

**FTA Section 5310
Elderly & Disabled Specialized Transit**

FFY 2024/25 Grant Application

Due to Fresno COG by 11 a.m., November 21, 2025

Project Name/Description	
Agency/Applicant Legal Name:	
Physical Address (No P.O. Box):	
City:	Zip:
Contact Person/Grant Manager:	
Phone:	Email:
Duns #:	
<p>Name of Authorizing Representative certifying to the information contained in this application is true and accurate:</p> <p>Printed Name: _____ Title: _____</p> <p>Email Address: _____</p> <p>Signature: _____</p>	

Fresno Council of Governments
2035 Tulare Street, Suite 201
Fresno, CA 93721
(559) 233-4148

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PROGRAM OVERVIEW

ENHANCED MOBILITY OF SENIORS AND INDIVIDUALS WITH DISABILITIES PROGRAM

This program (49 U.S.C. 5310) provides formula funding to states for the purpose of assisting private nonprofit groups in meeting the transportation needs of older adults and people with disabilities when the transportation service provided is unavailable, insufficient, or inappropriate to meeting these needs. Funds are apportioned based on each state's share of the population for these two groups. Formula funds are apportioned to direct recipients; for rural and small urban areas, this is the state Department of Transportation, while in large urban areas, a designated recipient is chosen by the governor. Direct recipients have flexibility in how they select subrecipient projects for funding, but their decision process must be clearly noted in a state/program management plan. The selection process may be formula-based, competitive or discretionary, and subrecipients can include states or local government authorities, private non-profit organizations, and/or operators of public transportation. Projects funded through the 5310 program are required to "... be derived from a locally developed, coordinated public transit-human services transportation plan".

The program aims 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 all areas – large urbanized (over 200,000), small urbanized (50,000-200,000), and rural (under 50,000). Eligible projects include both "traditional" capital investment and "nontraditional" investment beyond the Americans with Disabilities Act (ADA) complementary paratransit services.

The Governor of California has designated the Fresno Council of Governments (Fresno COG) as the Designated Recipient in Fresno County of Federal Transit Administration (FTA) Section 5310 grants for the purpose of administering those funds in accordance with state and federal laws, statutes, and regulations.

Additional detail can be found at the following links:

[Fresno COG's Section 5310 Program Management Plan](#)

[Section 5310 Federal Circular – FTA C 9070.1G \(July 2014\)](#)

PROGRAM OVERVIEW

Current Funding Limitations

Vehicles and other related equipment formerly funded under the previous Section 5310 Program are referred to as **Traditional Capital** projects. The former New Freedom projects are referred to as **Other Capital and Operating** projects.

- Total funding = \$1,741,617
- At least 90% for **Traditional Capital** projects (\$1,567,455 Total: at least 2 grants, maximum **\$783,727** each)
- Up to 10% for **Other Capital and Operating** projects (maximum **\$174,162**; if no acceptable applications, funds will transfer to the **Traditional Capital** programs)

TIMELINE:

ACTIVITY	DATE
Request for Proposals Released	September 25, 2025
Deadline for Proposal Submittal	November 21, 2025
Scoring (Tentative)	January 7, 2026
SSTAC Approval (Tentative)	January 20, 2026
Policy Board Approval (Tentative)	January 29, 2023
FTA Approval of Grant/Grant Execution (Tentative)	Summer 2026
Notice to Proceed - Subject to Contract Signing (Tentative)	January 2027

APPLICANT ELIGIBILITY

General Certifications and Assurances

The original of the "General Certifications and Assurances" must be signed electronically. Use the legal name of your agency. If you are a public entity, attach an authorizing resolution, designating a person authorized to sign on behalf of the agency, as an Appendix to the application.

Legal Name of Applicant:		
Address:		
Contact Person:	Phone:	Email:

- a. The applicant assures that no person, on the grounds of race, color, creed, national origin, sex, age, or disability shall be excluded from participating in, or denied the benefits of, or be subject to discrimination under any project, program, or activity (particularly in the level and quality of transportation services and transportation- related benefits) for which the applicant receives Federal assistance funded by the Federal Transit Administration (FTA).
- b. The applicant assures that it shall not discriminate against any employee or applicant for employment because of race, color, creed, national origin, sex, age or disability and that it shall take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, creed, national origin, sex, or age.
- c. The applicant certifies that it will conduct any program or operate any facility that receives or benefits from Federal financial assistance administered by FTA in compliance with all applicable requirements imposed by or pursuant to 49 CFR Part 27, "Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Financial Assistance" and the Americans with Disabilities Act of 1990, as amended, at 49 CFR Parts 27,37, & 38.
- d. The applicant assures that it will comply with the Federal statutes, regulations, executive orders, and administrative requirements, which relate to applications made to and grants received from FTA. The applicant acknowledges receipt and awareness of the list of such statutes, regulations, executive orders, and administrative requirements that is provided as references in FTA Circular 9070.1G "Enhanced Mobility of Seniors and Individuals with Disabilities Program Guidance and Application Instructions" dated June 6, 2014.
- e. The applicant certifies that the contracting and procurement procedures that are in effect and will be used by the applicant for Section 5310 equipment are in accordance and comply with the significant aspects of FTA Circular 4220.1F, "Third Party Contracting Guidelines."
- f. The applicant certifies that any proposed project for the acquisition of or investment in rolling stock is in conformance with FTA rolling stock guidelines.
- g. The applicant certifies that it will comply with applicable provisions of 49 CFR Part 605 pertaining to school transportation operations which prohibits federally funded equipment or facilities from being used to provide exclusive school bus service.
- h. The applicant certifies that it will comply with Government Code 41 U.S.C. 701 et seq, and 49CFR, Part 32 in matters relating to providing a drug-free workplace.

To the best of my knowledge and belief, the data in this application are true and correct, and I am authorized to sign these assurances and to file this application on behalf of the applicant.

Certifying Representative

Name (print):	
Title (print)	
Signature:	Date

APPLICANT ELIGIBILITY

Private Nonprofit Agency – Corporation Status Inquiry and Certification

If you are claiming eligibility as a Section 5310 applicant based on your status as a private nonprofit organization, you must obtain verification of your incorporation number and current legal standing from the California Secretary of State Information Retrieval /Certification & Records Unit (IRC Unit). The “Status Inquiry” document must be attached as an appendix to the electronic copy of your agency’s application. To assist you in obtaining this information, use one of the following two methods:

1. To obtain Corporate Records Information over the Internet, go to: [Business Entities Records Request :: California Secretary of State](#) and enter your agency name. If you are active, print the page and use that as proof. If the verification of your status is not available at the time you submit your application, you must indicate the date on which you requested the verification and the estimated date it will be forwarded to the Section 5310 Enhanced Mobility for Seniors and Individuals with Disabilities Program.

Do not submit articles of incorporation, by laws or tax status documentation.

Private Nonprofits
Name of Nonprofit Applicant:
State of California Articles of Incorporation No.:
Date of Incorporation:

APPLICANT ELIGIBILITY

Public Agency Certification

Title 49 U.S.C. 5310(a)(2) provides that a Designated Recipient may allocate funds apportioned to it to a governmental authority that is approved by the State to coordinate services for seniors and individuals with disabilities; or certifies that there are no nonprofit organizations readily available in the area to provide the service.

A public agency certifying that no nonprofit agencies are readily available to provide the proposed service must complete and sign the **"Public Agency Certification"** below. The required public hearing should be completed before the due date of the application; however, if a public hearing has been scheduled but not completed by the application due date please write the date that the hearing will take place in the space provided at the bottom of the Certification. Fresno COG may allow the submission of the minutes of the hearing, and the formal resolution from the governing board, if the application contains documentation that the hearing has been properly advertised.

Public Agencies

Check one and provide the following as instructed:

- a) ☐ Certifying to the Governor that no nonprofit corporations or associations are readily available in the service area to provide the proposed service.

Certification of No Readily Available Service Providers (only needed if "a)" is checked above)

The public agency, _____ certifies that there are no nonprofit agencies readily available to provide the service proposed in this application.

Note: If hearing is scheduled but has not yet been held, follow instructions provided below (shown in italics), under each specific item.

1. Submit proof of publication of hearing notice and a copy of the contact letter sent to non-profit transportation providers informing them of the hearing. *If hearing has not yet been held, provide scheduled date of hearing. Submit Proof of Publication and contact letter following hearing.*
 2. Submit resolution that no non-profit agencies are readily available to provide the proposed service. *If hearing has not yet been held, submit resolution following hearing.*
 3. Complete Public Agency Certification. *If hearing has not yet been held, submit certification following hearing.*
 4. Submit proof of contact with all non-profit transportation providers regarding notice of public hearing.
- b) ☐ Approved by the State to coordinate services for elderly individuals and individuals with disabilities, including CTSAs designated by the RTPA.
1. Submit designation letter.

Certifying Representative

Name (print):	Title (print):	
Signature:		Date:
Date of Hearing (if necessary):		

APPLICANT ELIGIBILITY

Civil Rights/DBE

Describe any lawsuits or complaints that have been received or acted on in the last year based on Title VI of the Civil Rights Act or other relevant civil rights requirements; and subrecipient must provide a status of lawsuits or an explanation of how complaints were resolved including corrective actions taken.

If **NO** lawsuits or complaints were received or acted on – subrecipient must attest to the following statement:

THERE WERE NO LAWSUITS OR COMPLAINTS RECEIVED OR ACTED ON IN THE LAST YEAR RELATING TO TITLE VI OR OTHER RELEVANT CIVIL RIGHTS REQUIREMENTS.

Certifying Representative

Name (print):	
Title (print)	
Signature:	Date

Disadvantaged Business Enterprise

Disadvantaged Business Enterprise (DBE) Requirements

All successful applicants of the 5310 funds for Other Equipment (non-vehicle) projects must submit a completed *Disadvantaged Business Enterprise Race-Neutral Implementation Agreement for Federal Transit Administration Subrecipients* with their signed Standard Agreement contract.

APPLICANT ELIGIBILITY

Current Grant Recipient – Compliance

If you are a **current** grant recipient and are not compliant with all FTA Section 5310 Elderly and Disabled Specialized Transit Program requirements you will not be eligible to apply for grant funds until compliance has been determined. You must be in compliance at time of submittal of application.

The Section 5310 Elderly and Disabled Specialized Transit Program Agreement requires semiannual reporting.

The sub-recipient shall submit a Semiannual Report of its use of PROJECT equipment within twenty (20) calendar days after the close of each federal reporting period. The federal reporting periods are:

- 1) October 1 – March 31*
- 2) April 1 – September 30*

Semiannual Reports are due no later than April 20 and October 20 of each calendar year. The report shall contain information requested by FRESNO COG to indicate the extent to which the sub-recipient is carrying out the PROJECT in accordance with the terms of this contract.

	Yes	No
Does your agency have active vehicles purchased with a 5310 grant?		
If yes, is your agency currently in compliance with your 5310 grant agreement?		
Attach a copy of the last Section 5310 semiannual report submitted listing all vehicles and required data.		

APPLICANT ELIGIBILITY

Project Need

Title 49 U.S.C. 5310(a)(2) provides that a Designated Recipient may allocate apportioned funds to a private nonprofit organization if public transportation service provided under Section 5310(a)(1) is unavailable, insufficient, or inappropriate. Current documentation supporting the stated transportation needs must be attached as an appendix and its relevance discussed within the narrative (e.g., testimony or findings from a Transportation Development Act (TDA) article 8 hearing, recognized studies or the region's Coordinated Plan)

A. Check the appropriate box below as applicable. One box must be checked.



Unavailable

There is no existing public transportation or Paratransit Service (e.g., ADA Paratransit, fixed route, dial-a-ride services) in proposed project service area available to serve the described target population.



Insufficient

Available mass transportation and Paratransit services are insufficient to meet the needs of the target population or equipment needs replacement to ensure continuance of service. (Examples: service at capacity, service parameters, routes, hours, need not met due to eligibility and/or trip criteria, projected future need, vehicles inaccessible, etc.)



Inappropriate

Target population has unique or special needs, which are difficult or impossible to serve on available mass transportation and/or Paratransit service. Example: lack of wheelchair accessibility.

B. Existing transit service

Describe how existing public transit or public Paratransit service, including fixed-route, dial-a-ride, ADA complementary Paratransit and private Paratransit service, do not serve the population in your service area.

APPLICANT ELIGIBILITY

Agency Profile

FOR QUESTIONS 1 AND 2: Provide your current information. Exact counts are preferred, but estimates are acceptable.

1. Total number of clients currently served by your agency's transportation program:
2. Total number of rides (as measured by one-way trips) provided for seniors or individuals with disabilities by your agency annually:
3. **Briefly** describe the geographic area that is currently or will be served by your transportation program.
4. **Briefly** describe the days and hours of the operation of your transportation program.
5. **Briefly** describe your agency's purpose and programs. *Please attach supporting documentation (e.g., agency brochure and a link to the appropriate page on your agency's website).*

APPLICANT ELIGIBILITY

6. Does your agency **currently** provide transportation?

If yes, how many years of transportation experience does your agency have?

If no, how many years of experience does your agency have in providing non-transit services to elderly persons and persons with disabilities?

7. Attach a copy of your agency's current audited financial statement to the electronic version of this application as an appendix. Do not include with printed version.
8. If your agency currently operates vehicles with more than 10 passengers (includes driver), attach a copy of your most recent CHP vehicle and terminal inspection report to the electronic version of this application as an appendix. Do not include with printed version.
9. If your agency is not required to have a CHP inspection based on these criteria, attach your agency's most current vehicle and agency inspection reports to the electronic version of this application as an appendix. Do not include with printed version.

APPLICANT ELIGIBILITY

IF THE PROJECT IS NOT FOR THE PURCHASE OF VEHICLES, SKIP TO THE NEXT PAGE.

10. 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:

- New Driver Orientation and Training; including classroom and behind the wheel and testing. Including ongoing training.
- Sensitivity Training
- Emergency Preparedness, First Aid and CPR.

*****Please include this as an appendix in the electronic version only (do not include with printed version).**

11. Describe your agency's system for dispatching vehicles and discuss training of staff in the dispatching function.

*****Please include this as an appendix in the electronic version only (do not include with printed version).**

12. Describe your agency's vehicle maintenance program, addressing **each** of the following components. In describing the items specified below, attach pre-trip **and** post-trip inspection forms and maintenance forms as an appendix.

- Daily pre-trip and post-trip inspection description with daily inspection forms
- Preventative & routine maintenance description, with maintenance forms
- Contingency plan for when equipment is not available for service

*****Please include this as an appendix in the electronic version only (do not include with printed version).**

APPLICANT ABILITY

13. Describe the impact that your agency's project will have on elderly and/or individuals with disabilities.

14. **Briefly** describe how your agency's proposed project is consistent with the goals and objectives of the FTA Section 5310 Program.

APPLICANT ABILITY	
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IF THE PROJECT IS FOR THE PURCHASE OF VEHICLES, SKIP TO THE NEXT PAGE.

15. Describe how your agency will track the effectiveness of this project. Also, how will your agency monitor and evaluate the service your agency provides?
16. Describe your agency's proposed project and work plan. Demonstrate the ability (staff and resources) of your agency to complete the project on time and within budget.
17. **OPERATING PROJECTS:** Provide project budget information on the form supplied on page 19. Applicants must submit a clearly defined project budget, indicating anticipated project expenditures and revenues, including documentation of matching funds, if applicable.

COORDINATED PLAN REQUIREMENTS

Per FTA C 9070.1G, Chapter V, FTA Section 5310 projects shall be derived from a Coordinated Plan. The following questions address how this project is derived from Fresno County's Coordinated Public Transit-Human Services Transportation Plan which can be found at this link:

[Fresno County's Coordinated Public Transit-Human Services Transportation Plan](#)

DO NOT ATTACH A COPY OF THE COORDINATED PLAN TO YOUR APPLICATION!!!

Identify only the specific section and page from the Coordinated Plan to answer a question.

No points will be given on this page if the Coordinated Plan Sections/Page Numbers are not indicated.

1. An assessment of transportation needs for individuals with disabilities or older adults is in the Fresno County Coordinated Public Transit-Human Service Transportation Plan. From this Plan, describe the transportation needs of individuals with disabilities or elderly individuals to be served by the proposed project and how your agency's proposed project will address those needs.

(Indicate Coordinated Plan Section/Page Number)

2. How does this project address one or more of the coordination strategies, activities, and/or projects and efficiencies identified in the Fresno County Coordinated Plan?

(Indicate Coordinated Plan Section/Page Number)

3. How does this project address one or more of the priorities identified in the Fresno County Coordinated Plan?

(Indicate Coordinated Plan Section/Page Number)

COORDINATION OF VEHICLES

IF THE PROJECT IS NOT FOR THE PURCHASE OF VEHICLES OR EQUIPMENT, SKIP TO PAGE 19

Use of Vehicles/ Equipment

Per FTA C 9070.1G, Chapter VI, FTA encourages maximum use of vehicles funded under the Section 5310 program. Vehicles are to be used first for program related needs for which the Section 5310 grant is made and then to meet other federal programs or project needs, providing these uses do not interfere with the project activities originally funded.

Coordination of vehicles and other transportation related activities where opportunities exist to coordinate are encouraged. Coordination of services could include:

- Shared use of vehicles
- Dispatching or scheduling
- Maintenance
- Back-up transportation
- Staff training programs
- Procurement of services and supplies from funding sources other than Section 5310
- Active participation in local social service transportation planning process
- Client trip(s) with other agencies

Describe your agency's plan for coordinating use of **requested** vehicle(s) or equipment. Narrative must include:

- Name of the participating agency(s)
- Agency description, and usage of vehicle(s)
- Days and hours of use
- Number of passengers using service

Please attach a letter from the Consolidated Transportation Service Agency (CTSA), or an agency with which you are coordinating services, substantiating the coordination activities described.

OR

If your agency will use the vehicle(s) fully for Section 5310 purposes, please submit your agency's average vehicle use per day in both hours and miles.

Average use per day for 5310-program vehicles, in:
Hours and Miles

Is this (choose one): ☐ Anticipated for New Vehicle(s) or ☐ Actual for Existing Vehicles

FUNDING REQUEST

(If not a Replacement Vehicle Request, skip to page 16)

This form is to be completed by agencies requesting replacement vehicles. Complete the following items and the chart below:

- Total number of miles traveled per day for all active vehicles in service _____
- Agency's normal days and hours of operation (e.g., Monday thru Sunday 7:00 am to 7:00 pm) _____
- Average service hours per day _____
- Current wheelchair/lift users _____% (To compute, divide total number of wheelchair/lift clients by total number of riders).
- Total fleet count after replacement _____

Total peak service fleet count _____ (number of vehicles in service during peak service hours)

Fill the chart below with information on the vehicles your agency would like to replace:

	Vehicle Description (Year, Make and Type)	Full VIN#	Current Mileage	Passenger Capacity (Ambulatory/ Wheelchair)	Date Purchased or Leased	Vehicle Disposition (Backup or Sell)	Vehicle Service Hours/Day	Total One-Way Passenger Trips/Day
<i>Example</i>	<i>20015 Ford Starcraft</i>	<i>1FG4E46958PA52807</i>	<i>288,500</i>	<i>18A/4W</i>	<i>Jun-09</i>	<i>Sell</i>	<i>8</i>	<i>30</i>
1								
2								
3								
4								
5								
6								
7								
8								

FUNDING REQUEST

(IF NOT A NEW OR SERVICE EXPANSION, SKIP TO PAGE 19)

New or Service Expansion:

This table **MUST** be completed by agencies that are...

- Starting a new transportation service, or
- Adding new or additional service to their current program.

To complete the chart below:

- In column 1, indicate if vehicle request is for a New (N) transportation agency or Service Expansion (SE) for an existing transportation agency.
- In column 2, indicate type of requested vehicle, such as Modified Van, Small Bus, etc.

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.

- In column 3, indicate the number of days of vehicle service (e.g., Monday – Friday = 5, Monday – Sunday = 7)
- In column 4, indicate the average number of vehicle service hours per day (**exclude idle time** - the time the vehicle is not in direct passenger service.) Use whole hours; do not use ranges of hours or portions of hours.
- In column 5, calculate vehicle service hours by multiplying column 3 with column 4 (**exclude idle time.**) (e.g. 5 days per week X 8 hours per day = 40 hours per week).
- In column 6, indicate the projected number of one-way passenger trips per day (each time a passenger boards the vehicle, a round trip would be counted as 2 passenger trips).
- In column 7, indicate the projected average number of miles that the vehicle will travel per day.

Complete the chart below:

	1	2	3	4	5	6	7
	Type of Request N-New Agency Or SE-Service Expansion	Vehicle Type (Must be ADA accessible)	Days of Service	Total Service Hours per day	Total Service Hours per week	Total one-way passenger Trips per day	Projected Mileage per day
Example	N or SE	See page 18	5	6	30	25(5)	400
1							
2							
3							
4							
5							
6							

FUNDING REQUEST

Eligible Capital Expenses

Eligible expenses include replacement vehicles, equipment for replacement vehicles, and projects that seek to reduce barriers to transportation services and expand the transportation mobility options available to people with disabilities beyond the requirements of the Americans with Disabilities Act (ADA) of 1990.

Vehicles and Equipment	Number	Unit Cost	Total Cost
Vehicles (Include accessibility equipment in the unit cost)			
Related Equipment			
Other			
TOTAL NON-5310 FUNDING			
TOTAL 5310 FUNDING REQUESTED (Maximum request must not exceed \$783,727)			
TOTAL COST			

FUNDING REQUEST

FILL OUT ONLY SECTIONS APPLICABLE TO THE PROJECT.

Replacement/Service Expansion Vehicle

REPLACEMENT VEHICLES

Explain why the vehicle(s) need replacement in order to ensure continuance of existing services.

NEW SERVICE OR SERVICE EXPANSION VEHICLES

Explain the new service or growth your agency is experiencing or is expected to experience, the projected increase in the number of clients you will serve, and the basis for your estimates.

Related Documentation supporting this growth must be attached as an appendix and its relevance discussed within the narrative (e.g., current waiting list, reports of trips denied).

Projected number of one-way passenger trips per day to be provided by each vehicle (if applicable):

FUNDING REQUEST FOR OPERATIONAL PROJECTS

Proposed Annual Budget for Operational Projects:

Estimated Income:	
a. Passenger Revenue	\$
b. Other Revenues	\$
c. Total grants*, donations, subsidy from other agency funds	\$
TOTAL INCOME	\$
*Not including this grant request.	
Estimated Expenses:	
a. Wages, Salaries and Benefits (non-maintenance personnel)	\$
b. Maintenance & Repair (include maintenance salaries)	\$
c. Fuels	\$
d. Casualty & Liability Insurance	\$
e. Administrative & General Expense	\$
f. Other Expenses (e.g., materials & supplies, taxes)	\$
g. Contract Services (specify) _____	\$
TOTAL EXPENSES	\$

Fund Sources:

INCOME SOURCE(S): (LTF, STA, STP, grants, etc.)	AMOUNTS		
	Prior Year	Current Year	Budget Year
a.	\$	\$	\$
b.	\$	\$	\$
c.	\$	\$	\$
d.	\$	\$	\$
TOTAL		TOTAL	\$

GRANT APPLICATION PROCEDURES

Project Selection Process

All 5310 project applications will be evaluated in accordance with the scoring criteria on pages 21 and 22 to determine the extent to which the proposed project meets the overall program goals and objectives of the programs. Fresno COG will use volunteers from the Fresno COG Social Services Transportation Advisory Council (SSTAC) to recommend projects for funding and funding amounts through a competitive process.

Application Deadline

ALL APPLICATIONS DUE to Fresno Council of Governments by:
November 21, 2025 11 a.m.

Applications must be printed **double-sided**. Submit one hard-copy and one electronic copy of the application to Fresno COG no later than 11 a.m. on November 21, 2025. Faxed or emailed applications will **not** be accepted. Please note changes to this cycle's application. Many questions ask for information to be provided only in the electronic version. Furthermore, many questions ask for **brief** answers, so please make your answers succinct.

Submit applications to:

Attn: Matthew Shimizu, Regional Planner
Fresno Council of Governments
2035 Tulare Street, Suite 201
Fresno, CA 93721

If you have any questions, please contact:
Matthew Shimizu at (559) 233-4148 Ext. 240 or mshimizu@fresnocog.org

The information in this application is public record. Therefore, applicants should not include information regarded as confidential.

SCORING CRITERIA

Scoring Criteria

Scoring criteria is for informational purposes only. This section should not be filled out by the applicant.

To receive the maximum points per question, each response must be complete and contain the required supporting documentation. Incomplete responses and/or a lack of supporting documentation will result in less or 0 points.

A. Project Readiness and Implementation? *(Maximum 30 points)*

- Applicant demonstrates the ability (staff and resources) to complete the project on time and within budget *(15 points maximum)*
- Applicant provides a reasonable work plan. *(15 points maximum)*

B. Does the project meet the Section 5310 Program Goals and Objectives? *(Maximum 20 points)*

- An applicant's proposed project must be consistent with the overall Section 5310 program goals and objectives, as listed in [FTA Circular 9070.1G](#). *(20 points maximum)*

C. Describe the Program Effectiveness and Performance Indicators *(Maximum 20 points)*

- Applicant identifies clear measurable outcome-based performance measures and indicators to track the effectiveness of the project. Applicant describes a process that details the ongoing monitoring and evaluation of the project or service, including desired outcomes. *(10 points maximum)*
- Applicant must describe the outcome (impact) that the project will have on elderly or individuals with disabilities. *(10 points maximum)*

D. Project Budget *(Maximum 10 points)*

- A complete listing of project budgetary information will be necessary to receive the full 10-point value. Applicants must submit a clearly defined project budget, indicating anticipated project expenditures and revenues, including documentation of matching funds, if applicable. *(10 points maximum)*

E. Project Coordination *(Maximum 10 points)*

- Applicant demonstrates how project activities directly address transportation needs, strategies and priorities identified through the locally developed Coordinated Public Transit-Human Services Transportation Plan. (Applicant indicates the needs, strategies and priorities AND identifies the specific section and page from the Coordinated Plan). *(10 points maximum)*

SCORING CRITERIA

F. Coordination (Maximum 10 points)

- Applicants will be evaluated based on their ability to coordinate with other community transportation and/or social service resources. Applicant demonstrates a willingness to coordinate services with other agencies. *(10 points maximum)*