

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

July 1, 2020 through June 30, 2021

Fiscal Year 2021

**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 FY19 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.

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 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, cost and availability of alternate service, 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

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 \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

ATTEST

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_