

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

July 1, 2019 through June 30, 2020

Fiscal Year 2020

SECTION 1 General Information

Grant Request \$ _____

Name of Applicant (exactly as in the Articles of Incorporation)/Vendor Number

Complete Address

Contact Person

Telephone Number

County (of principal address or service area)

Corporate No. Articles of Incorporation (attached
copy)

Date of Incorporation

☐ Not applicable – public entity

Fax Number

E-mail Address

SECTION II Program Description

A. Service Areas: _____

B. Days and Hours of Operation (if applicable):

C. Transportation of Sources:

Purchase of Service Agreement (if applicable):

Provider's Name	Current Contract Amount	Anticipated FY1 Contract Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL	_____	_____

Vehicles owned or leased by applicant (if applicable):

Note: attached additional sheets if necessary

VEHICLES			ACCESSIBLE		
Year	Make	Type (ex. bus, minivan, sedan, etc.)	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.

DI. 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): _____

Note: Total should match D3 above.

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. Please also describe type of service (real time dispatch, reservations), and advertisement of services (How can one find the service?).

[illegible]

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

A. Description of Cost (round off)

Salaries

Driver Salaries

Dispatcher Salaries

Other Transit Staff

Fringe Benefits

FICA

All Other

Maintenance and Repairs

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

****Disclaimer: Per title 7 – Department of Transportation, Division 10 – Missouri Highways and Transportation Commission, Chapter 7-Transportation CSR 10-7.010 Distribution of Funds Appropriated to the Missouri Elderly and Handicapped Transportation Assistance Program under Criteria Letter A, section 4 it states Costs shall be limited to operating costs specifically for transporting elderly and handicapped persons.***

B. Funding Sources

Name of Funding Source	1 100% Revenue Source	2 Federal Funds	3 Private/ Local Funds	4 State Assistance Requested (MEHTAP)	5 Total
	\$	\$	\$	\$	\$
TOTAL					

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

ATTEST

Secretary of Board

This resolution allows the named individual (such as Board President/Chair or Program Director) to sign the agreement without further action by the Board.