See **Application Attachment 5 for the two-page form**. Efforts to solicit service must be documented and included with certification. Documentation shall include a list of all existing transportation providers to whom letters were mailed.
11. Assessment of Equal Access for Individuals with Disabilities Attachment 6 but only include signed letter response in application **IF** The Requested Vehicle Is Not ADA Compliant. Otherwise, omit.

**New Private Non-Profit Applicants**

(These are agencies applying for the first time or agencies that previously participated in a Department Transit Program but no longer have active vehicles requiring vehicle Quarterly Performance Measurement & Monitoring (QPM) Reports.)

1. Typed Master Application with Original or Electronic Signatures submitted via Email: **Handwritten and photocopy of application are not acceptable**.
2. Include Site Specific Location including **full address** for EACH requested vehicle: Include at least one and no more than two per Master Applicant-One per vehicle.
3. Listing of current Board of Directors with their positions, addresses and occupations.
4. Agency’s Articles of Incorporation: Provide amendments to your Articles of Incorporation, if any. The Department maintains these documents on-file. If your corporate structure/officers changed since your last application, or if you failed to report a change in a previous year, provide updated documentation.
5. Letter of Tax Exempt Status from Internal Revenue Service.
6. Latest completed financial audit, with all management letters on file.
7. Current or most recent, IRS Form 990 - Return of Organization Exempt from Income Tax. If necessary, include the IRS approval Form 2758 where your Agency filed for an extension.
8. Vehicle Inventory Form. Blank form is provided for your use as Attachment 1, if applicable
9. Public Notice - the printed on-line listing or scanned copy of actual newspaper or bulletin **published prior to submission of the application**. See Application Attachment 2 for example. If requesting vehicles for separate sites, make notice in each media market.
10. Public or Private Operator’s Statements. Complete and present one form to each Transit Operator in each service area(s) included in the Application for the Transit Operator to complete and return to you. Use Attachment 3.
11. Federal Assistance Form 424. Use blank form provided Application Attachments Section, Attachment 4.
12. Certification of Eligibility for All Entities certifying that there are no nonprofit organizations ready, willing, and available in the area to provide the proposed service. See Application Attachment 5 page 2. Efforts to solicit service must be documented and included with certification. Documentation shall include a list of all existing transportation providers to whom letters were mailed.
13. Assessment of Equal Access for Individuals with Disabilities Attachment 6, but only include a signed letter response in package **IF** The Requested Vehicle Is Not ADA Compliant. Otherwise, omit.
14. Brochure or Flyer on your Agency.

**New and Pre-Certified Public Entities**

(Examples of Public Entities are City and County governments.)

(New and Pre-Certified criteria same as above.)

1. Typed Master Application with Original or Electronic Signatures submitted via Email: **Handwritten and photocopy of application are not acceptable**.
2. Include Site Specific Location including **full address** for EACH requested vehicle: Include at least one and no more than two per Master Applicant-One per vehicle.
3. Listing of current Board of Directors with their positions, addresses and occupations.
4. Vehicle Inventory Form. Blank form is provided for your use as Attachment 1.
5. Public Notice - the printed on-line listing, actual newspaper clipping attached to an 8 ½” x 11” blank paper or a copy of the notice **published prior to submission of the application**. See Application Attachments Section, Attachment 2 for example.
6. A letter from the mayor or county judge stating 1) funding is sufficient, 2) date of the current audit on file.
7. Latest completed financial audit, with all management letters on file.
8. Public Entities Bylaws.
9. Federal Assistance Form 424. Use blank form provided-Application Attachments Section, Attachment 4.
10. Certification of Eligibility for All Entities certifying that there are no nonprofit organizations ready, willing, and available in the area to provide the proposed service. See Application Attachment 5 for the two-page form. Efforts to solicit service must be documented and included with certification. Documentation shall include a list of all existing transportation providers to whom letters were mailed.
11. Assessment of Equal Access for Individuals with Disabilities Attachment 6, but only include signed letter response in package **IF** The Requested Vehicle Is Not ADA Compliant. Otherwise, omit.

**Attachments are required as noted. Your application is considered incomplete with the omission of any of the above listed REQUIRED documents.**

***Additional information that may be included that could be useful in determining applicants’ eligibility. (Not required)***

1. *Letters of support for this application.*
2. *Letters of endorsement and justification from federal, state, and local program administrators who provide funding for the services.*

**BEFORE ASSEMBLING YOUR SUBMISSION, Please review the entire application package, including all instructions.**

# Line-by-Line Instructions for Master application (TYPED not Handwritten)

To ensure a competitive application, please review the entire Application and Instructions as a first step.

then, follow these line-by-line instructions as you organize your application.

**Master Application: Page One: LINE-BY-LINE Instructions**

## 1. General Agency Information—Master Applicant:

One Master Application will be accepted from an organization—and only one—regardless of the number of subsidiary organizations, satellite locations or other operations controlled by the Master Applicant. A subsidiary, satellite, Partner, otherwise controlled or captive agency may not submit an application except through its parent agency—the Master Applicant.

**The parent agency (Master Applicant) completes a Master Application to include Site Specific Locations for each vehicle requested**, up to a maximum of two (2) vehicles in this application cycle. The application is available on the Department’s Webpage: <https://www.ardot.gov/divisions/transportation-planning-policy/public-transportation-programs/federal-programs-applications/>

**Type of Applicant:**

* The 5310 Program is limited to Private Not-For-Profit Agencies and Public Entities: **Check one**
* Applicants who check Public Entity, must complete the Certification of Eligibility for Local Public Entities (See Application Attachment 5 page 1 & 2 instructions).
* Was funding awarded to any unit of Master Applicant in the last funding cycle? **Check yes or no**. If no, please explain any denial of funding.

## 2. Applicant Organization Information:

* **Legal Name of Master Applicant Agency: Do not abbreviate name. Identify the Agency’s name exactly as it is filed in the Agency’s Articles of Incorporation.** Public Bodies refer to their creation documents. **This is the name you will use in ALL CORRESPONDENCE with the Department.**
* Is your agency Female or Minority owned? **Check yes or no**. What is the owner demographic? Female or Minority, be specific
* Executive Director: Identify the name, title if different than Executive Director, phone number and extension, has staff in this position changed in the previous 2 years and if so, who did they replace and e-mail address (cell phone is optional).
* Applicant/Grant Writer: Identify the name, title if different than Grant Writer, phone number and extension, has staff in this position changed in the previous 2 years and if so, who did they replace, e-mail address (cell phone number is optional).
* Mailing Address: Indicate complete mailing address of the Master Applicant Agency. **Include ZIP+4** for this location.
* Physical Address: If the physical address is different from the mailing address, please enter it here.
* City, State, and Zip: For the **mailing address** as it may be different from the Physical Address. **Include ZIP+4** for this location.
* UEI#: List the UEI# for the Master Applicant Agency at the primary location. This is the same # now required on QPMs.(Unique Entity Identifier) \* REQUIRED FOR FEDERAL GRANT FUNDING - WE MUST BE ABLE TO VERIFY, SO ENSURE IT’S PUBLIC. Please Enclose a Current Screenshot of your agency UEI as found on SAM.gov.
* SAM.GOV UEI# Expiration: Go to [https://www.sam.gov/SAM/](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sam.gov%2FSAM%2F&data=04%7C01%7CKellie.Simpson%40ardot.gov%7C7be04bb655a84a443f1408d981c3f3d5%7C98988d93f1ee41e88aeaff73b005b87d%7C0%7C0%7C637683500876583778%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=D0zA1w13JhmO8Tq1C7LH7xhwpXR4MKkCJxcveM%2Bmjrg%3D&reserved=0) and do a search for your UEI# to get your expiration date. If nothing comes up, then you need to register your agency and UEI# with SAM.GOV. \* REQUIRED FOR FEDERAL GRANT FUNDING - WE MUST BE ABLE TO VERIFY, SO ENSURE IT’S PUBLIC
* ZIP+4: The Postal ZIP+4 Code for the agencies physical address—not your PO Box Number. Ask Post Office if you have a question or look up your address on <https://www.usps.com/> to get your ZIP+4.
* Website Address: List the website address for the Master Applicant Agency.

## 3. Financial Information: Application Page Two: LINE-BY-LINE INSTRUCTIONS

1. Select the status of funding anticipated for your transportation services over the next four years.
2. Provide information from your most current IRS Form 990 and attach a copy of the entire 990 along with the Agency’s most recent financial audit statement, and your Articles of Incorporation. Include management letters if any were issued.
3. Support Funds and totals for the Master Applicant Agency-all sources.
4. Income Revenues (Transportation Only): List sources of transportation revenue, amounts for each category listed and Reporting Dates.
   1. Expenses (Transportation Only): For each category listed, provide actual data and totals (include salaries).
5. Indicate source of funds, type of funds and amount used for 20 percent match for this application.

**YOUR FEDERAL ASSISTANCE FORM 424, ENTIRE IRS 990, AND ARTICLES OF INCORPORATION MUST BE SUBMITTED to the department WITH YOUR ORIGINAL APPLICATION.**

## 4. Transportation Management Experience: Application Page Three:

Agencies are required to follow the Department’s Fleet Preventative Maintenance Program and maintain the interior and exterior of the grant vehicle to ensure the comfort, safety, and dignity of riders.

Each organization is responsible for the cost of all labor, parts, and supplies under the Fleet Preventative Maintenance Program. **Poorly maintained or dirty vehicles** are considered a sign of a poorly managed transportation operation.

* Record the names(s), phone numbers & e-mail addresses of Master Applicant responsible for submitting Quarterly Performance Measurement and Monitoring (QPM) Reports & responsible for the Fleet Preventative Maintenance Program.
* Record the year your organization began operating transportation services.
* Check all that apply when selecting drivers.
* Check all training courses your Agency requires.
* Record the number of passenger vehicles in your fleet that require a Commercial Driver Licensed (CDL) operator (vehicle designed for 15 or more passengers not including the driver).
* Are your CDL drivers enrolled in a Drug & Alcohol Testing Program? Record Yes or No.
* If yes, list the drug and alcohol organization name, location (city and state) and phone number.
* Check what best describes your Agency’s Fleet Preventative Maintenance Program.
  + List procedures taken to prevent poor vehicle maintenance. Example: oil changed every 10,000 miles, air filters changed every 20,000 miles, daily pre-trip inspection, etc.

## 5. APPLICANT TITLE VI certification: Page Four

**Title VI Compliance**; Page four: The Master Applicant’s Executive Director or CEO answers questions regarding the **Agency’s history of compliance with Title VI**, providing details as directed by the form. The Master Applicant’s Executive Director or CEO will sign and date the Title VI Compliance Statement.

## 6. APPLICANT certification AS TRUE AND CORRECT: Page FIVE

**Application Certification By Governing Body**; Page Five:The **Master Applicant’s Governing** Body (Board of Directors or equivalent) **must authorize** a Board Member to act on their behalf, to **certify as True and Correct, the contents of the Application Package submitted to the Department**.

* Since 2013, **related agencies must apply collectively under a single Master Applicant in a single application**. The intent of this certification is to force disclosure of any relationship between the Master Applicant and any other agencies to eliminate multiple or duplicate applications from related, subsidiary, partner, or jointly controlled organizations.
* The **Authorized Board Member** further certifies that the Agency has the financial capacity to produce the required local match within ten (10) calendar days of the Department’s issuance of a Notice to Possess the requested vehicle.
* The Master Applicant’s **Authorized Board Member** signs and dates the Certification of Information.
* The Master Applicant’s **Executive Director** or CEO signs as witness to the signature of the **Authorized Board Member**.

## 7. APPLICANT’s Transportation service operates in urbanized area

* Check Appropriate Bracket. If this Master Application does not involve an Urbanized Area, select Not In These Urbanized Areas.
* Check client’s dependency on transportation provided by your Agency.
* Record the number of paid and/or volunteer drivers.
* Record the Type of Transportation the agency provides
* Record the number of days transportation is provided out of the year.
* Are services provided to non-agency clients? Record Yes or No.

## 8. Statewide transit Coordination Plan

The Transit Coordination Plan of 2023 is a five-year statewide document. Coordination is designed to reduce duplication of service and service overlaps. Strategies from the plan are provided in Attachment 7 for your use in answering the questions in this Section.

* Note the Strategy from the list (more than one may apply). Describe what your Agency has done in the last year to improve coordination of transportation services at the agency in the community where the proposed vehicle will be operated.
* Answer questions regarding coordination activities, such as leasing, contracting for service.
* Identify any other 5310 funded transportation services operating in the service area where the vehicle will operate.

## 9. VEHICLE Request AND NON-aDA Justification

NOTE: A proposal to purchase a Non-ADA Compliant Vehicle cannot be approved unless a public notice (Attachment 2) is provided, and specific findings of fact are made. See Attachment 6 for more information.

**EQUITABLE SERVICE**:

Propose how you serve individuals with disabilities in your area. Attach any policies that are in place to ensure equitable service.

**NON-DISCRIMINATION EFFORTS**:

Describe effort to identify and meet the transportation needs of ethnic minority individuals and communities in your service area. Example: bi-lingual brochures, advertisement, flyers. We are looking for how you reach out to the community (flyers, brochures, translated docs, interpreters for services) to ensure that the agencies services are open to any individual. It would be beneficial to include the community demographics in this answer and possibly the other agencies or providers who refer clients to you.

*Example - We currently serve a population of 387 members across the state, 45.2 % of these members are minorities - 72% male, 27.9% female and 12.1 % seniors. The minority rate for Arkansas is 23.29% while the national minority rate is only 39.7%. We serve a larger minority rate than the state. We transport all clients regardless of race, ethnicity, age or gender. We receive referrals from a variety of different primary care physicians in the area. We provide documents and brochures in multiple languages and have interpreters available for client services*.

## 10. TRANSPORTATION SERVICE DETAILS

Consult Attachment 8 to find Vehicle Order Type, Vehicle Description/State Bid Number and Estimated Base Cost.

**VEHICLE REQUEST FORMS**

* List Vehicle Preference(s) in the Rank Order of Your Preference for funding.
* Name the Operating Unit & Specific Site address proposed to receive the vehicle and include the County.

Please submit this form for the service area/program(s) to be served by each requested vehicle Primary and/or Secondary.

This establishes the overall transportation program at each service center proposed to be served by the requested vehicle.

Check the Client Group served, i.e., Seniors, Individuals with Disabilities.

Record number of hours the vehicle will be used, and total miles driven per day.

Select Strategy utilized from the Transit Coordination Plan (See Attachment 7).

Check the purposes for services currently provided to your clients at **This Site Location (where vehicle will be housed).**

Record the numbers of each client type eligible for services at **This Site Location And the Entire Agency as a whole.**

Record the number of clients transported daily at **This Location**.

Will services be provided to individuals that do not attend your center? Record Yes or No.

Check the select days of the week operated.

List the geographical areas (cities, towns) clients reside.

Choose one of three options for your transportation needs: New Service, Service or Fleet Expansion, or Equipment Replacement. ***Provide additional information for a Replacement vehicle request. Current Mileage: Total miles this vehicle has been operated, Mileage at Release, year released, ALI code at purchase (if known)***

**NOTE: If selecting Replacement, the vehicle listed must be an ARDOT awarded and released vehicle.**

**Ensure the Vehicle Inventory (Attachment 1) is completed and submit a Certificate of Insurance (Acord) that lists all active insured vehicles for the Agency**.

## 11. CERTIFICATION OF VEHICLE OPERATION

The certification form is signed by CEO or Executive Director of the agency in order to attest to the agencies agreement to be in compliance with operating vehicles funded with Federal Transit Administration funds.

## 12. Nondiscrimination under Federal grants and programs

To demonstrate compliance with Section 504, ADA, and other programs, check yes or no regarding your organizations written policies or procedures. Provide a copy of the policies in place in the program(s) where the vehicle is requested.

**Note: If your Agency has a bus (CDL required) designed to transport 15 or more passengers (not including the driver) a Drug and Alcohol Policy is mandatory**.

Report the details and resolution of any complaint or notification of non-compliance.

Answer all Questions in this section with Yes or No even if not applicable. If answering Yes to other policy/procedure not listed, list the additional policy.

List any deficiencies found in ADA or 504 compliance.

## 13. Certification of Equal Access for Individuals with Disabilities

**Certification of Equal Access**; A request for a Non-ADA vehicle cannot be approved unless the required Public Notice is given, and specific findings of fact are made.

If requesting a vehicle without a lift/ramp, the Master Applicant’s Executive Director or CEO signs and dates the certification. See Attachment 6, Assessment of Equal Access for Individuals with Disabilities for details regarding the required findings.

# Applicant’s Supporting Documentation

**A complete application package is comprised of:**

* **One Master Application with signatures**
* **Site Specific Location for Each Vehicle Requested — maximum of two; and**
* **A package of attachments based upon the specifics of your application and Agency (pre-certified non-profit, new non-profit, new or pre-certified public entity).**

**NOTE: Use the lists in Section 1, Page 3 & 4 to determine what you need to include in your application. Applications are considered incomplete with the omission of required documentation.**

**YOUR FEDERAL ASSISTANCE FORM 424, ENTIRE IRS 990, AND ARTICLES OF INCORPORATION MUST BE SUBMITTED to the department WITH YOUR ORIGINAL APPLICATION.**

## Vehicle Inventory Form Application Attachment 1

* Complete and attach one inventory form for the entire agency included in this application (attach additional copies of form as needed).
* Include all agency vehicles engaged in passenger carrier service serving this location (regardless of funding source), noting all ARDOT funded vehicles (Section 5310, 5316, 5317, and TransLease) operating in the area of the vehicle site location and available to the program/site requesting the vehicle.
* Include RELEASED VEHICLES (still in service) in this inventory. Include all transportation activities engaged in by the Master Applicant in the service area. If a cooperative agreement is in place, provide information from cooperative agency(s) to document a determination of vehicle availability in this service area.
* If the Master Applicant operates multiple programs and or multiple sites, attach an additional form(s) describing ALL of the ARDOT funded vehicles (include released vehicles) operated by the Master Applicant that are not already described above.
* Complete all information required on the form. List ARDOT funded active and released vehicles used in passenger carrier service. Make additional copies of the form if necessary. Include any released vehicle(s) sold since your last Section 5310 Program Application.

Selected Details:

Vehicle Type: Manufacturer’s name *(i.e., Dodge, Ford, Chevy, etc.)* and use one of the following codes.

* BUS Body on Van Chassis (15 or more passenger bus)
* MBUS Non-CDL (13 passenger bus)
* SVC Van Conversion (Raised Roof - Standard Van)
* SV Standard Van 6-11 passenger (No conversion)
* RV Minivan, Lowered Floor (with Ramp)

Last 5 digits of Vehicle Identification Number (VIN): The manufacturer’s unique VIN for each vehicle.

Physical Location: The client service center name and the city in which the vehicle is primarily located for transportation purposes.

Counties Served with Vehicle: The counties in which the vehicle is used to transport clients for Section 5310 Program purposes.

Seating Capacity: Maximum number of passenger seats available on the vehicle.

ADA Accessible: (Wheelchair Lift or Ramp): Enter the type of ADA approved device - Lift or Ramp.

Current Condition: Write the appropriate rating. Be sure to list any released vehicle sold or disposed of in the last year.

* Good Few or no maintenance costs
* Fair Reasonable yearly maintenance costs
* Poor Unreliable with excessive maintenance costs
* Bad Non-running or dangerous
* Released…………. List vehicles awarded by ARDOT that have been released and are still in use
* Sold/Disposed of… List those released vehicles removed from your inventory since your last 5310 Application.

Current Mileage: Total miles this vehicle has been operated. Enter date/Federal Fiscal Quarter the current mileage was recorded.

## Public Notice Requirements Application Attachment 2

A recent Public Notice must be provided that recognizes your intent to submit this application for a federal assistance grant. It must be published once as an official notice in a newspaper(s) of general circulation or available on your website. If you are requesting two vehicles, provide notice in EACH service area. It CAN be listed on your Facebook page, or other on-line avenue (print to include with application). Attach notice(s) here and indicate the service area on each (if more than one is provided). ***It must be published 5 days before submission of the application.***

**A copy of the Public Notice published in the newspaper or on your website dated prior to submission/completion of the application must be submitted with your application.**

***\*\*If requesting a non-ADA vehicle (without lift/ramp),*** *you must include the specified language in your Public Notice ad.*

***An application is considered incomplete with the omission of this Public Notice****.*

## 2025 Public or Private Operator’s Statement Application Attachment 3

This form must be circulated to all existing transit operators operating in the service area of a Site Specific Location. If an agency is applying for more than one vehicle, these forms must be circulated in each service area for which a vehicle is requested.

**Note:** Mark/arrange completed forms in application with service area responses grouped and each form marked as to site location.

## FEDERAL ASSISTANCE Form 424 Application Attachment 4

SUBMIT A COMPLETED FEDERAL ASSISTANCE Form 424 with the application.

**YOUR FEDERAL ASSISTANCE FORM 424 MUST BE SUBMITTED to the department WITH YOUR ORIGINAL APPLICATION.**

## Certification of Eligibility for ALL Entities Attachment 5, PG 2

This form is used to document all non-profit organizations notified of the agencies intent to provide transportation services in the area.

## APPLICATION CERTIFICATION PAGE 22-24

This certification must be filled out and signed by the CEO or Executive Director of the agency requesting funds to be considered for funding. This section serves as a checklist of completion and attachment of all applicable attachments for review.

# Additional Attachments that may be required—depending upon your agency and the vehicle requested

## Certification of Eligibility for Local Public Entities Attachment 5, PG 1

This form is only required from Governments (Cities and Counties) and the programs they operate. Government sponsored agencies attach the two-page form as Attachment 7—together with any correspondence received from non-profit agencies.

**NOTE: Attachments 6, 7, 8 are for use within the application.**

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**STATE FISCAL YEAR 2026 APPLICATION**

### SECTION 5310

### Enhanced Mobility of Seniors and Individuals with Disabilities Program

**for the**

**Capital Assistance Program**

### U.S. Department of Transportation

### Federal Transit Administration (FFY 2024)

### in cooperation with the

### Arkansas Department of Transportation

### Transportation Planning & Policy Division

### Public Transportation Programs

**Application Deadline: April 21, 2025**

**ARKANSAS DEPARTMENT OF TRANSPORTATION**

**Civil Rights Statement**

**The Arkansas Department of Transportation (ARDOT) complies with all civil rights provisions of federal statues and related authorities that prohibit discrimination in programs and activities receiving federal financial assistance.  Therefore, ARDOT does not discriminate on the basis of race, sex, color, age, national origin, religion (*not applicable as a protected group under the Federal Motor Carrier Safety Administration Title VI Program*), disability, Limited English Proficiency (LEP), or low-income status in the admission, access to and treatment in ARDOT’s programs and activities, as well as ARDOT’s hiring or employment practices.  Complaints of alleged discrimination and inquiries regarding ARDOT’s nondiscrimination policies may be directed to Civil Rights Officer Joanna P. McFadden (ADA/504/Title VI Coordinator), P. O. Box 2261, Little Rock, AR  72203, (501) 569-2298, (Voice/TTY 711), or the following email address:**[**joanna.mcfadden@ardot.gov**](mailto:joanna.mcfadden@ardot.gov)**.**

### Free language assistance for Limited English Proficient individuals is available upon request.

### This notice is available from the ADA/504/Title VI Coordinator in large print, on audiotape and in Braille.

**ARKANSAS DEPARTMENT OF TRANSPORTATION**

### Public Transportation Programs

### Section 5310 – Enhanced Mobility of Seniors and Individuals with Disabilities

### Capital Assistance

### 

### State Fiscal Year 2026 Master Application Form

### 1. General Agency Information

|  |  |  |
| --- | --- | --- |
| **Type of Applicant** (*Check One)* | [ ] Public Entity (City, County Government) | [ ] Private Non-Profit Agency |

Was the applicant approved for 5310 assistance in the most recent funding year cycle (2024 Cycle)? [ ] Yes [ ] No

If no, please explain:

****2. Applicant Organization Information****

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applicant Contact Information** | | | | |
| Legal Name of (Parent) Agency: | | | Is Agency Female/Minority Owned? [ ] Yes [ ] No If so, Which? \_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Executive Director (or write-in other Job Title): | | | | |
| Has the staff in this position changed in the previous 2 years? [ ] Yes [ ] No If yes, who did they replace and when? | | | | |
| E-mail Address: | | | Telephone Number  (and extension) | |
| Applicant/Grant Writer (or write-in other Job Title)  Contact Name: | | | Telephone Number  (and extension) | |
| Has the staff in this position changed in the previous 2 years? [ ] Yes [ ] No If yes, who did they replace and when? | | | | |
| Has your agency's administrative policy changed during the previous year (2 CFR Part 200 §201 (1) and (5))? [ ] Yes [ ] No | | | | |
| Does your agency's policy include conflict of interest prohibitions (2 CFR Part 200 §112 and 318)? [ ] Yes [ ] No | | | | |
| E-Mail Address: | | | Cell Phone Number  (optional) | |
| Mailing Address **Include ZIP+4** for this location here (PO Box, etc.) | | | | |
| Physical Address if different from Mailing Address **Include ZIP+4** for this location | | | | |
| Parent Agency UEI # | UEI # Expiration | ZIP+4 (Physical address) | | County |
| Website Address or Social Media Page: | | | | |

3. Financial Information

|  |  |
| --- | --- |
| **A. Is funding for your transportation services over the next four years:** | [ ] Stable because of reliable federal or state recurring funding programs. |
| [ ] Reasonably secure, but some sources of funding are subject to variation and are not reliable. | [ ] Uncertain because all funding sources are not reliable. |
|  | |
| **B. Report your agency’s information from the most current IRS Form 990: Year 20\_\_\_** | For the \_\_\_\_\_\_\_\_\_ calendar year, or tax year beginning \_\_\_\_\_\_\_\_\_\_\_\_ and ending\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Check here [ ] if the organization’s gross receipts from all sources are normally not more than $25,000. | **Organization Type** (check only one)  [ ] 501(c) \_\_\_\_\_ (insert no.) |
| Gross Receipts $ | [ ] 4947 (a) (1) or [ ] 527 |
|  | |
| **C. Record Part 1 Data:** | |
| Direct Public Support $ Total revenue $ | |
| Indirect Public Support $ Total expenses $ | |
| Government contribution (grants) $ Excess/deficit $ | |
| Total $ Net assets/fund balance $ | |

|  |  |  |
| --- | --- | --- |
| **D. Income (Revenues from Transportation Operations)** |  | **12-Month Reporting Period** |
| List all sources and amounts (Fares, Grant, Donations, etc.) |  | List Dates: |
| Local Funds (list): |  |  |
|  |  |  |
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| State Funds (list): |  |  |
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| Federal Funds (list): |  |  |
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| Other (list): |  |  |
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| **Total Transportation Operating Revenue:** |  |  |
| **Expenses (Transportation Only)** |  |  |
| Supplies & Fuel |  |  |
| Insurance |  |  |
| Maintenance/Repair Costs |  |  |
| Miscellaneous or other overhead expenses |  |  |
| **Total Transportation Operating Expenses:** |  |  |
|  |  |  |

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| --- |
| **E. List the Source(s) and Amount(s) of Funds Used for 20% Match:** Federal, State, Local or Other Type – BE SPECIFIC |
|  |
|  |

4. Transportation Management and Experience

An agency’s attention to detail in Quarterly Performance Measurement & Monitoring (QPM) Reporting, Safe Operation and Fleet Preventative Maintenance are essential to program success and participation. Provide the name(s), phone number(s), and email address(s) for those persons responsible for submitting QPM reports and maintaining the vehicle fleet:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Phone Number | Email | Role (QPM, Veh. Maint., or Both) |
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List the year your organization began operating passenger transportation services? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

When selecting drivers, does your organization *(check all that apply):*

[ ] Check driving records

[ ] Require a physical exam

[ ] Require a commercial driver’s license

[ ] Require a minimum age \_\_\_\_\_\_\_and maximum age\_\_\_\_\_\_\_

[ ] Conduct pre-employment drug testing

[ ] Operate a drug and alcohol testing program

Does your organization require any of the following training courses *(check all that apply*)

[ ] First aid [ ] Defensive Driving

[ ] CPR [ ] Wheelchair Lift Operation

[ ] Drug and alcohol abuse awareness [ ] Child Passenger Safety

[ ] Driver sensitivity training [ ] Passenger assistance training

[ ] Vehicle emergency evacuation

Vehicles designed to transport 15 or more passengers (not including the driver) require a commercial driver license (CDL). How many vehicles in your fleet require a CDL Driver? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are your drivers with a CDL currently enrolled in a Drug & Alcohol (D&A) Testing Program? [ ] Yes [ ] No [ ] Not Applicable

If yes, D&A Program Name: Location: Phone Number:

What best describes your Fleet Preventative Maintenance Program?

[ ] Scheduled and documented maintenance program is being utilized by a professional source.

[ ] An employee is assigned responsibility for ensuring each vehicle is properly maintained.

[ ] Drivers have primary responsibility for overseeing the maintenance of their vehicle.

[ ] Other-Describe:

[ ] List procedures used to ensure vehicle maintenance:

**5. Application Certification: Title VI Compliance**

Title VI of the 1964 Civil Rights Act, Section 601, states:

*“No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”*

Has your agency submitted an approved Title VI Plan to ARDOT? [ ] Yes [ ] No

In the past year, has this agency or any agency related to this application been the respondent in any lawsuit or complaint alleging discrimination in service delivery or other transit benefit? [ ] Yes [ ] No

If yes, attach a concise description of the lawsuit(s) or complaint(s) alleging discrimination filed against your agency, together with a statement of the status or outcome of each such complaint or lawsuit.

In the past three years, has this agency or any agency related to this application been the subject of a civil rights compliance review(s)? [ ] Yes [ ] No

If yes, provide a summary of all compliance review activities conducted in the last three years. The summary should include the purpose or reason for the review, the name of the agency or organization that performed the review, a summary of the findings and recommendations of the review, and a report on the status and/or disposition of such findings and recommendations.

In the past year, has this agency translated any documents into another language? [ ] Yes [ ] No

If so, which language? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify on this day of , 2025 that the statements and other information contained in this application, including all attachments, are true and correct.

Executive Director or CEO:

(*Signature Required*)

**ARKANSAS DEPARTMENT OF TRANSPORTATION**

**Civil Rights Statement**

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**6. Application Certification: Certification as a True and Complete Record**

Two signatures are required for this application to be considered for award:

* One must be by an Officer of the Applicant Agency’s Governing Body who has been authorized by that body to make this application and to obligate the agency under the terms and conditions of a funding award,
* The second signature is by the Chief Executive Officer/Executive Director of the applicant agency who witnesses the signature of the Officer of the Governing Body.

**Certification of Application as a True and Complete Record of Information Known to Applicant Agency**

I have been authorized by the governing body to execute this certification and obligate the agency under the terms and conditions of a funding award, should one be offered.

I hereby certify on this day of , 2025 that the statements and other information contained in this application, including all attachments, Title VI Compliance Statement, Nondiscrimination under Federal Grants and Programs Statement, are true and correct.

I further certify that the agency has sufficient financial resources to assure cash payment of the required local match from non-federal sources within ten (10) calendar days of notice to possess a vehicle.

And, I understand that if this grant application is approved, the purchase of the vehicle will be by the Arkansas Department of Transportation, and that Program funds are not available directly to the agency for any reason.

Authorized Officer of the Governing Body:

*(Signature)*

*(Print Name)*

*(Agency Position/Title)*

Witness Executive Director or CEO:

(*Signature*)

*(Print Name)*

*(Agency Position/Title)*

7. Applicant’s Transportation Service Operates in the Following Urbanized Areas

Check Appropriate Bracket

[ ] Conway [ ] Fort Smith [ ] Hot Springs [ ] Jonesboro

[ ] Fayetteville/Springdale [ ] Little Rock/North Little Rock [ ] Pine Bluff

[ ] Texarkana [ ] West Memphis [ ] Not In These Urbanized Areas

**Transportation Service Details**

Describe the proposed service population’s dependency on applicant’s transportation services:

[ ] Entirely dependent on agency, there are no other means of transportation currently available.

[ ] Partially dependent, other means of transportation are available.

Number of paid drivers: \_\_\_\_ Number of volunteer drivers: \_\_\_\_

Type of Transportation Service: [ ] Demand Response [ ] Fixed Route [ ] Both

Number of days operated in a year: \_\_\_\_\_\_\_\_\_\_\_\_ Do you have a fare policy? [ ] Yes [ ] No

Do you provide service to non-agency clients? Yes [ ] No [ ]

8. Statewide Transit Coordination Plan

To encourage the most efficient use of Federal resources, the Department ensures that this Program provides for the most feasible coordination of transportation services with other Federal/State assisted programs and services. That coordination is facilitated, in part, through development and implementation of a Statewide Transit Coordination Plan (TCP).

All Section 5310 projects must be derived from the Statewide Transit Coordination Plan. The TCP (attachment 7) was updated in 2018. Applicant must address one of these Prioritized Strategies. The Strategy Number will be required for each vehicle under Transportation Services Detail.

Download the entire TCP document: [**http://www.ardot.gov/public\_transportation/ARDOT%20Transit%20Coordination%20Plan%202018.pdf**](http://www.ardot.gov/public_transportation/ARDOT%20Transit%20Coordination%20Plan%202018.pdf)

|  |
| --- |
| What specific transportation coordination activities has your agency pursued this past year? |
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Will the vehicle(s) be leased to another agency or otherwise coordinated between agencies? [ ] Yes [ ] No

If Yes, please attach a copy of the proposed lease/coordination agreement to this application, including all details regarding the parties, terms, responsibilities for compliance, etc.

Does your agency contract for any transportation service? [ ] Yes [ ] No

If yes, attach any transportation contracts to this application.

Are there other agencies providing transportation services under the Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program in your transportation service area? [ ] Yes [ ] No

If yes, list other Section 5310 Seniors and Individuals with Disabilities agencies providing transportation in this service area (city/county where the new vehicle will operate).

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9. Vehicle Request and Justification

A Non-ADA compliant vehicle (without lift/ramp) request will only be authorized if you:

Meet Equivalency of Service Requirements and include the following language in the **Public Notice which is required to be posted prior to submission of this application**:

(Your Agency’s Name) is requesting a vehicle that is not compliant with the Americans with Disabilities Act. However, (Your Agency’s Name) does meet the "equivalency of service" requirements to the disabled community. Complete and attach Letter addressing questions found on Attachment 6, in Application Attachments Section.

|  |
| --- |
| Explain how you propose to equitably serve individuals with disabilities in your transportation service area. Attach any interagency agreements/policies to meet the “equivalency of service” requirement: |
|  |
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| --- |
| Does your agency serve minorities or low-income individuals? |
|  |
|  |

|  |
| --- |
| Describe your agency’s efforts to actively identify and satisfy the transportation needs of racial and ethnic minority populations in your service area. Note: Nondiscrimination based on race, age, sex, etc. is not an active effort to identify or meet the needs of a population. |
|  |
|  |
|  |
|  |

**10. Vehicle Request – List in order of preference**

|  |  |  |
| --- | --- | --- |
| List Vehicle Preference Order Selection (from list included) | Site Address Location | County |
| Primary Vehicle Selection |  |  |
| Secondary Vehicle Selection |  |  |

Primary Vehicle - If Applicable, Complete Secondary Vehicle Information

Client Group(s): [ ] Seniors [ ] Individuals with Disabilities [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_

Number of hours the new vehicle will be utilized daily: \_\_\_\_\_\_\_\_\_\_\_\_ Total miles driven per day: \_\_\_\_\_\_\_\_\_\_\_\_

TCP (Transit Coordination Plan) Strategy No. \_\_\_\_\_\_ (Attachment 7)

What trip purposes will the new vehicle be used for? (check all that apply)

[ ] Education [ ] Nutrition\*(Congregate Meals) [ ] Residence [ ] Employment [ ] Personal/Shopping

[ ] Medical [ ] Recreation/Social \****Meal delivery is not an approved primary use***

Number of Seniors or Individuals with Disabilities eligible for services **at this location?**  Seniors: \_\_\_\_\_\_\_\_\_\_\_\_ Individuals with Disabilities: \_\_\_\_\_\_\_\_\_\_\_\_

Number of Seniors or Individuals with Disabilities eligible for services at **all agency and partner agency locations** in Arkansas?

Seniors: \_\_\_\_\_\_\_\_\_\_\_\_ Individuals with Disabilities: \_\_\_\_\_\_\_\_\_\_\_\_

Number of clients to be transported daily at this location: \_\_\_\_\_\_\_\_\_\_\_\_

Will service with the requested vehicle be available to non-agency clients? [ ] Yes [ ] No

Check the days of the week that the new vehicle will operate:

[ ] Sunday [ ] Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Friday [ ] Saturday

|  |
| --- |
| **List Cities and Counties the proposed vehicle will serve:** |
|  |

**Choose one of three options:**

* 1. New Service Start: [ ] 1st time with 5310 Program
  2. Service or Fleet Expansion: [ ] establish new service area [ ] extend hours of service

[ ] reduce response time [ ] add vehicle to fleet

[ ] add ADA (with lift/ramp) accessibility vehicle to fleet

* 1. Equipment Replacement: [ ] replace van\* [ ] replace bus\*

\*Replacement Vehicles:A vehicle is replaced only **ONCE**. Identify which vehicle on your Vehicle Inventory Form (Attachment 1 from Application Attachments Section) will be replaced?

Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year Make Model VIN Number

**Vehicle cannot have been listed as a replacement in a prior application!** FTA # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this vehicle still in operation? [ ] Yes [ ] No Current mileage of vehicle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mileage at Release: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Release: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ALI Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Vehicle – If Applicable

Client Group(s): [ ] Seniors [ ] Individuals with Disabilities [ ] Other:

Number of hours the new vehicle will be utilized daily: Total miles driven per day:

TCP (Transit Coordination Plan) Strategy No. \_\_\_\_\_\_ (Attachment 7)

What trip purposes will the new vehicle be used for? (check all that apply)

[ ] Education [ ] Nutrition\*(Congregate Meals) [ ] Residence

[ ] Employment [ ] Personal/Shopping \****Meal delivery is not an approved primary use***

[ ] Medical [ ] Recreation/Social

Number of Seniors or Individuals with Disabilities eligible for services **at this location**? Seniors: \_\_\_\_\_\_\_\_\_\_\_\_ Individuals with Disabilities: \_\_\_\_\_\_\_\_\_\_\_\_

Number of Seniors or Individuals with Disabilities eligible for services at **all agency and partner agency locations in Arkansas**? Seniors: \_\_\_\_\_\_\_\_\_\_\_\_ Individuals with Disabilities: \_\_\_\_\_\_\_\_\_\_\_\_

Number of clients to be transported daily at this location: \_\_\_\_\_\_\_\_\_\_\_\_

Will service with the requested vehicle be available to non-agency clients? [ ] Yes [ ] No

Check the days of the week that the new vehicle will operate:

[ ] Sunday [ ] Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Friday [ ] Saturday

|  |
| --- |
| **List Cities and Counties the proposed vehicle will serve:** |
|  |

###### Choose One of Three Options:

1. New Service Start: [ ] 1st time with 5310 Program
2. Service or Fleet Expansion: [ ] establish new service area [ ] extend hours of service

[ ] reduce response time [ ] add vehicle to fleet

[ ] add ADA (with lift/ramp) accessibility vehicle to fleet

1. Equipment Replacement: [ ] replace van\* [ ] replace bus\*

\*Replacement Vehicles:A vehicle is replaced only **ONCE**. Identify which vehicle on your Vehicle Inventory Form (Attachment 1 from Application Attachments Section) will be replaced?

Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year Make Model VIN Number

**Vehicle cannot have been listed as a replacement in a prior application!** FTA # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this vehicle still in operation? [ ] Yes [ ] No Current mileage of vehicle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mileage at Release: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Release: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ALI Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 11. 2025 Certification of Vehicle Operation

**This form certifies that your organization is utilizing each vehicle purchased with Federal Transit Administration (FTA) and/or Department funds in accordance with Federal and State Program guidelines, the goals and objectives, and maintenance regulations of the Arkansas transit coordination plan.** (See updated Instruction Manual for FTA Vehicles for Program Guidelines.)

|  |  |
| --- | --- |
| **CERTIFICATION OF VEHICLE OPERATION**  **In Compliance with FTA/Department Guidelines**  **and the Arkansas Transit Coordination Plan** | |
| **I, hereby certify that each vehicle purchased**  **(Executive Director (Print Name))**  **with Federal Transit Administration or State Transit Trust funds is being used in accordance with Federal and State Program guidelines.** | |
| **I further certify that each vehicle so purchased is being utilized (in terms of ridership, utilization, preventive maintenance, etc.) as proposed in the Application for Capital Assistance submitted by this Agency and approved by the Department, or as amended with approval of the Department, and in accordance with the goals and objectives of the transit coordination plan.** | |
| **Certified this day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2025** | |
|  |  |
|  | **(Executive Director Signature)** |

12. Nondiscrimination Under Federal Grants and Programs

No otherwise qualified individual with a disability, shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

All 5310 Program funds shall be expended in compliance with the standards of Section 504 of the Rehabilitation Act of 1973, as amended, (Section 504) and the Americans with Disabilities Act, as amended, (ADA).

Identify materials, policies, and procedures at your agency to ensure Section 504 and ADA compliant transportation service provision/accommodation consistent with 29 USC § 794:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
| Ensure lift availability |  |  |  |
| Ensure lift and securement use |  |  |  |
| Identify vehicle/system as being accessible to disabled Individuals |  |  |  |
| Use of service animals on vehicle |  |  |  |
| Service to individuals using respirators or portable oxygen |  |  |  |
| Informs client about services and accessibilities features your agency provides |  |  |  |
| Ensure adequate time for lift deployment at designated stops |  |  |  |
| Ensure adequate time for vehicle boarding/disembarkment |  |  |  |
| Provides training for personnel on accessibility features |  |  |  |
| Other policy/procedure not listed: |  |  |  |
| U.S. DOT Drug and Alcohol Policy – (buses designed for 15 or more passengers, not including the driver) require a CDL license. In addition, a Drug and Alcohol Policy is mandatory. |  |  |  |

**If you have not done so in the past, or if materials, policies, or procedures at your agency have changed since your last application, please attach a copy of your written Section 504 and ADA policies and procedures.**

In the last year, has the applicant or this applicant received a complaint or been notified of any deficiency in compliance with ADA or Section 504 requirements? [ ] Yes [ ] No (*Marking Yes is not an automatic denial. An investigated complaint determined to be unfounded can be beneficial and educational for all parties*)

|  |
| --- |
| **\*If yes, please provide a description of the deficiency noted and your agency’s response/corrective action.** |
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13. Certification of Equal Access for Individuals with Disabilities

Certification of Equal Access for Individuals with Disabilities

Under the Section 5310 Program

Title 49 C.F.R. Part 38.23 Mobility aid accessibility. (a) *General.* All vehicles covered by this subpart shall provide a level-change mechanism or boarding device (e.g., lift or ramp) complying with paragraph (b) or (c) of this section and sufficient clearances to permit a wheelchair or other mobility aid user to reach a securement location. At least two securement locations and devices, complying with paragraph (d) of this section, shall be provided on vehicles in excess of 22 feet in length; at least one securement location and device, complying with paragraph (d) of this section, shall be provided on vehicles 22 feet in length or less.

If your agency is applying for a vehicle that is not ADA accessible (without lift/ramp), this application will not be approved unless the proposed lack of ADA accessibility:

* Is stated in the required Public Notice (See Attachment 2),
* You complete a Self-Assessment that supports, with the addition of the non-accessible vehicle to your fleet, a finding of Equivalency of Service to Individuals with Disabilities,
* You include a letter supporting your finding equivalency for each Application requesting a non-ADA vehicle (See Attachment 6 for notes and questions to be addressed in assessment process), and
* You complete the following certification:

I hereby certify, that when viewed in its entirety, the demand-responsive and/or fixed route passenger transportation

program of serving the location

(*Applicant Agency’s Name*)

identified in this, with the addition of the requested vehicle(s), provide seniors and individuals with disabilities access equal to that afforded to any other person in terms of the following criteria.

1. Response time;
2. Fares;
3. Geographic area of service;
4. Hours and days of service;
5. Restrictions based on trip purpose;
6. Availability of information and reservations capabilities; and
7. Constraints on capacity or service availability.

Certified this day of , 2025.

(Executive Director’s Signature)

(Typed/Printed Name)

2025/2026 Vehicle Inventory Form Attachment 1

List all agency vehicles providing passenger carrier service (regardless of funding source), starting with those serving this site. Note: include the FTA vehicle number of all ARDOT funded vehicles operated by the applicant. \* Include all sites, subsidiaries, controlled entities, etc.: (submit additional sheets as necessary.)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FTA  Vehicle No. | Model  Year | Vehicle  Type | Last 5 Numbers  of VIN | Site Name/Physical Location  (Client Service Center name and city) | Counties Served  with Vehicle  (List all Counties) | Seating  Capacity (as listed on door) | ADA  Accessible  with Lift/Ramp | Current Condition | Current  Mileage |
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\* ARDOT Funded Vehicle(s) – All vehicles Secured from the Department (Section 5310, Section 5316 JARC, Section 5317 New Freedom, TransLease). If a vehicle has been released, note that in the Current Condition Column.

2026 Required Public Notice (Ex of Language & Format Template - not for actual use) Attachment 2

Note optional language indented below: If your agency is requesting an ADA vehicle (with lift/ramp), omit the indented statement. If your agency is requesting a Non-ADA vehicle (without lift/ramp), include the indented statement in your Public Notice.The Public Notice is to be published in a newspaper of general circulation or available on your website in EACH transportation service area for which you are requesting a vehicle. **An actual copy of your listing must be included in your application**.

Public Notice

Public notice is hereby given this day of , 2025 that

the

*(Applicant’s Agency’s Name)*

of has made application for funds

*(Applicant’s mailing address, city, state, zip)*

through Section 49 U.S.C. Section 5310 for the purchase of the following type of passenger transportation

vehicle:

This vehicle will be used primarily for the following purposes:

Purchase of the above vehicle is considered essential to the efficient operation of this organization in provision of public transportation services to seniors and individuals with disabilities. There is no intent to infringe upon, or compete with, existing public or private transit operators, including Section 5307, urban public transit operators and Section 5311, rural public transit operators.

(Applicant’s Agency’s Name) is requesting a vehicle that is not compliant with the Americans with Disabilities Act. However, (Applicant’s Agency’s Name) does meet the “equivalency of service” requirements to individuals with disabilities in the community.

Any objection should be submitted in writing only to persons listed below. All comments will become a part of this organization’s application and will be a matter of public record. All written comments must be submitted within 30 days of the date of this notice. Any person wishing to request a public hearing on the proposed project must submit a request in writing within 10 days of the date of this notice to the persons listed below:

Chief Administrative Official’s Name (*your info goes here*)

Job Title

Applicant Agency’s Name

Mailing Address

City, State, Zip Code

and to:

Latina Sisco, Section Head

Public Transportation Programs Office

Arkansas Department of Transportation

P.O. Box 2261

Little Rock, AR 72203-2261

2026 Public or Private Operator’s Statement (use this form to send to agencies) Attachment 3

**Public or Private Operator’s Statement**

**Regarding Operation of One or More Vehicles**

**By a Private or Public Organization as a Part of the**

**FTA Section 5310 Program**

The Federal Transit Administration (hereinafter called FTA) has established a capital assistance program to help private not‑for‑profit and public organizations provide for the enhanced mobility of seniors and individuals with disabilities.

Notice is hereby given that

(*Applicant Agency Name*)

is applying to the FTA through the Arkansas Department of Transportation for aid in purchasing the following capital equipment:

(See vehicle types in Attachment 8)

Purchase of the above equipment is considered essential in meeting the enhanced mobility needs of seniors and individuals with disabilities in this service area.

The of

*(Responding Transit Operation*)

understands that the vehicle(s)

(*City, State and Zip code*)

being requested by the applicant will be used for the special purpose of transporting the seniors and individuals with disabilities as a supplement to the regularly scheduled transportation services provided by this company.

I, on behalf of

(*Responding* *Authorized Official*)

do hereby state that

(*Responding* *Transit Operation*)

this agency has no objections to the operation of the equipment requested by this applicant. Below is the requested information provided by my transit agency.

|  |  |  |  |
| --- | --- | --- | --- |
| Responding Transit Operation’s Service Area | Number of Vehicles | Service (Demand/Response or  Fixed Route) | ADA Accessible?  (Yes or No) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Federal Assistance Form 424 Attachment 4**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICATION FOR** | | **2. DATE SUBMITTED** | | | | **Applicant Identifier** | |
| **FEDERAL ASSISTANCE** | |  | | | |  | |
| **1. TYPE OF SUBMISSION** | | **3. DATE RECEIVED BY STATE** | | | | **State Application Identifier** | |
| **Application** | **Pre-application** |  | | | |  | |
| |  | | --- | |  |  |  | | --- | |  |   **Construction** | | **4. DATE RECEIVED BY FEDERAL AGENCY** | | | | **Federal Identifier** | |
| |  | | --- | | **X** |  |  | | --- | |  |   **Non-Construction** | |  | | | |  | |
| **5. APPLICANT INFORMATION** | | | | | | | |
| **Legal Name:** | | | | | **Organizational Unit:** | | |
|  | | | | |  | | |
|  | | | | |  | | |
| **Address (give city, county, state, & zip code)** | | | | | **Name and telephone number of the person to be contacted on matters** | | |
|  | | | | | **involving this application (give area code):** | | |
|  | | | | |  | | |
| **6. EMPLOYER IDENTIFICATION NUMBER (EIN)** | | | | | |  | | --- | |  |   **7. TYPE OF APPLICANT: (enter appropriate letter in box)** | | |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | | | | | | **A. State** | **H. Independent School District** | |
| **B. County** | **I. State Controlled Institution of Higher Learning** | |
| **C. Municipal** | **J. Private University** |  |
| **8. TYPE OF APPLICATION** | |  | | | **D. Township** | **K. Indian Tribe** |  |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **X** | **New** |  | **Continuation** |  | **Revision** | | | | | | **E. Interstate** | **L. Individual** |  |
| **F. Intermunicipal** | **M. Profit Organization** |  |
| **G. Special District** | **N, Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **If Revision, enter appropriate letter(s) in boxes(s)** | | | | |  |  |  |
| **A. Increase Award B. Decrease Award C. Increase Duration** | | | | | **9. NAME OF FEDERAL AGENCY:** | |  |
| **D. Decrease Duration E. Other (Specify)** | |  | | | **U.S. Department of Transportation**  **Federal Transit Administration** | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **10. CATALOG OF FEDERAL DOMESTIC** | | | | | **11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **2** | **0** | **-----** | **5** | **1** | **3** |   **ASSISTANCE NUMBER:** | | | | |  | | |
| Title: **Section 5310 – Enhanced Mobility of Seniors and**  **Individuals with Disabilities** | | | | |
|
| **12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):** | | | | |
|  | | | | |
|  | | | | |
| **13. PROPOSED PROJECT**  **Start Date** | **Ending Date** | | **14. CONGRESSIONAL DISTRICTS OF:**  **a. Applicant** | | | **b. Project** | |
|  |  | |  | | |  | |
| **15. ESTIMATED FUNDING** | | | **16. IS APPLICANT SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?** | | | | |
| **a. Federal** | **$ -** | | **a. Yes**  **X** | **This preapplication was made available to the State Executive Order 12372** | | | |
| **b. Applicant** | **$ -** | |  | **Process for Review on:** | | |  |
| **c. State** | **$ -** | |  | **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |  |
| **d. Local** | **$ -** | | **b. No** | |  | | --- | |  |   **Program is not covered by E.O. 12372, OR** | | |  |
| **e. Other** | **$ -** | |  | |  | | --- | |  |   **Program has not been selected by State for Review** | | | |
| **f. Program Income** | **$ -** | | **17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?** | | | |  |
| **g. Total** | **$ -** | | |  | | --- | |  | | **Yes If "yes", attach explanation** | | | |  | | --- | |  |   **No** |
| **18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT.** | | | | | | | |
| **THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL** | | | | | | | |
| **COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.** | | | | | | | |
| **a. Typed Name of Authorized Representative** | | | | | **b. Title** | | **c. Telephone Number** |
|  | | | | |  | |  |
| **d. Signature of Authorized Representative** | | | | | | | **e. Date Signed** |
|  | | | | | | |  |
|
| **Catalog of Federal Assistance Numbers:** | | **Section 5310: Enhanced Mobility of Seniors and Individuals with Disabilities: 20-513** | | | | | |

Certification of Eligibility for Local Public Entities Attachment 5, Pg. 1

This two-page form is completed by city or county units of government to certify their eligibility for funding under the 5310 Program.

Prior to starting or expanding a 5310 funded transportation service, units of government (city or county) must contact area non-profit agencies to solicit the transportation service that would be provided through their proposed new or expanded program.

Only after documenting that no non-profit organization in the area is ready, willing, and available to provide the transportation service the unit of government is proposing within their jurisdiction, can a unit of government certify their eligibility for funding.

Efforts on the part of the unit of government to solicit service from not-for-profit organizations must be documented and that documentation must be included with the completed certification form.

Documentation shall include one (1) example of the unit of government’s letter providing notice, together with a list of all existing transportation providers to whom letters were mailed and a copy of any response received from those agencies.

Local Public Entity Eligibility Certification

I, , the duly elected executive official

(Elected Official’s Signature)

of the hereby certify that there are no private

(Local Public Entity: City of, County of)

non-profit organizations in the proposed service area that are ready, willing, and available to provide

transportation services to seniors and individuals with disabilities as outlined in this application.

Certified this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2025.

To Verify Eligibility: Complete/Attach Availability of Private Non-Profit Response Form-Next Pg.

Certification of Eligibility for All Entities Attachment 5, Pg. 2

This form (or similar) is used to document all non-profit organizations notified, providing the name and address of the organizations contacted and any response received. Attach copies of correspondence behind this form (one example of the notification letter and any correspondence received in response).

Availability of Private Non-Profit Response Form

|  |
| --- |
| Letters were sent on (date) to the following private non-profit |
| organizations in (city/county). |

Indicate responses received and attach copies of responses / correspondence.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | Received | |
| Yes | No |
|  |  | 🞏 | 🞏 |
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## 2020 Assessment of Equal Access for Individuals with Disabilities Attachment 6

Completion and submission to the department of a response letter (signed by the executive director) is only required where an applicant is requesting a non-ada vehicle (no lift or ramp, etc.).

the applicant provides a separate assessment for each vehicle application submitted where accessibility features are not requested. The assessment process described in this attachment considers an Organization’s success in enhancing the transportation options of Seniors and Individuals with Disabilities.

Access to public transit vehicles by individuals with disabilities is a central feature of the transportation title of the ADA. Compliance with access requirements is critical to 5310 Program success.

Nondiscrimination On the Basis Of Disability In Programs Or Activities Receiving Federal Financial Assistance: Title 49 CFR, Part 27 § 27.7 Discrimination prohibited. (a) General. No qualified handicapped person shall, solely by reason of his disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance administered by the Department of Transportation.

(b) Discriminatory actions prohibited. (1) A recipient, in providing any aid, benefit, or service, may not, directly or through contractual, licensing, or other arrangements, on the basis of disability:

(i) Deny a qualified handicapped person the opportunity to participate in or benefit from the aid, benefit, or service;

(ii) Afford a qualified handicapped person an opportunity to participate in or benefit from the aid, benefit, or service that is not substantially equal to that afforded persons who are not handicapped;

(iii) Provide a qualified handicapped person with an aid, benefit, or service that is not as effective in affording equal opportunity to obtain the same result, to gain the same benefit, or to reach the same level of achievement as persons who are not handicapped;

(iv) Provide different or separate aid, benefits, or services to handicapped persons or to any class of handicapped persons unless such action is necessary to provide qualified handicapped persons with aid, benefits or services that are as effective as those provided to persons who are not handicapped;

(v) Aid or perpetuate discrimination against a qualified handicapped person by providing financial or other assistance to an agency, organization, or person that discriminates on the basis of disability in providing any aid, benefit, or service to beneficiaries of the recipient's program or activity;

(vi) Deny a qualified handicapped person the opportunity to participate in conferences, in planning or advising recipients, applicants or would-be applicants, or

(vii) Otherwise limit a qualified handicapped person in the enjoyment of any right, privilege, advantage, or opportunity enjoyed by others receiving an aid, benefit, or service.

(2) For purposes of this part, aids, benefits, and services, to be equally effective, are not required to produce the identical result or level of achievement for handicapped and nonhandicapped persons, but must afford handicapped persons equal opportunity to obtain the same result, to gain the same benefit, or to reach the same level of achievement, in the most integrated setting that is reasonably achievable.

(3) Even if separate or different aid, benefits, or services are available to handicapped persons, a recipient may not deny a qualified handicapped person the opportunity to participate in the programs or activities that are not separate or different.

(4) A recipient may not, directly or through contractual or other arrangements, utilize criteria or methods of administration:

(i) That have the effect of subjecting qualified handicapped persons to discrimination on the basis of disability,

(ii) That have the purpose or effect of defeating or substantially reducing the likelihood that handicapped persons can benefit by the objectives of the recipient's program or activity…

Fixed-route transit system operators exclusively purchase vehicles accessible to individuals with a wide array of disabilities.

The 5310 Program is, likewise, limited to purchase of accessible vehicles, unless the applicant can show that:

* The Organization currently provides accessible service to any disabled individual they serve on any part of their system just as quickly as a non-disabled individual; and
* The purchase of a vehicle without accessibility features would not degrade the Organization’s existing service capacity.

If you are requesting a non-ADA vehicle use the process described below to assess your capacity to accommodate individuals with disabilities at each service location served by an:

1. First, evaluate your existing fleet to determine whether vehicles requested in this grant application must be accessible.

* How many existing vehicles meet accessibility standards?
* Are other vehicles that, with only minor changes, can be made accessible?
* Are cooperative agreements in place with other agencies to provide accessible vehicles on a demand/response basis?

2. Next, examine the mix of services provided by the Applicant Agency at each proposed location ():

* Is the service currently provided with an accessible vehicle?
* If it is not, are other accessible vehicle(s) available on a timely basis to provide the service if an individual with disabilities who requires mobility support requests transportation?

3. To compare the response time for ride requests from individuals requiring mobility assistance to those who do not require such assistance, you should document the way by which the Applicant Agency is able to respond to a request for accessible transportation in each of its service offerings.

4. You may recognize the need to retrofit existing vehicles to meet the accessibility standard, negotiate cooperative agreement(s) with other service providers, or add accessibility features to this application to ensure timely response for riders requiring accommodation. Any programmatic adjustments must be completed, prior to a request to purchase a non-accessible vehicle.

5. Beyond vehicles, what arrangements have been made to accommodate individuals with hearing impairments or other disabilities that impact on the demand/response process?

6**.** A simple letter addressing these issues, is signed by the Executive Director of the Applicant and attached to each for a vehicle where a lift or ramp is not included.

Prioritized Strategies Attachment 7

**2018 Arkansas Statewide Transit Coordination Plan**

2018 Arkansas Statewide Transit Coordination Plan (TCP), Section VI: Improved Service Strategies, (Pg30) The TCP was updated in 2018. It was designed to achieve the mission of providing public transportation service in Arkansas. Prioritized Strategies from the updated plan are copied below. Applications for 5310 Program participation must address one of these Prioritized Strategies.

Download the entire TCP document on the Public Transit Webpage:

<https://ardot.gov/wp-content/uploads/12_22_2022_ARDOT-TCP-Draft.pdf>

The strategies are designed to achieve the mission of providing public transportation service in Arkansas. Please choose from the following:

1. Preserve and maintain existing vehicles and equipment.

2. Maximize the use of existing fleets operating within the same city or county, especially for the agencies who are providing services to the same types of clientele.

3. Continue to support vehicle and operating needs of transportation providers presently receiving assistance under FTA programs.

4. Coordinate the development of model contracts or agreements for sharing vehicles, personnel, joint supply purchasing, group maintenance and insurance, etc.

5. Support the development of mobility managers, other coordination programs or one-call centers at the regional level. This includes developing marketing tools which identifies regional providers and web-site development.

6. Encourage regional services to employment, shopping, medical and social centers through several communities

7. Expand service through existing transit providers. This means expanding current routes, extending hours of service or increasing demand response times.

8. Invest in new transit service where none presently exists.

9. Bring new funding partners such as the Arkansas Department of Workforce and Area Agencies on Aging to public transit and human service transportation.

2026 Vehicle Order Type Listings Attachment 8

***Note: For the National Transit Database (NTD) Annual Report, as of 2018 the Driver is NOT included in the Vehicle Description below. CDL not required unless stated.***

|  |  |  |  |
| --- | --- | --- | --- |
| **ARDOT Number** | **Length / Vehicle Description**  **(Driver Not Counted)** | **State Bid No.** | **Estimated Base Cost** |
| **01** | **17’ Standard Minivan (6-Pass.)**  ***Not available on this year’s DF&A State Contract*** | **SP 19-0002 #33** | **$--------** |
| **02** | **20’ Standard Van (11-Pass.)**  ***Not available on this year’s DF&A State Contract*** | **SP 19-0002 #34** | **$--------** |
| **03** | **17’ Lowered-Floor Minivan w/Ramp, w/Double Flip Seat (5-Pass.)**  ***Limited number of chassis available*** | **PT 19-01, w/Double Flip Seat** | **$75,987** |
| **04** | **17’ Lowered-Floor Minivan w/Ramp, w/o Double Flip Seat (3-Pass.)**  ***Not available on this year’s DF&A State Contract*** | **PT 19-01, w/o Double Flip Seat** | **$-------** |
| **05** | **20’ Transit Conversion Mid-Roof Long Van w/o Rear Lift (12-Pass.)** | **PT 19-02, Item 1** | **$78,224** |
| **06** | **20’ Transit Conversion Mid-Roof Long Van w/Rear Lift (7-Pass, 3/2 WC)** | **PT 19-02, Item 2** | **$84,580** |
| **07** | **22' Transit Conversion High Roof Extended Van w/o Rear Lift (12-Pass.)** | **PT 19-03, Item 1** | **$82,484** |
| **08** | **22' Transit Conversion High Roof Extended Van w/Rear Lift (7/0, 3/2 WC)** | **PT 19-03, Item 2** | **$106,332** |
| **09** | **22’ Small Cutaway Bus w/o Lift (13-Pass.)** | **PT 20-05, w/o Lift** | **$112.978** |
| **10** | **22’ Small Cutaway Bus w/Lift (10/0 or 8/1 WC)** | **PT 20-05, w/Lift** | **$123,468** |
| **11** | **22’ Small Cutaway Bus w/Lift (8/0 or 8/2 WC)** | **PT 20-05, 2 WC** | **$122,133** |
| **12** | **22’ Medium Cutaway Bus w/o Lift (16 Pass.) (CDL Required)** | **PT 20-06, Item 1** | **$130,745** |
| **13** | **22’ Medium Cutaway Bus w/Lift (8/2 WC) Vehicle Listing** | **PT 20-06, Item 2** | **$136,848** |
| **14** | **23’ Medium Cutaway Bus, w/o Lift (20 Pass.) (CDL Required)** | **PT 20-06, Item 1** | **$137,098** |
| **15** | **23’ Medium Cutaway Bus, w/Lift (12/2 WC) (CDL only Required if Ordered with Flip Seat)** | **PT 20-06, Item 2** | **$141,025** |
| **16** | **25’ Medium Cutaway Bus, w/o Lift (24 Pass.) (CDL Required)** | **PT 20-06, Item 1** | **$136,838** |
| **17** | **25’ Medium Cutaway Bus w/Lift (16/2 WC) (CDL Required)** | **PT 20-06, Item 2** | **$141,398** |

**ADA accessible vehicles can seat additional individuals when wheelchair clients are not being transported if your vehicle has or can be ordered with two passenger flip seats.**

**Agencies are responsible for 20 percent (local match) of the total estimated cost. Estimated base cost does not include cost of selected vehicle options (child safety alert system, seatbelt extensions, interior and suspension upgrades, safety bumpers, etc.) Actual vehicle costs will be known only after the State vehicle specification and bid process is complete.**

**ADA Accessible Medium Cutaway Buses must include 2 WC positions due to Federal requirements.**

**Note: Large Cutaway Buses and Diesel Engines are not available under this Program.**

**Application Certification**

This certification must be filled out and signed by the CEO or Executive Director of the agency requesting funds to be considered for funding.

For each attachment/table, check one box indicating that the information is completed and/or attached or the information is not provided/not applicable to this application.

|  |  |
| --- | --- |
| **Completed and/or Attached**  **Yes or No** | **Attachment/Section Name** |
| **Section 1: Agency Information** | |
|  | Type of application |
|  | Agency History of funding |
| **Section 2: Applicant Organization Information** | |
|  | CEO or Executive Director and Grant Writer Information |
|  | Agency and Site addresses |
|  | UEI number and Expiration |
| **Section 3: Financial Information** | |
|  | Verification of Financial Stability |
|  | Organization Type, Gross Receipts, Tax Year |
|  | Support and Financial Data |
|  | Revenue from/allotted for Transportation Services |
|  | Certification of Local Match |
| **Section 4: Transportation Management and Experience** | |
|  | Staff responsible for Performance and Maintenance |
|  | Agency Transportation Staff requirements |
|  | Preventative Maintenance Program |
|  | |
| **Section 5: Public Demographics/Civil Rights** | |
|  | Title VI Data Collection Form/Certification |
|  | Title VI Plan |
| **Section 6: Certifications** | |
|  | Financial Certification |
| **Section 7: Transportation Service Operation** | |
|  | Transportation Service Area |
|  | Transportation Service Details |
| **Section 8: Coordination Efforts** | |
|  | Coordination Activities |
|  | List of Coordinating Agencies |
|  | Public or Private Operator’s Statement from Coordinating Agencies |
|  |  |
| **Section 9: Non-ADA Vehicle Justification** | |
|  | Vehicle Request Justification |
|  | Agency’s Inclusivity Efforts |
| **Vehicle Request** | |
|  | Vehicle Request Form(s) |
|  | Certification of Vehicle Operation |
| **Section 10: Nondiscrimination** | |
|  | Current Policies and procedures |
|  | 504 and ADA Materials, etc |
| **Section 11: Certification of Equal Access** | |
|  | ADA Accessibility |
| **Vehicle Request** | |
|  | Vehicle Request Form(s) |
| **Attachments Required** | |
|  | Organizational Chart/Board of Directors |
|  | Current Vehicle Inventory |
|  | Preventive Maintenance Reports |
| **Attachments Required continued** | |
|  | Certificate of Insurance (with all agency vehicles listed) |
|  | Federal Assistance Form 424 |
|  | Full Entity Audit for Public Entities or 990 for Non-Profit Agencies |
|  | Certification of Eligibility for Public Entities |
|  | Copy of Public Notice Published |

\* Signing below indicates that the applicant has reviewed the Program Management Plan (see below) and is certifying that their agency understands and will agree to all of the terms required of a “subrecipient” agency to meet Federal law.

[ARDOT 5310 Program Management Plan](https://funding.oki.org/wp-content/uploads/2021/11/OKI-Program-Management-Plan-2021.pdf)

Authorizing Signature:

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_\_\_\_

Organization: \_\_\_

Date: \_\_\_\_\_\_\_\_