

The State of Nevada Department of Transportation Multimodal, Transit Office

5310 ENHANCED MOBILITY OF SENIORS AND INDIVIDUALS WITH DISABILITIES GRANT APPLICATION

This program provides funding to be administered by NDOT and is allocated for rural Nevada transportation providers to improve mobility for seniors and individuals with disabilities by removing barriers to transportation service and expanding transportation mobility options. This program supports transportation services planned, designed, and carried out to meet the special transportation needs of seniors and individuals with disabilities in rural areas. Eligible projects include both traditional capital investment and nontraditional investment beyond the Americans with Disabilities Act (ADA) complementary paratransit services.

[49 U.S.C. Section 5310](#) | [FTA 5310 Circular](#)



5310 SECTION 1: APPLICANT AGENCY/ORGANIZATION INFORMATION

Please complete only **one** Section 1 form **per applicant**.

Applicant Name:

Please provide the name of the Agency/Organization applying for funds.

Primary Contact:

Please provide the below information about the primary contact for this application.

Primary contact's name

Primary contact's title

Primary contact's email

Primary contact's phone number

UEI#

Federal Tax ID:

Nevada Business License#

Agency/Business Mailing Address

Agency/Business Web page

Agency/Organization Description:

Please briefly describe the service(s) your organization provides.

Congressional District:

Please select all that apply **1** **2** **3** **4**

<https://www.leg.state.nv.us/Division/Research/Documents/CON-Dist-2021-ST-Overview.pdf>

Purpose:

Please briefly describe why you are applying for Federal funds. Please include what type of asset you will purchase and how many you will purchase.



Does your Agency/Organization Provide Demand Response Service? Yes No

**Demand Response is when passenger trips are generated by calls to the transit operator, who then dispatches a vehicle to pick up and transport passengers to their destinations.*

If **Yes**: Is this service directly operated by your agency or provided by a third party?

My Agency Third Party

Does this mode provide intercity connectivity? **Yes No**

Does your Agency/Organization Provide Fixed Route Service? Yes No

**Fixed Route is a system of transporting passengers along a prescribed route according to a fixed schedule.*

If **Yes**: Is this service directly operated by your agency or provided by a third party?

My Agency Third Party

Does this mode provide intercity connectivity? **Yes No**

Does your Agency/Organization Provide Deviated Fixed Route Service? Yes No

**Deviated Fixed Route is a hybrid of Demand Response and Fixed Route service. Please see above definitions.*

If **Yes**: Is this service directly operated by your agency or provided by a third party?

My Agency Third Party

Does this mode provide intercity connectivity? **Yes No**

Does your Agency/Organization Provide Commuter Bus Service? Yes No

**Commuter Bus is a Fixed Route bus service, predominantly in one direction during peak periods, with limited stops.*

If **Yes**: Is this service directly operated by your agency or provided by a third party?

My Agency Third Party

Does this mode provide intercity connectivity? **Yes No**

Number of Transit Service Vehicles currently in your fleet:

Number of Transit Service Vehicles

Transit Service vehicles are administration or maintenance vehicles that support revenue vehicles (non-passenger**).*

Number of Transit Revenue Vehicles currently in your fleet:

Number of Transit Revenue Vehicles

Transit Revenue vehicles are vehicles that are actively providing transportation service (passenger**).*





Coordination Efforts:

Please describe any coordination efforts used to facilitate greater transportation solutions for passengers (examples below).

Quarterly meetings with Mobility Managers

Regular check ins with bordering service providers

Coordination with hospitals, schools, medical facilities

Agency Authorized Representative:

Please provide the full name and title of the Authorized Representative with authority to submit this application.

I certify that my agency/organization is up to date and will comply with all applicable federal Certifications and Assurances if federal assistance is awarded.

I certify that no non-profit organizations were willing or able to participate in the project included in the grant.

Name

Title

Email

Phone number





5310 APPLICATION CHECKLIST

Applicant Name:

Date:

Complete Section ONE Fillable PDF

Complete Section TWO Fillable PDF (may be multiple)

New Applicant Addendum

Nonprofit 501c Determination (New Applicants ONLY)

Service Area Map Depicting Routes, Bus Stops, and Connectivity Hubs and Notating the Total Number of Rural Miles of Service by All Routes

Annual Ridership for Most Recent Fiscal Year

Match Commitment Letters

In-kind Match Valuation

Quotes for Purchase(if applicable)

Authorized Representative Signature

Date

Application not complete unless signed by authorized representative

