

**MISSOURI ELDERLY AND HANDICAPPED  
TRANSPORTATION ASSISTANCE PROGRAM (MEHTAP)**

**Faxed application will not be accepted**

Original applications must be **mailed in**. **Do not recreate** the application on your computer.

**Application Checklist**

All applications must include the following:

- \_\_\_\_\_ 1. Completed Application, including the fully executed Authorizing Resolution
- \_\_\_\_\_ 2. Copy of Articles of Incorporation (If new applicant)
- \_\_\_\_\_ 3. A copy of your **current** annual report submitted to the Secretary of State office or Certificate of Good Standing.
- \_\_\_\_\_ 4. Letters of commitment from local funding sources to be considered as matching funds.

Mail completed applications to:

Missouri Department of Transportation  
Multimodal Operations / Transit  
P. O. Box 270  
Jefferson City, MO 65102

**SCHEDULE OF EVENTS**

**Applications must be postmarked by February 28, 2018.** Late applications will be accepted on a case-by-case basis. Applications postmarked after February 28, 2018, will be considered for funding, if funds become available within the program. Program funding is subject to annual appropriation by the Missouri General Assembly.

# **MISSOURI ELDERLY AND HANDICAPPED TRANSPORTATION ASSISTANCE PROGRAM (MEHTAP)**

## **INTRODUCTION**

The Missouri Elderly and Handicapped Transportation Assistance Program was created by the 78th General Assembly in 1978 and amended in 1981. The purpose of this program is to provide state financial assistance to help defray operating costs incurred by agencies providing transportation services to the elderly and handicapped as long as matching local or private funds are available.

Funds are appropriated for MEHTAP by the Missouri General Assembly from General Revenue funds and State Transportation funds and are administered by the Missouri Department of Transportation (MoDOT).

MoDOT will reimburse a portion of the operating cost of approved transportation projects. Local, matching funds must be provided by the applicant.

This document sets forth program rules, guidelines and application instructions.

## **ELIGIBILITY**

Applicants must be incorporated as a not-for-profit corporation in Missouri or utilize the transportation services of a not-for-profit corporation. Applicants must meet one of the following criteria:

1. Be incorporated as a not-for-profit corporation in Missouri under the provisions of Chapter 355, RSMo; or
2. Provide or purchase transportation services as a public entity created by Senate Bill 40 or House Bill 351 tax measures.

## **ELIGIBLE EXPENSES**

Eligible expenses include only direct vehicle operating, maintenance and insurance costs. Administrative expenses are not eligible under this program.

## **PROGRAM FUNDS**

Area Agencies on Aging (AAA) - Each year a portion of the MEHTAP appropriation is reserved for Area Agencies on Aging. Reserved funds supplement state and federal funds available to the area agencies for transportation.

Area agencies may use MEHTAP funds in combination with other transportation funds to provide transportation services or to contract with existing providers for service. MEHTAP allocations to the AAA are determined by the total amount of Division of Aging funds received and designated for transportation activities.

## **OTHER APPLICANTS**

MEHTAP funds are allowed to cover up to 50% of the applicant's operating deficit minus federal funds, purchase of service contracts, rider fees, and designated donations.

Although MEHTAP funds can cover 50% of the applicant's net deficit, funding levels are usually not adequate to maintain this level of participation. Applicants should be financially prepared to provide more than 50% of their net deficit.

Applicants that apply for MEHTAP matching funds for local/private or third party funding must provide letters of commitment for the matching funds.

**PAYMENT OF FUNDS**

The Grantee should requisition funds on quarterly basis based upon actual costs. MoDOT will provide the necessary requisition forms. The quarterly request shall not exceed 3/12 of the annual grant (minus retainage or withholding) unless a surplus of grant funds has accumulated in earlier months, or special arrangements have been made with MoDOT. Grantees should be aware that the request for reimbursement process takes approximately 30 days.

Expenses identified as purchase of service will require supporting documentation at time of submission of reimbursement request.

Final requests for payment **will be** due before the end of the fiscal year. The grantee must estimate the expenses for the time period and submit the request before the deadline. A revised requisition should be submitted later if final expenses vary by more than 10% from the estimate.

**STANDARD AGREEMENT**

The standard agreement is a contract between MoDOT and the Grantee stipulating the terms and conditions of the project. The agreement must be executed by the president or chair of the applicant's board as stipulated by the authorizing resolution. It may also be executed by the program director with inclusion of an authorizing board resolution.

**AUDIT**

Grantees must include funds awarded under MEHTAP as a specific income item in their regular audits and provide MoDOT with a copy of their audit reports.

**EMPLOYMENT OF UNAUTHORIZED ALIENS**

For those MEHTAP grantee agencies receiving \$5,000 or more annually in MEHTAP funds, Missouri State Statute Section 285.530 RSMo requires grantee's to be enrolled in a federal work authorization program and abide by the provisions contained in the MOU the grantee entered into with the US Department of Homeland Security. Agencies meeting this monetary threshold in awarded MEHTAP funds will be asked to submit a notarized Worker Eligibility Verification Affidavit and E-verify enrollment documentation with signed agreement.

**APPLICANT EVALUATION**

Applications for assistance will be evaluated on the basis of (1) number of trips provided, (2) the type of trip, (3) total miles, and (4) total cost. Trip purposes are prioritized as follow: (1) medical, (2) employment, nutrition, education, and essential shopping (3) social, and (4) other. The ability and willingness of the applicant to coordinate its transportation services with other organizations is a positive evaluation factor.

## **MEHTAP APPLICATION INSTRUCTIONS**

The following instructions are provided to assist MEHTAP applicants.

### **SECTION I - General Information**

Legal name of the applicant: Name exactly as it appears on the applicant's articles of incorporation or as created by a county or other public entity.

Complete all sections requesting agency contact information, corporate number of articles of incorporation (attach copy) and date of incorporation.

Grant Request: This amount should match Section IV – C.4.

### **SECTION II - Program Description**

- A. Service Area: Indicate the where transportation service is provided.
- B. Days and Hours of Operation: If applicable, indicate which days and hours client transportation services are provided plus the average weekly hours of operation.
- C. Transportation Sources: Identify any purchase of service agreements with other providers. Identify vehicles owned or leased by your agency, if applicable.
- D. Estimated Total Trips and Miles: Estimate trips provided to elderly and handicapped persons for the project year. One-way passenger trips are counted each time a person boards the vehicle.

**Example:** If person X needs to be taken to a medical appointment (Trip A), then taken to pharmacy (Trip B), then returned home (Trip C); agency would count three (3) one-way trips for person X.

- E. Description of Service:
  - 1. Total number of yearly trips broken down into the following categories.
    - a. Medical
    - b. Education, Employment, Nutrition and Essential Shopping
    - c. Social/Other
  - 2. Total number of yearly one-way trips (add elderly and handicapped trips together from E1 trip categories. Note: Total should match Estimated Total Trips and Miles from D.

### **SECTION III - Proposal Description**

Description of proposed service: Indicate in narrative form justification for the following at a minimum. Use additional pages as required.

- A. Need for service.
- B. Proposal to meet need (include types of service, demand responsive, advance reservation, etc.)
- C. Types of trips.
- D. Estimated additional vehicle miles.
- E. Estimated additional one-way passenger trips.

**SECTION IV - Transportation Operating Expenses, Funding Sources, and Operating Deficit**

- A. Description of Cost: Estimate only transportation operating expenses for the project period. Include the operating costs of your total transportation system. If eligible personnel do not have a full time relationship to your funding request, that percentage of time which has a direct project relationship should be included in your operating figures.
- B. Funding Sources: Provide funding sources and amounts available to help defray your operating cost.

Column A - Show 100% revenue sources from Division of Aging (DA) Title III B or revenue from fares or fees charged clients, or other purchase of service contracts.

Column B - Indicate ACTION funding or other federal funds requiring state/local match.

Column C - Indicate private/local match for federal funding and other non-federal sources.

Column D - Amount you are requesting from MEHTAP. This amount must equal the private/local funds in Column C.

Column E - Total (A+B+C+D = E)

Note: Your total from all sources must equal "Total Transportation Operating Expenses" stated in Section IV of your application under "Description of Cost."

Example:

	A	B	C	D	E
Name of Federal, Local, Private Funding Sources	100% Revenue Source i.e. Employees Fares, AAA Resources	Fed. Funds Requiring Match i.e. ACTION	Private/Local Funds	State Assistance Requested (MEHTAP)	Total
ACTION	\$	\$ 90	\$ 10	\$ 10	\$ 110
SB 40	\$	\$	\$ 50	\$ 50	\$ 100
<b>TOTAL</b>	<b>\$</b>	<b>\$ 90</b>	<b>\$ 60</b>	<b>\$ 60</b>	<b>\$ 210</b>

- C. Total Revenue: This section is a recap of the information presented in A and B.

Letters of commitment for local, private, other state or federal funding must be included.

**SECTION V - Authorizing Resolution**

The president/board chair may execute grant agreements or the program director may do so with inclusion of an authorizing resolution.

**APPLICATION FOR FUNDS FROM  
THE MISSOURI ELDERLY AND HANDICAPPED TRANSPORTATION  
ASSISTANCE PROGRAM**

July 1, 2018 through June 30, 2019

Fiscal Year 2019

**SECTION 1 General Information**

Grant Request \$ \_\_\_\_\_

Name of Applicant (exactly as in the Articles of Incorporation)

\_\_\_\_\_

Address

Contact Person

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

County (of principal address or service area)

\_\_\_\_\_

Corporate No. Articles of Incorporation (attached copy)

Fax Number

\_\_\_\_\_

Date of Incorporation

E-mail Address

\_\_\_\_\_

Not applicable – public entity



D. Estimated Total Trips and Miles For Fiscal Year Applying For:

1. \_\_\_\_\_ Estimated elderly one-way trips to be provided.
2. \_\_\_\_\_ Estimated handicapped one-way trips to be provided.
3. \_\_\_\_\_ Total estimated elderly and/or handicapped one-way trips to be provided.
4. \_\_\_\_\_ Vehicle miles to be operated.

E. Description of Service

1. Number of above trips that are:

A	B	C
Medical _____	Education _____	Social _____
	Employment _____	Other _____
	Nutrition _____	
	Essential Shopping _____	
<b>TOTAL</b> _____	<b>TOTAL</b> _____	<b>TOTAL</b> _____

2. Total number of yearly one-way passenger trips (Sum of A+B+C): \_\_\_\_\_

Note: Total should match D3 above.



**Section IV    Transportation Operating Expenses, Funding Sources, and Operating Deficit**

A.    Description of Cost (round off)

Salaries

Driver Salaries \_\_\_\_\_

Dispatcher Salaries \_\_\_\_\_

Other \_\_\_\_\_

Fringe Benefits

FICA \_\_\_\_\_

All Other \_\_\_\_\_

Services

Vehicle Maintenance \_\_\_\_\_

Materials and Supplies

Fuel \_\_\_\_\_

Lubricants \_\_\_\_\_

Tires and Tubes \_\_\_\_\_

Vehicle Insurance \_\_\_\_\_

Taxes

Vehicle Licensing and Registration \_\_\_\_\_

Purchase of Service \_\_\_\_\_

Leases and Rentals

Vehicles \_\_\_\_\_

Telephone (cellular/van use) \_\_\_\_\_

Other (explain below) \_\_\_\_\_

\_\_\_\_\_  
Total Transportation  
Operating Expenses \_\_\_\_\_

B. Funding Sources

Name of Funding Source	a 100% Revenue Source	b Federal Funds	c Private/ Local Funds	d State Assistance Requested (MEHTAP)	e Total
	\$	\$	\$	\$	\$
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL					

C. Total Revenues

1. 100% Revenues \_\_\_\_\_
2. Federal Funds \_\_\_\_\_
3. Private Local Funds \_\_\_\_\_
4. MEHTAP Requested \_\_\_\_\_
5. Total Revenues \_\_\_\_\_

**NOTE:**

- **Letters of commitment for local, private, other state and federal funding must be included with application.**
- **Area Agencies on Aging ONLY: Please attach a schedule of budgeted transportation expenditures by funding source from your area plan as submitted to Division of Senior Services.**

**SECTION V Authorizing Resolution**

**AUTHORIZING RESOLUTION**

WHEREAS, the Missouri Department of Transportation is authorized to make grants for elderly and handicapped transportation projects; and,

NOW, THEREFORE, be it resolved by the \_\_\_\_\_,  
(Name of Corporation or public entity)

That the \_\_\_\_\_ is authorized to execute the \_\_\_\_\_  
Board President/Board Chair or Program Director

Agreement(s) on behalf of the \_\_\_\_\_: with the Missouri \_\_\_\_\_  
(Name of Corporation or public entity)

Highways and Transportation Commission for financial assistance through the Missouri Elderly and Handicapped Transportation Assistance Program.

Adopted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature \_\_\_\_\_

Typed Name \_\_\_\_\_

Title \_\_\_\_\_  
Board President/Chair or Program Director

ATTEST

\_\_\_\_\_  
Secretary of Board

This resolution allows the Board President/Chair or Program Director to sign the agreement without further action by the Board.