

MISSOURI ELDERLY AND HANDICAPPED TRANSPORTATION ASSISTANCE PROGRAM (MEHTAP)

Application starts on page 5

INTRODUCTION

The Missouri Elderly and Handicapped Transportation Assistance Program was created by the 78th General Assembly in 1976 and amended in 1983 under state statute 208.260. 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 at below cost rates if 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. Program regulations are found in the code of state regulations 7CSR 10-7.010.

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 transportation expenses** including, operating, vehicle maintenance and insurance costs.

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 (maximum 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:

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.

Although MEHTAP funds may cover a part of the applicant's 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 an as needed basis, based upon actual costs for transportation services only. MoDOT will provide the necessary requisition forms. The reimbursement request shall not exceed the grant award.

Reimbursement process may be monthly, quarterly, or semi-annual.

Expenses identified will require supporting documentation at time of submission of reimbursement request.

Final requests for payment **will be due by 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 indicated 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.

APPLICANT DATA

This data provided will be utilized as part of the evaluation process:

- number of trips provided
- the type of trips
- total miles
- total cost

The ability and willingness of the applicant to coordinate its transportation services with other organizations are positive evaluation factors.

APPLICATION INSTRUCTIONS

The following instructions are provided to assist MEHTAP applicants.

General Information

Agency name – legal name of the entity as filed with the State of Missouri or as it appears on the applicant's articles of incorporation (if applicable). **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. Include the authorizing individual's name, title, email address, and phone number.

Program Description

- A. Service Area: Indicate 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:
 - 1. Identify any purchase of service agreements with other providers. Identify vehicles owned or leased by your agency, if applicable.
 - 2. Total number of vehicles used for transportation services.
 - 3. Total number of calendar year miles for elderly and handicapped tripsonly.
- D. Provide actual one-way trips for the calendar year for the elderly and handicapped. 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.
- E. Type of Service Trips Provided - broken down into the following categories.
 - a. Medical
 - b. Education, Employment, Nutrition and Essential Shopping
 - c. Social/Other

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. Actual vehicle miles.
- E. Actual one-way passenger trips.

Transportation Operating Expenses, Funding Sources, and Operating Deficit

- A. Description of Cost: Only transportation **operating expenses** for **elderly and handicap transportation service** are eligible expenses. 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.
- B. Funding Sources: Provide funding sources and amounts available to help defray your transportation operating cost.

Authorizing Resolution

Please provide an authorizing resolution designating the official authorized to execute grant agreements. (Please indicate the title of the person's authorized to execute the agreement, not the person's name).

Employment of Unauthorized Aliens – Workers Eligibility Verification Affidavit

For MEHTAP agencies receiving \$5,000 or more annually in MEHTAP funds, Missouri State Statute Section 285.530 RSMo requires grantees to be enrolled in a federal work authorization program and abide by the provisions contained in the MOU the grantee submitted to the US Department of Homeland Security.

Please complete the Workers Eligibility Verification Affidavit and submit along with the completed application.

*Public Entities excluded (cities, counties, governmental agencies).

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(MEHTAP)

Application Checklist

All applications must include the following:

- _____ 1. Completed Application
- _____ 2. Copy of Articles of Incorporation (new applicant only)
- _____ 3. A copy of your **current** Certificate of Good Standing.
- _____ 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 5)

Subject Line: please indicate "**MEHTAP Application/Agency Name**"

Please email completed application to Motransit@modot.mo.gov

Applications must be emailed no later than March 31, 2023

Applications and instructions are posted on the MoDOT Transit Website
<https://www.modot.org/transit-applications-and-reporting>.

**APPLICATION FOR FUNDS FOR
The MISSOURI ELDERLY AND HANDICAPPED TRANSPORTATION
ASSISTANCE PROGRAM**

July 1, 2023 through June 30, 2024

Fiscal Year 2024

Grant Amount
Requested: _____

General Information

Name of Agency _____

Exactly as in the Articles of Incorporation- if applicable

Addresss of Agency _____

Agency Phone Number _____

Contact Person _____

Name and email address

Phone number of contact person _____

County (of principal address or service area) _____

Corporate No. Articles of Incorporation – if applicable – attach copy

Date of Incorporation _____

_____ Not applicable – public entity

According to the authorizing resolution within the application, who is authorized to execute/sign the
agreement upon award.

Name _____

Title _____

Email _____

Phone number _____

Program Description

A. Service Area _____

B. Days and Hours of Operations. _____

C. Purchase of Service Agreement (if applicable)

Provider's Name	Current Contract Amount	Anticipated FY 2024 Contract Amount

Total number of vehicles use for Transportation Services _____

D. Actual Trips for Calendar Year 2022

a.	Elderly one-way trips provided	
b.	Handicapped one-way trips provided	
Total trips		

E. Type of Service Trips Provided (what type of trips were provided)

a.	Number of Medical Trips	
b.	Number of education, employment, nutrition, essential shopping	
c.	Number of Social and Other Trips	

Total Trips

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]

Transportation Operating Expenses, Funding Sources, and Operating Deficit

** 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.***

A. Description of Cost (round)

2022 Calendar Year Total Expenses

Salaries

Drivers Salaries	
Dispatcher Salaries	
Other Transit Staff	

Fringe Benefits

FICA	
All other	
Maintenance and Repairs	
Vehicle Insurance	
Taxes (include licensing and registrations cost)	
Purchase of Service (list above if applicable)	
Leases and Rentals	
Telephone expense for Transportation use only	
Other please explain below	
Total	

B. Funding Sources for Calendar Year 2022**Amount**

Revenue Source	
Name of Source:	
Name of Source:	
Name of Source:	
Federal Funds	
Name of Source:	
Name of Source:	
Name of Source:	
Private/local funds	
Other	
Total	

Note

- Letters of commitment for local, private, other state and federal funding must be included with application.

Signature of authorized person submitting this application

Printed Name

Date

Check List

- _ Completed Application
- _ Copy of Articles of Incorporation (new applicant only)
- _ Signed Authorizing Resolution – attached to application
- _ Signed Worker's Eligibility Form – attached to application
- _ Current copy of Certificate of Good Standing with the State of Missouri

Please email completed application and documents to breeze.mccracken@modot.mo.gov and CC motransit@modot.mo.gov for processing.

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 (Title of Authorized Individual)

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 _____

WORKER ELIGIBILITY VERIFICATION AFFIDAVIT**Appendix B**

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.

Signature _____ Printed Name _____ Date _____

Attest _____ Printed Name _____ Title _____

[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.]