

**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)

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.

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.

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.