



SBCAG Application for Federal Transit Administration Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program

Applications due to SBCAG by 5:00 pm on October 23, 2026

Please complete all sections of this application. Incomplete and/or missing information will not be considered for funding. Instructions and other guidance documents are available on SBCAGs website at sbcag.org. Completed applications should not exceed 35 pages, excluding required attachments.

Send application and supporting documents to Maya Kulkarni mkulkarni@sbacag.org by **October 23, 2026 at 5PM. Late applications will not be accepted.**

Section 1: Applicant Information

Applicant Agency:

Is your agency eligible for FTA 5310 funding as per page 2 of SBCAG Guidelines for FTA 5310?

☐ Yes ☐ No

Physical Address (No P.O. Box)

City

County

Zip

Agency Contact

Phone

E-Mail Address

Attachments Checklist

- ☐ Map of Service Area
- ☐ Emergency Services response plan documentation
- ☐ Completed pre-trip and post trip inspection forms from FY 2025
- ☐ FY 2025 CHP vehicle/terminal inspection report or Agency vehicle inspection report
- ☐ Transportation Service Table
- ☐ Proposed Project Table (Replacement/Expansion Projects only)

Authorizing Representative must certify the information contained in this application is true and accurate and has signature authority to enter into grant agreements on behalf of the applicant organization.

Printed Name: Title:

Signature: Email Address:

Section 2: Agency Purpose

Briefly describe your agency's purpose.

Click or tap here to enter text.

Describe the services that your agency provides, as well as the service area. Please attach a map delineating the service boundaries to your application.

Click or tap here to enter text.

Section 3: Project Information

Select the project category for this application: ☐ Traditional ☐ Expanded

Amount of Section 5310 funds requested for the project: \$

Match requirement: at least 20% match is required for traditional projects, and at least 50% match is required for expanded projects.

Please provide the amounts and funding sources you will be using for the match:

Fund Source 1:	Amount \$	Percentage:	%
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Fund Source 2:	Amount \$	Percentage:	%
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Fund Source 3:	Amount \$	Percentage:	%
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Total Project Cost: \$

Project Scope: Please provide a detailed scope of your project. If you are applying for a Traditional project, please include the project type (Replacement/Expansion or Other Equipment).

Click or tap here to enter text.

Project Schedule: Provide project milestones and dates that these milestones will be completed. These milestones will be used to provide the annual Milestone Progress Reports as described in the guidelines.

Milestone

Date Completed

Section 4: Evaluation Criteria

Goals and Objectives (10 Points): *Degree to which project supports new, enhancement, or expansion of service or system capacity for the targeted populations.*

1. How does your project address the goals of this program? (5 points)
Click or tap here to enter text.
2. Describe how your project addresses one or more of the goals and service gaps identified in the Coordinated Plan. (5 points)
Click or tap here to enter text.

Project Implementation Plan (10 Points): *Degree to which the project implementation has been well designed.*

1. Describe the project implementation plan. Please include who will be responsible for the implementation steps and timeline. (5 points)
Click or tap here to enter text.
2. How will the project improve service delivery, coordination, and cost-effectiveness? (5 points)
Click or tap here to enter text.

Communication and Outreach (10 Points): *Degree to which applicants coordinate with stakeholders and other community transportation and/or social service resources.*

1. Describe your outreach methods with your senior and disabled clients to ensure their needs are being met and adjustments to service are made accordingly. (5 points)
Click or tap here to enter text.
2. Describe the efforts you will make to keep stakeholders and community transportation providers informed of project activities. Please attach letters of support. (5 points)
Click or tap here to enter text.

Emergency Planning and Preparedness (10 Points): *Applicant should describe emergency planning and any participation in emergency drills.*

1. Describe the steps you have taken to identify available accessible vehicles for potential use during an emergency. (5 points)
Click or tap here to enter text.
2. Describe the emergency planning and drill activities within your agency and in coordination with the county. Indicate the drill(s) you have participated in, or are scheduled to participate in. Attach proof your agency is included in the County Office of Emergency Services response plan. (5 points)
Click or tap here to enter text.

Ability of Applicant (20 Points): *Applicant should provide existing experience in providing transportation service or social services for elderly or disabled individuals.*

1. Describe your organization's experience and history in providing efficient and effective transit services. Please state how many years your organization has provided services to seniors and individuals with disabilities. If you will be a first-time provider of transportation services, provide the number of years you have provided social services to seniors and individuals with disabilities. (5 points)
Click or tap here to enter text.
2. Describe your agency's driver training program by specifically discussing each of the following components indicating whether they will be performed in-house or under contract and the staff or position(s) responsible (4 points):
 - a. New Driver Orientation and Training; including classroom and behind the wheel and testing. Including ongoing training.
Click or tap here to enter text.
 - b. Sensitivity Training, Emergency Preparedness, First Aid and CPR.
Click or tap here to enter text.
3. Describe your agency's system for dispatching vehicles and discuss training of staff in the dispatching function. (3 points)

Click or tap here to enter text.

4. Describe your agency's vehicle maintenance program, addressing each of the following components. **Please attach completed pre-trip and post-trip inspection forms and maintenance forms from FY 2025 as an appendix.** (6 points)
 - a. Daily pre-trip and post-trip inspection description
Click or tap here to enter text.
 - b. Preventative and routine maintenance description
Click or tap here to enter text.
 - c. Contingency plan for when equipment is not available for service
Click or tap here to enter text.
5. If your agency operates vehicles with more than 10 passengers (includes driver), attach a copy of your most recent CHP vehicle and terminal inspection report. If your agency is not required to have a CHP inspection attach your agency's vehicle inspection reports from FY 2025. (2 points).
Click or tap here to enter text.

Transportation Service (20 Points): *Determination that existing fleet is fully utilized based on days and hours, passenger trips, and service area.* (20 Points)

1. Complete **Table 1 – Transportation Service**. Instructions to complete the table are included on Appendix A.

Proposed Project (20 Points): *Applicant will be scored based on project type.* (20 Points)

1. If you have a **Replacement/Expansion** project: **Complete Table 2 – Proposed Project Vehicle Replacement**. Instructions to complete the table are on Page 7
2. If you are requesting **Other Equipment**: Complete the information on **Page 8**.
3. If you are requesting **Operating Assistance**: Complete the information on **Page 9**.
4. If you have a **Mobility Management Project**: Complete the information on **Page 10**.

Transportation Service

Please complete Table 1 – Transportation Service and attach along with your application. Instructions to complete the table are on Appendix A.

Proposed Project – Vehicle Expansion/Replacement

New or Service Expansion: Table 2 – Proposed Project should be filled out by agencies starting a new transportation service or adding new or additional service to their current program. See instructions for information on how to fill out the chart.

To complete the chart provide the information below in the respective column:

1. Indicate if vehicle request is for New (N) transportation agency or Service Expansion (SE) for an existing agency.
2. Indicate type of requested vehicle, such as Modified Van, Small Bus, etc. as shown on the Funding Request

Note: if the requested vehicle(s) will be used in coordination to transport another agency's clients on a regular basis, include those trips in the calculations of the proposed service for columns 3-7

3. Indicate the number of days of vehicle service (eg. Monday-Friday = 5, Monday-Sunday = 7)
4. Indicate the average number of vehicle service hours per day (exclude idle time when the vehicle is not in direct passenger service). Use whole hours; do not use ranges or portions of hours.
5. Calculate vehicle service hours by multiplying column 3 with column 4 (e.g. 5 days per week X 8 hours per day = 40 hours per week)
6. Indicate the projected number of one-way passenger trips per day (each time a passenger boards the vehicle, round trips would be counted as 2 passenger trips) and of the total how many are wheelchair/lift users.
7. Indicate the projected average number of miles that the vehicle will travel per day.

Use the chart on **Table 2 – Proposed Project** to complete following question:

Compute the total percentage of current and projected wheelchair/lift users %

For Expanded Service: Use the total number of wheelchair/lift users in your current program (page 3 of this application), add the projected number of lift users for this expanded service, then divide by the total number of existing and projected passengers from column 6 below.

For New Service: Use the total number of projected wheelchair/lift users then divide by total projected passengers from column 6.

Proposed Project – Other Equipment

Other Equipment: This section is to be completed by agencies requesting other equipment such as a computer system, software and or communication. For the 2021 Call, this category also includes COVID-19 Response Equipment.

If you are making a request for new equipment based on the inadequacy of your old equipment, please include a detailed description of the make and year model of the equipment to be replaced consistent with the scoring worksheet. The equipment must be used to support your transportation operation, that is, the number of vehicles you operate in your transportation program.

a. How many vehicles are in the existing Service Fleet (including back up)? (15 pts)	_____
b. Is the applicant currently using a manual system for scheduling, vehicle tracking, etc. and/or has no dispatch communication equipment? (5 points)	_____
OR	
c. Does the applicant need to replace inadequate equipment to improve efficiency? Equipment more than 5 years old – 5 pts 3 to 5 years old – 3 pts Less than 3 years old – 0 pts	_____
Total (20 Points)	

Fleet utilization determination

- a. What are the total service hours per week for your existing or projected fleet? _____
- b. What is the existing or projected number of passengers per hour? _____
- c. What are the total vehicle miles per day? _____

Proposed Project – Operating Assistance

1. Please provide performance measures and objectives for your proposed project below. (2 points)

Annual Performance Measures and Objectives		
Existing Service		
☐ Current Geographic Coverage	Number of one-way trips per day:	
☐ Current Service Hours/Days	Number of new one-way miles on weekdays:	
☐ Current System Capacity	Number of new one-way miles on weekends:	
☐ Current Access/Connections	Click or tap here to enter text.	
Service Expansion		
☐ Current Geographic Coverage	Number of one-way trips per day:	
☐ Current Service Hours/Days	Number of new one-way miles on weekdays:	
☐ Current System Capacity	Number of new one-way miles on weekends:	
☐ Current Access/connections	Click or tap here to enter text.	

2. Identify the performance measures/indicators to track the effectiveness of your project and include the number of people you anticipate being served, and the number and purpose of trips that the project will provide (and other measurable units of service). Include the desired outcome (impact) that the project will have on the target community. (5 points)

Click or tap here to enter text.

3. Based on the performance objectives/outcomes that you provided in the previous question, describe methodologies and procedures for ongoing monitoring and evaluation of the project or service. (3 points)

Click or tap here to enter text.

Proposed Project – Mobility Management

1. Please provide performance measures and objectives for your proposed project below. (2 points)

Mobility Management		
☐ Mobility Management	Number of customer contacts:	
	Number of one-way trips:	
☐ One Stop Center/Customer Referral	Number of customer contacts:	
☐ Trip/Itinerary Planning	Number of customer contacts:	
☐ One-on-One Travel Training	Number of people trained:	
☐ Internet-Based Information	Number of web hits:	
☐ Information Materials/Marketing	<i>Description of materials/distribution</i>	
☐ Driver Training	Number of drivers trained:	

2. Identify the performance measures/indicators to track the effectiveness of your project and include the number of people you anticipate being served, and the number and purpose of trips that the project will provide (and other measurable units of service). Include the desired outcome (impact) that the project will have on the target community. (5 points)
Click or tap here to enter text.

3. Based on the performance objectives/outcomes that you provided in the previous question, describe methodologies and procedures for ongoing monitoring and evaluation of the project or service. (3 points)
Click or tap here to enter text.

Appendix A – Instructions to complete the Existing Transportation Services Table

Instructions are below by column number:

1. Identified by the last five digits of the VIN, list all vehicles your agency currently owns or leases that provide passenger service to seniors and/or persons with disabilities. Include backup vehicles and those to be removed from service if a new vehicle is awarded. Also list any vehicles you have on order for which you have received a grant or commitment from any source (e.g., Section 5310, Department of Aging, city or county).
2. **Proposed Replacement requests only:** Indicate the type of vehicle, Van or Bus for vehicles proposed for replacement in the application. A van is defined as a vehicle with a gross vehicle weight rating (GVWR) of less than 10,000 pounds; and a bus as a vehicle with a GVWR of more than 10,000 pounds, as identified by the Original Equipment Manufacturer's (OEM's) weight certificate located on the driver's side door. Also indicate the **disposition** of the vehicle proposed for replacement as follows: "**BK**" for backup and "**S**" for sell. To be eligible for replacement, vehicles must meet the following criteria at the time the application is filled:
 - a. Vehicle to be replaced must be currently registered to the applicant and in **active service** (providing service throughout the agency's normal days and hours of operation)
 - b. Vehicle to be replaced is for a like-kind vehicle with similar service life. **Sedans and SUVs are not eligible for replacement.**
3. List all active vehicles years and makes in your fleet inventory (add additional rows if you need more space)
4. List the most current mileage
5. List ambulatory (A) seating capacity and wheelchair (W) capacity (e.g., 6A/2W) for each vehicle
6. Indicate the number of fold down seats in the wheelchair positions for each vehicle
7. Identify, by indicating "Y" for yes and "N" for no, if a vehicle is currently used as a backup vehicle. **Note:** vehicles currently in backup service are not eligible for replacement.
8. Date the vehicle was purchased or leased by your agency
9. List the registered owner(s) of the vehicle. Do not list the legal owner (lien holder) You may abbreviate or use the words "applicant", "county", etc. where the meaning is clear in the context of the application.
10. List number of hours per day, excluding idle time, that each vehicle provides service. Then the total service hours per day for all active vehicles (exclude backups) in the fleet by totaling all entries and enter the total in the last cell in column 10. Use whole number hours.
11. List average number of one-way passenger trips per day. Provide total number of one-way passenger trips per day for all active vehicles (exclude backups) in the fleet by totaling all entries and enter the total in the last cell in column 11. Do not use ranges.
12. Annual maintenance and repair costs. List total maintenance and repair costs for the last 12-month period for which figures are available.

Proposed Project - Vehicle Replacement

	1	2	3	4	5	6	7
	Type of Request N – New agency SE – Service Expansion	Vehicle Type	Days of Service	Total Service Hours Per Day	Total Service Hours Per Week	Total one-way passenger Trips Per Day (number of lift users)	Projected Mileage Per Day
<i>Ex</i>	<i>N or SE</i>	<i>Small Bus</i>	<i>5</i>	<i>6</i>	<i>30</i>	<i>25(5)</i>	<i>400</i>
1							
2							
3							
4							
5							
6							
7							

Transportation Service - Existing Transportation Services

To complete the chart below, list all vehicles your agency currently owns or leases that provide passenger service to seniors and/or individuals with disabilities. Include backup vehicles and those to be removed from service if a new vehicle is awarded. Also list any vehicles you have on order or for which you have received a grant or commitment from any source (e.g., Section 5310, Department of Aging, city or county.)

If this information is not tracked per vehicle (volunteer vehicles), please fill out columns 5,6,10, and 11 to reflect the scope and scale of the transportation services you provide. If this information is not tracked per vehicle, please provide estimates and include an attachment that provides proof of the total trips and hours.

For additional instructions, refer to Appendix A.

For replacement vehicle requests: Replacement vehicles are identified as those needing replacement in order for the Agency to continue their existing services. For each new vehicle requested, a current vehicle in active service must be placed in backup or sold.

Answer the following questions and complete the chart below.

- A. Total miles traveled per day for all active vehicles in fleet (excluding the vehicles indicated as backup in Column 7) _____
- B. Days of Service (e.g., Monday thru Sunday) _____
- C. Percentage of current wheelchair/lift users _____ %
- a. To compute, divide total riders (Applicant Profile Table, Page 4) by wheelchair/lift clients.

	1	2	3	4	5	6	7	8	9	10	11	12
	List All VINs in Fleet (Last 5 digits)	Replacement Requests Vehicle Type /Disposition	List All Active Vehicles by Year/Make/Model	Current Mileage	Passenger Capacity Ambulatory/ Wheelchair	Number of Fold Down Seats	Current Backup Vehicle Y/N	Date Purchased or Leased (indicate if leased)	Registered Owner (not lienholder)	Vehicle Service Hours Per Day	Total One-Way Passenger Trips Per Day	12 Month Maintenance & Repair Costs
<i>Ex</i>	12345	Van/BK	2003 Ford	252,899	6A/2W	3	N	1/1/2001	Agency X	6	16	\$1,000
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
Total for Columns 10 & 11										0	0	