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. Fully executed Appendix A Affidavit (for grants in excess of $5,000)
- ☐ 3. Copy of Articles of Incorporation (If new applicant)
- ☐ 4. A copy of your **current** annual report submitted to the Secretary of State office or Certificate of Good Standing.
- ☐ 5. 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 March 31, 2016. Late applications will be accepted on a case-by-case basis. Applications postmarked after March 31, 2016, will be considered for funding, if funds become available within the program. Program funding is subject to annual appropriation by the Missouri General Assembly.

All contracts will be sent to grantees by June 30, 2016, and must be returned to MoDOT by July 31, 2016. Failure to submit either the application or the contracts in a timely manner may disqualify your organization from funding. Letters of approval and requisition forms will be mailed after we have received your signed contract.

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. See application Section IV Transportation Operating Expenses.

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.

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.

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. The Grantee must maintain all records relating to this Agreement, including but not limited to invoices, payrolls, etc. These records must be available at all times at no charge to MoDOT and/or its designees or representatives during the period of the resultant grant agreement and any extension thereof, and for three (3) years from the date of final payment made to the grantee under the agreement.

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 must submit a notarized Worker Eligibility Verification Affidavit and E-verify enrollment documentation as indicated at the bottom of Appendix A.

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 address, corporate number of articles of incorporation (attach copy), date of incorporation, a copy of the annual report as submitted to the Secretary of State.

SECTION II Program Description

A. Service Area: Indicate the city(ies) or county(ies) where transportation service is provided.

B. Days and Hours of Operation: 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.

D. Estimated Total Trips and Miles

Estimated trips by elderly and handicapped for the project year. Trips are counted according to the following (example: if a person rides a bus to the doctor's office, the grocery store, and home, the trip record shows this person has made three one-way passenger trips.)

E. Description of Service:
1. Total number of yearly trips broken down into the following categories.

a. Medical	b1. Education	c1. Social
	b2. Employment	c2. Other
	b3. Nutrition	
	b4. Essential Shopping	

2. Total number of yearly one-way trips (add elderly and handicapped trips together from D above).

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
TOTAL	$	$ 90	$ 60	$ 60	$ 210

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 or chair must sign the resolution and the secretary of the board should attest.

MoDOT cannot accept any signature other than the president or chair.

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

July 1, 2016 through June 30, 2017

Fiscal Year 2017

SECTION 1 General Information

Grant Request $ _____
Refer to Section IV,C,d

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

_____

Address

_____

_____

County (of principal address or service area)

_____

Corporate No. Articles of Incorporation (attached copy)

_____

Date of Incorporation

_____

[ ] Not applicable – public entity

Contact Person

_____

Telephone Number

_____

Fax Number

_____

E-mail Address

_____

SECTION II Program Description

A. Area of Service_____

B. Days and Hours of Operation_____

C. Transportation of Sources

Purchase of Service Agreement NO _____ YES _____ If yes:
Provider's Name _____

VEHICLES	HANDICAPPED EQUIPPED		ODOMETER READING	RIDER CAPACITY	OWNED	LEASED
Year/Make/Type	YES	NO				

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_____	
TOTAL _____	TOTAL _____	TOTAL _____

(2) Total number of yearly one-way passenger trips
(Sum of A+B+C). Total should match D3 above. _____

Section III Proposal Description

Describe your transportation program (i.e., special circumstance, coordination of efforts and other factors which affect your program) – Description must minimally include: need for service, proposal to meet the need, types of trips, estimated additional vehicle miles and estimated additional one-way passenger trips.

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

A. Description of Cost (round off)

Salaries	
Driver Salaries	_____
Dispatcher Salaries	_____
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) _____	_____
Total Transportation Operating Expenses	_____

B. Funding Sources

Name of Federal, Local, Private Funding Sources	a 100% Revenue Source i.e Employees Fares DA Resources	b Federal Funds Requiring Match i.e ACTION	c Private/Local Funds	d State Assistance Requested (MEHTAP)	e Total
	$	$	$	$	$
TOTAL					

C. Total Revenue

a. 100% Revenues _____

b. Federal Funds _____

c. Private Local Funds _____
(must equal or exceed column d above)

d. MEHTAP Requested _____

e. Total Revenues _____
(must equal total expenses showing on Section IV)

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

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 or Board Chair (Do not use given name)

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 or Board Chair

ATTEST

_____
Secretary of Board

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

APPENDIX A - WORKER ELIGIBILITY VERIFICATION AFFIDAVIT

STATE OF _____)
) ss
COUNTY OF _____)

On this _____ day of _____, 20_____, before me appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be a person whose name is subscribed to this affidavit, who being by me duly sworn, deposed as follows:

My name is _____, and I am of sound mind, capable of making this affidavit, and personally certify the facts herein stated, as required by Section 285.530, RSMo, to enter into any contract agreement with the state to perform any job, task, employment, labor, personal services, or any other activity for which compensation is provided, expected, or due, including but not limited to all activities conducted by business entities:

I am the _____ of _____, and I am duly authorized, directed, and/or empowered to act officially and properly on behalf of this business entity.
title business name

I hereby affirm and warrant that the aforementioned business entity is enrolled in a federal work authorization program operated by the United States Department of Homeland Security, and the aforementioned business entity shall participate in said program to verify information (employment eligibility) of newly hired employees working in connection to work under the within state contract agreement with the Missouri Highways and Transportation Commission (MHTC). I have attached documentation to this affidavit to evidence enrollment/participation by the aforementioned business entity in a federal work authorization program, as required by Section 285.530, RSMo.

In addition, I hereby affirm and warrant that the aforementioned business entity does not and shall not knowingly employ, in connection to work under the within state contract agreement with MHTC, any alien who does not have the legal right or authorization under federal law to work in the United States, as defined in 8 U.S.C. § 1324a(h)(3).

I am aware and recognize that, unless certain contract and affidavit conditions are satisfied pursuant to Section 285.530, RSMo, the aforementioned business entity may be held liable under Sections 285.525 through 285.550, RSMo, for subcontractors that knowingly employ or continue to employ any unauthorized alien to work within the state of Missouri.

I acknowledge that I am signing this affidavit as a free act and deed of the aforementioned business entity and not under duress.

_____
Affiant Signature

Subscribed and sworn to before me this _____ day of _____, 20_____.

_____
Notary Public

My commission expires:

[Documentation of enrollment/participation in a federal work authorization program is attached. Acceptable enrollment and participation documentation consists of the following two pages of the E-Verify Memorandum of Understanding: (1) A valid, completed copy of the first page identifying the business entity; and (2) A valid copy of the signature page completed and signed by the business entity, the Social Security Administration, and the Department of Homeland Security – Verification Division.]