**THE MISSOURI ELDERLY AND HANDICAPPED**

**TRANSPORTATION ASSISTANCE PROGRAM**

## (application attached)

**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. Engage the services of a not-for-profit corporation, County Sheltered Workshop or Developmental Disability Services under the provisions of sections 205.968-205.972 RSMo., or Senior Citizens Service Fund Tax under sections 67.990-67.995, RSMo.
3. Show that their **total operating costs exceed** their total operating revenues, including all dues, membership fees, **and** all sources of operating revenue.

## ELIGIBLE EXPENSES

 Eligible expenses include only **direct transportation expenses** including, operating, vehicle maintenance and

 insurance costs. Administrative expenses are not eligible under this program.

## PROGRAM FUNDS

Distribution of state assistance will be made on the basis of relative point scores determined by the following criteria: need for service (maximum twenty-five (25) points), trip purpose (maximum twenty- five (25) points), cost effectiveness based on yearly statistical average cost per revenue mile and one-way passenger trips of all applicants (maximum twenty-five (25) points), and cost and availability of alternative service (maxi-mum twenty-five (25) points).

Federal, local, and private funds will be matched with program funds to defray transportation operating losses for approved applicants by the following procedures:

1. When an organization receives federal funds from a state agency and a cash match is required, the commission will provide the cash match;
2. If federal funds are received directly from a federal agency and no state program or agency is involved, the commission will provide one-half (1/2) of any cash match, required by the federal program with the remaining one-half (1/2) being provided from other sources; and
3. The commission will match local or private funds on a dollar-for-dollar basis.

Area agencies on aging may use MEHTAP funds in combination with other transportation funds to provide transportation services or to contract with existing providers for service.

Fifty percent (50%) of the MEHTAP appropriation funding is reserved for Area Agencies on Aging.

The remaining 50% of the annual MEHTAP allocation is distributed to other eligible applicants. MEHTAP funds may 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 based upon actual costs. MoDOT will provide the necessary requisition forms. Grantees should be aware that the reimbursement process is generally 30 days.

Expenses identified as purchase of service will require supporting documentation at time of submission of reimbursement request. All requests for funds require documentation for each expense.

Final requests for payment are due **June 10th.**

## 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 an authorized official 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 as part of the application process. Audits are needed only for agencies receiving greater than $750,000.00 of federal funds.

## EMPLOYMENT OF UNAUTHORIZED ALIENS

For 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 DATA

This data provided will be utilized as part of the evaluation process; (1) number of trips provided, (2) the type of trip, (3) total miles, and (4) total cost. Trip purposes are prioritized as follow: 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.

**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. If the agency has changed names, please include DBA or formerly known as

 “ ” in parenthesis.

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

* 1. Service Area: Indicate the where transportation service is provided, including a listing of all counties where transportation service is provided.
	2. Days and Hours of Operation: Indicate which days and hours client transportation services are provided plus the average weekly hours of operation.
	3. Transportation Sources: Identify any purchase of service agreements with other providers. Identify vehicles owned or leased by your agency, if applicable.
	4. Estimated Total Trips and Miles: Estimate trips provided to elderly and handicapped persons for the project year based on previous years actual. 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.

* 1. Description of Service:
		1. Total number of yearly trips broken down into the following categories.
			1. Medical
			2. Education, Employment, Nutrition and Essential Shopping
			3. 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.

1. Need for service.
2. Proposal to meet need (include types of service, demand responsive, advance reservation, etc.)
3. Types of trips.
4. Estimated vehicle miles.
5. Estimated one-way passenger trips.

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

1. Description of Cost: Only transportation operating expenses for **elderly and handicap transportation service for** the previous project period. Include the operating costs of your total transportation system. If eligible personnel do not work full time in the position of elderly and handicapped transportation service per your funding request, that percentage of time which has a direct project relationship should be included in your operating figures.
2. Funding Sources: Provide funding sources and amounts available to help defray your transportation operating cost.

Column A - Show 100% revenue sources from Division of Aging (DA) Title III B per transportation 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 not exceed 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." |
|  | A | B | C | D | E |
| Example:Name of Federal, Local, Private Funding Sources | 100%Revenue Source i.e. Employees Fares, AAA TransportationResources | Fed. Funds Requiring Match i.e. ACTION | Private/ Local Funds | State AssistanceRequested (MEHTAP) | Total |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ACTION | $ | $ 90 | $ 10 | $ 10 | $ 110 |
| SB 40 | $ | $ | $ 50 | $ 50 | $ 100 |
| TOTAL | $ | $ 90 | $ 60 | $ 60 | $ 210 |

1. 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

Please provide an authorizing resolution designating the official authorized to execute grant agreements.

 **Section VI -** **DOCUSIGN:**

 All agreements will be **processed electronically** (paperless) through Docusign.

 Instructions for DocuSign:

To sign agreements electronically with MoDOT the designated signer for the entity will receive an email from a MoDOT employee via DocuSign to sign the contract. The signer will be asked to agree to the DocuSign, Inc. Express Electronic Signature Agreement to be able to execute this agreement electronically. After the signer reviews the DocuSign, Inc. Express Electronic Signature Agreement online, and agrees with it, all the signer will need to do is select the “I agree” button.

The signer will be asked to enter the Access Code and select validate, this will authenticate the electronic signature that is being provided.

Upon full execution the signer will receive notification via email from MoDOT the document is complete and is available for review online or printing.

**System Requirements for Signing with DocuSign**

Most modern computers will work just fine with DocuSign. But just to be thorough, this topic provides the minimum system requirements needed to sign with DocuSign.

**Browsers:**

* Internet Explorer (Windows Only) 8.0 or above – compatibility mode is supported only for 9.0 and above.
* Windows Edge Current Version
* Mozilla Firefox Current Version
* Safari (Mac OS only) 6.2 or above
* Google Chrome Current Version

**Note:** Pre-release (e.g., beta) versions of operating systems and browsers are not supported.

 **Mobile Signing:**

* Apple iOS 7.0 or above
* Android 4.0 or above

 **Enabled Security Settings:**

* Allow per session cookies

 **Recommended Screen Resolution:**

* 1024 x 768

**PDF Reader:**

* Acrobat Reader or similar software might be required to view and PDF files.

##  MEHTAP Application Attached

**Application Checklist**

All applications must include the following:

 1. Completed Application, including the fully executed **Authorizing**

 **Resolution** designating the official authorized to execute grant

 agreements

 2. Copy of Articles of Incorporation (new applicant only)

 3. A **current** copy of the State of Missouri’s Certificate of Good Standing (Government entities are exempt).

 4. Letters of commitment from local funding sources to be considered as matching funds.

 5. Employment of Unauthorized Aliens - Workers Eligibility Affidavit

 and E-verify (please see section on page 3 and 4).

\_\_\_\_\_ 6. All agreements will be **processed electronically** (paperless) through

 Docusign (see section VI for instructions).

MEHTAP applications are due to MoDOT Transit no later than March 31, 2021

Please **email** completed applications to MoTransit@modot.mo.gov

And in the **subject line** please indicate “MEHTAP Application/ (Agency Name)”

or fax to: 573-522-6460

##  Appendix A

## APPLICATION FOR THE MISSOURI ELDERLY AND HANDICAPPED TRANSPORTATION ASSISTANCE PROGRAM

July 1, 2021 through June 30, 2022

Due to MoDOT Transit no later than March 31, 2021

Fiscal Year 2022

## 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). E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_ \_\_\_\_

 Name of the designated official authorized to execute

 the agreement as indicated in the authorizing

 resolution.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Corporate No. Articles of Incorporation (attached copy)

Date of Incorporation

 \_ [ ] Not applicable – public entity

 Email address of authorized official:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## SECTION II Program Description

***Area of Service County, include Counties*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Days and Hours of Operation*** (if applicable):

|  |  |
| --- | --- |
| Days of Transit Operation: |   |
|  |  |  |  |  |  |  |  |
| Weekday Hours of Operation: |   |
|  |  |  |  |  |  |  |  |
| Saturday Hours of Operation: |   |
|  |  |  |  |  |  |  |  |
| Sunday Hours of Operation: |   |

***Transportation of Sources:***

Purchase of Service Agreement (if applicable):

 Current Contract Anticipated FY21

Provider’s Name Amount Contract Amount

 TOTAL

Number of vehicles owned or leased by applicant (if applicable):

ADA Accessible \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Non ADA Accessible \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Trips: Elderly Handicapped

2018 \_\_\_\_\_\_ \_\_\_\_\_\_\_

2019 \_\_\_\_\_\_ \_\_\_\_\_\_\_

2020 (Estimate) \_\_\_\_\_\_ \_\_\_\_\_\_\_

Break down the total trips into the categories below.

 Medical Education, Employment, Social/Other

Nutrition and Essential Shopping

2018 \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

2019 \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

2020 (Estimate) \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

**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 for Transporting Elderly and Handicapped.**

Total Operating for Transporting Elderly and Handicapped.

 2018 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2019 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Cost (2020 estimate)

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funding Sources

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

Total Revenues

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

**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.**

**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 Organization)

 That the is authorized to execute (Title of Authorized Individual)

The Agreement(s) on behalf of the : with the Missouri (Name of Organization)

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/CEO

ATTEST

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Title

This resolution allows the Board President/CEO/Chair or designated person (Program Director, etc.) to sign the agreement without further action by the Board.

**Appendix B**

**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.

business name

 title

 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 though 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.]***