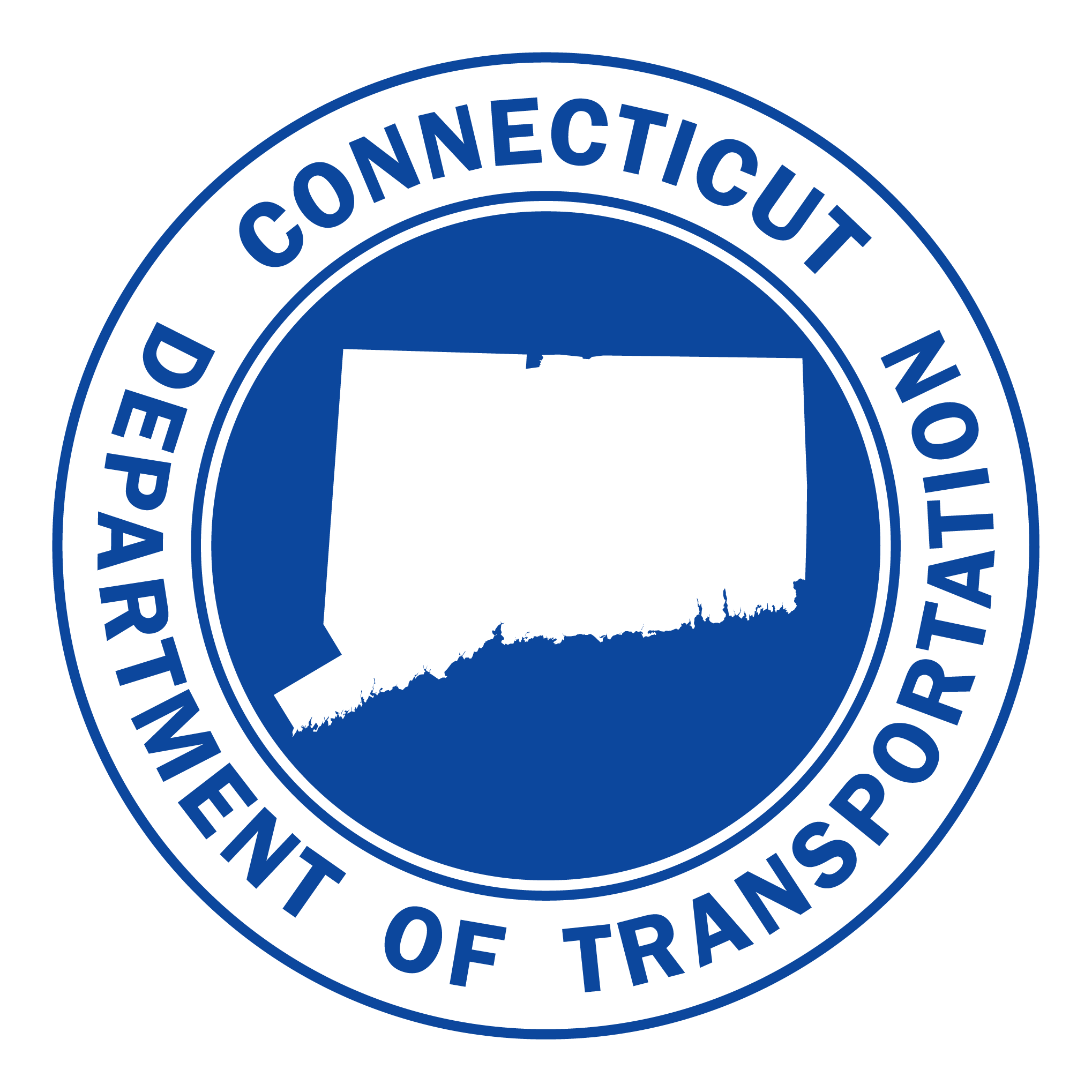
STATE MATCHING GRANT PROGRAM APPLICATION

ELDERLY AND DISABLED DEMAND RESPONSIVE TRANSPORTATION

CONNECTICUT GENERAL STATUTES (CGS) 13B-38BB

STATE FISCAL YEAR (SFY) 2020 THRU SFY 2022



MARCH 2019

CONNECTICUT DEPARTMENT OF TRANSPORTATION (CTDOT)

OFFICE OF TRANSIT AND RIDESHARING

ROOM 1137 NE

P.O. BOX 317546

NEWINGTON, CT 06131-7546

**CTDOT website**

<https://www.ct.gov/dot/site/default.asp>

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**OVERVIEW**

The Connecticut Department of Transportation (CTDOT) is the agency designated to administer the elderly and disabled demand responsive transportation program (Municipal Grant Program (MGP)) enacted under Connecticut General Statutes (CGS) 13b-38bb. Funds under this program are made available to provide new and expansion of transportation services for elderly and disabled individuals.

This application has been developed to assist eligible applicants in applying for funds under this program. The information provided by the applicant is intended to justify their request for funding. It is used by CTDOT to evaluate and fund transportation services which will enhance statewide access for elderly and disabled individuals.

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**ELIGIBLE APPLICANTS**

Municipalities are eligible to receive a grant from CTDOT for their annual allocation from the appropriated funds. If a Regional Planning Organization (RPO) or transit district submits a coordinated regional application, the funds for the coordinating municipalities will be granted to the coordinating entity. In this case, the municipality must certify that they are assigning their grant apportionment to the coordinating entity.

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**ELIGIBLE ASSISTANCE CATEGORIES**

The following costs are ***eligible*** under MGP:

1. ***Operating expenses*** are those costs directly related to dial-a-ride operations which may include, but are not limited to:
   1. Salaries and fringe benefits of drivers and mechanics.
   2. Salaries of dispatchers.
   3. Fuel and oil.
   4. Tires.
   5. Vehicle maintenance and repairs.
   6. Purchased (contracted) services.
2. ***Administrative expenses[[1]](#footnote-1)*** incurred by the applicant directly related to dial-a-ride operations may include, but are not limited to, general administrative expenses and overhead costs such as:
   1. Salaries of the project director, bookkeeper, or other personnel performing job duties of an administrative nature.
   2. Office supplies.

The following costs are ***not eligible*** under MGP:

1. Capital Equipment.
2. General public transportation.
3. School bus transportation.

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**TECHNICAL ASSISTANCE**

Questions regarding the application contents or requests for technical assistance may be directed to Ms. Aimee Marques at (860) 594-2840 [aimee.marques@ct.gov](mailto:aimee.marques@ct.gov) Applicants may also contact their RPO for assistance with the MGP application.

Additional information on how CTDOT administers the MGP Program can be found in its State Management Plan located at [www.ct.gov/dot/cwp/view.asp?a=1386&q=415258](http://www.ct.gov/dot/cwp/view.asp?a=1386&q=415258)

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**APPLICATION INSTRUCTIONS**

Please read and follow all directions carefully. ***Complete the entire application, provide responses to all the questions and do not leave any blank spaces***. The majority of your responses will be entered by either choosing an item denoted with *Choose an item.* or entering text denoted with ***Click here to enter text.*** Do not remove pages from the application. ***Simply write "N/A" if an item does not apply***. When formulating your responses strong, concise statements are preferred over lengthy, vague descriptions.

Please feel free to enter additional information on those sections throughout the application denoted with **ADDITIONAL COMMENTS**. Submittal of an incomplete application or after the deadline will delay the review of your application

Please ensure all required documentation is included, and all signatures are in place as requested. This will allow the earliest approval of your application.

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**APPLICATION DUE DATE & SUBMITTAL**

***The completed application, including all supporting documentation, is due to CTDOT’s Office of Transit and Ridesharing by Friday, May 3, 2019***. Please e-mail the completed application package to [aimee.marques@ct.gov](mailto:aimee.marques@ct.gov) The application package must be submitted via five (5) attachments. ***Please use the*** [**CHECKLIST**](#CHECKLIST) ***(last page) as a guide to ensure all documentation is completed and submitted in the required format (i.e., WORD, Excel, pdf).***

An applicant submitting an incomplete application will be notified by CTDOT and required to resubmit its application with any necessary revisions. Failure on the part of the applicant to meet the submission due date of Friday, May 3, 2019 or provide supplemental information and/or documentation, as requested by CTDOT, may delay the review of the application.

CTDOT will review the final application and notify the applicant of its approval or disapproval by Friday, June 28, 2019.

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**TIMELINE**

In order to assist the applicant in completing and submitting its application in a timely manner, listed below is the recommended timeline. CTDOT encourages the applicant to begin reviewing and preparing its application as soon as possible to meet the application due date of Friday, May 3, 2019.

|  |  |  |
| --- | --- | --- |
| Agency | Task | Suggested Completion Date |
| CTDOT | Application package is forwarded to RPOs for distribution to municipalities. | March 2019 |
| RPO | Collaboration begins with municipalities on potential for coordination. | April 2019 |
| Applicant | Submits completed application to RPO. |
| RPO | Submits completed application to CTDOT. | May 2019 |
| CTDOT | Reviews application, announces award (via e-mail) ***(an application that is not approved must be resubmitted with updated information).*** |
| Prepares agreement and/or Transit Operating Documents (TOD) for signature. |
| Notifies applicant of application approval/disapproval. | June 2019 |
| CTDOT prepares/executes agreement with applicant ***(new applicants only)***. | July 2019 |
| Applicant | Once a TOD is signed, the approved applicant can submit a request for payment. |
| Current applicants provide SFY 2019 tri-annual reporting to CTDOT. |

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**FAQ (FREQUENTLY ASKED QUESTIONS)**

Please click on the following link: <https://www.ct.gov/dot/lib/dot/FAQs_MGP.pdf>

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**CONNECTICUT GENERAL STATUTES (CGS) 13b-38bb**

Please click on the following link: <https://www.cga.ct.gov/current/pub/chap_242.htm>

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**STATE MATCHING GRANT PROGRAM STATE MANAGEMENT PLAN**

Please click on the following link: <https://www.ct.gov/dot/cwp/view.asp?a=1386&q=415258>

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**1.0 | APPLICANT INFORMATION**

|  |  |
| --- | --- |
| Name | ***Click here to enter text.*** |
| Status | *Choose an item.* |
| Type | *Choose an item.* |
| Acting as Coordinating Entity | *Choose an item.* |
|  |
| Mailing Address | ***Click here to enter text.*** |
| City, State, Zip | ***Click here to enter text.*** |
| Phone Number | ***Click here to enter text.*** |
| Website | ***Click here to enter text.*** |
| Federal Employment Identification Number | ***Click here to enter text.*** |
|  |
| Contact Person | ***Click here to enter text.*** |
| Title | ***Click here to enter text.*** |
| E-mail Address | ***Click here to enter text.*** |

|  |  |
| --- | --- |
| Amount of MGP Funds Awarded[[2]](#footnote-2) ***(current applicants only)*** | |
| SFY 2017 | *$* ***Click here to enter text.*** |
| SFY 2018 | *$* ***Click here to enter text.*** |
| SFY 2019 | *$* ***Click here to enter text.*** |

|  |  |  |  |
| --- | --- | --- | --- |
| Amount of MGP Funds Applying For | | | |
|  | Operating | Administrative | Total |
| SFY 2020 | *$* ***Click here to enter text.*** | *$* ***Click here to enter text.*** | *$* ***Click here to enter text.*** |
| SFY 2021 | *$* ***Click here to enter text.*** | *$* ***Click here to enter text.*** | *$* ***Click here to enter text.*** |
| SFY 2022 | *$* ***Click here to enter text.*** | *$* ***Click here to enter text.*** | *$* ***Click here to enter text.*** |
| Total | *$* ***Click here to enter text.*** | *$* ***Click here to enter text.*** | *$* ***Click here to enter text.***[[3]](#footnote-3) |

**ADDITIONAL COMMENTS**

***Click here to enter text.***

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**2.0 | DESCRIPTION OF APPLICANT**

1. Please list all key personnel (i.e., dispatcher, finance manager, etc.) in the table below along with their assigned responsibilities for your organization’s transportation related activities.

|  |  |  |
| --- | --- | --- |
| Name | Title | Assigned Responsibility |
| ***Click here to enter text.*** | ***Click here to enter text.*** | ***Click here to enter text.*** |
| ***Click here to enter text.*** | ***Click here to enter text.*** | ***Click here to enter text.*** |
| ***Click here to enter text.*** | ***Click here to enter text.*** | ***Click here to enter text.*** |
| ***Click here to enter text.*** | ***Click here to enter text.*** | ***Click here to enter text.*** |
| ***Click here to enter text.*** | ***Click here to enter text.*** | ***Click here to enter text.*** |
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| ***Click here to enter text.*** | ***Click here to enter text.*** | ***Click here to enter text.*** |
| ***Click here to enter text.*** | ***Click here to enter text.*** | ***Click here to enter text.*** |
| ***Click here to enter text.*** | ***Click here to enter text.*** | ***Click here to enter text.*** |

**ADDITIONAL COMMENTS**

***Click here to enter text.***

1. Please list in the below table all the municipalities included in the application and indicate whether those towns provide, do not provide, or contract for Dial-a-Ride transportation services. Also, please enter the amount of MGP Funds each municipality is applying for.

|  |  |  |  |
| --- | --- | --- | --- |
| Town | Town Population | Provision of Service | Amount of MGP Funds Applying For |
| ***Click here to enter text.*** | ***Click here to enter text.*** | *Choose an item.* | *$* ***Click here to enter text.*** |
| ***Click here to enter text.*** | ***Click here to enter text.*** | *Choose an item.* | *$* ***Click here to enter text.*** |
| ***Click here to enter text.*** | ***Click here to enter text.*** | *Choose an item.* | *$* ***Click here to enter text.*** |
| ***Click here to enter text.*** | ***Click here to enter text.*** | *Choose an item.* | *$* ***Click here to enter text.*** |
| ***Click here to enter text.*** | ***Click here to enter text.*** | *Choose an item.* | *$* ***Click here to enter text.*** |
| ***Click here to enter text.*** | ***Click here to enter text.*** | *Choose an item.* | *$* ***Click here to enter text.*** |
| ***Click here to enter text.*** | ***Click here to enter text.*** | *Choose an item.* | *$* ***Click here to enter text.*** |
| ***Click here to enter text.*** | ***Click here to enter text.*** | *Choose an item.* | *$* ***Click here to enter text.*** |
| ***Click here to enter text.*** | ***Click here to enter text.*** | *Choose an item.* | *$* ***Click here to enter text.*** |
| ***Click here to enter text.*** | ***Click here to enter text.*** | *Choose an item.* | *$* ***Click here to enter text.*** |
| ***Click here to enter text.*** | ***Click here to enter text.*** | *Choose an item.* | *$* ***Click here to enter text.*** |
| ***Click here to enter text.*** | ***Click here to enter text.*** | *Choose an item.* | *$* ***Click here to enter text.*** |
| ***Click here to enter text.*** | ***Click here to enter text.*** | *Choose an item.* | *$* ***Click here to enter text.*** |
| ***Click here to enter text.*** | ***Click here to enter text.*** | *Choose an item.* | *$* ***Click here to enter text.*** |
| ***Click here to enter text.*** | ***Click here to enter text.*** | *Choose an item.* | *$* ***Click here to enter text.*** |
| Total | | | *$* ***Click here to enter text.***[[4]](#footnote-4) |

**ADDITIONAL COMMENTS**

***Click here to enter text.***

1. For those municipalities that contract for Dial-a-Ride transportations services (as listed in the table in question 2.), please provide the name of the company, address (street, town, zip), phone number, website, and contact person including title.

***Click here to enter text.***

1. Please describe how your organization monitors, evaluates, and improves its Dial-a-Ride transportation program. Please include outreach efforts (i.e., advisory groups, monthly meetings, public hearings) made by your organization to inform seniors and persons with disabilities.

***Click here to enter text.***

1. If currently receiving MGP funds from CTDOT has your organization spent all MGP funds assigned to its State Fiscal Year (SFY) 2018 Transit Operating Document? ***(current applicants only)***

*Choose an item.*

If no, please specify the amount/balance and explain/describe how your organization will be using these funds during SFY 2019.

***Click here to enter text.***

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**3.0 | DESCRIPTION OF TRANSPORTATION SERVICES**

1. Please provide in the table below the core service operating hours during the week in which Dial-a-Ride transportation is provided to seniors and persons with disabilities.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Starting Time  (i.e., 7:00) | a.m./p.m. | Ending Time  (i.e., 2:30) | a.m./p.m. |
| Sunday | ***Click here to enter text.*** | *Choose an item.* | ***Click here to enter text.*** | *Choose an item.* |
| Monday | ***Click here to enter text.*** | *Choose an item.* | ***Click here to enter text.*** | *Choose an item.* |
| Tuesday | ***Click here to enter text.*** | *Choose an item.* | ***Click here to enter text.*** | *Choose an item.* |
| Wednesday | ***Click here to enter text.*** | *Choose an item.* | ***Click here to enter text.*** | *Choose an item.* |
| Thursday | ***Click here to enter text.*** | *Choose an item.* | ***Click here to enter text.*** | *Choose an item.* |
| Friday | ***Click here to enter text.*** | *Choose an item.* | ***Click here to enter text.*** | *Choose an item.* |
| Saturday | ***Click here to enter text.*** | *Choose an item.* | ***Click here to enter text.*** | *Choose an item.* |

**ADDITIONAL COMMENTS**

***Click here to enter text.***

1. Does your organization charge a fee to an individual using the Dial-a-Ride transportation service?

*Choose an item.*

If yes, please explain.

***Click here to enter text.***

1. Does your organization collect donations from individuals using the Dial-a-Ride transportation service.

*Choose an item.*

If yes, please explain.

***Click here to enter text.***

1. Please describe how seniors and persons with disabilities currently receive transportation services in each municipality included in the grant application. For example, are volunteer drivers used, does the senior center provide the service, are town-owned vehicles used, what types of trips (i.e., medical, recreational) are provided, etc? ***(please give detailed information)***

***Click here to enter text.***

1. How will this change with the addition of the grant funds? Please describe the actual service that will be provided. ***(new applicant only)***

***Click here to enter text.***

1. Please provide in the table below the percentage for the types of Dial-a-Ride trips currently being provided on an annual basis by your organization for seniors and persons with disabilities. ***(please ensure the total percentage of medical, shopping, recreation, employment, and other trips when added equals one-hundred)***

|  |  |
| --- | --- |
| Type of Dial-a-Ride Trip | Percentage (%) |
| Medical | ***Click here to enter text.*** |
| Shopping | ***Click here to enter text.*** |
| Recreation | ***Click here to enter text.*** |
| Employment | ***Click here to enter text.*** |
| Other | ***Click here to enter text.*** |

**ADDITIONAL COMMENTS**

***Click here to enter text.***

1. Please provide in the table below the actual annual total number of individual clients served during the period indicated in providing Dial-a-Ride transportation services. ***(individual clients served represents individuals that have received numerous trips throughout the period, but are only counted once in the following categories)***

|  |  |  |  |
| --- | --- | --- | --- |
| Period | Number of Individuals with Disabilities 59 and under | Number of Individuals with Disabilities 60 and over | Number of Seniors (over 60) |
| July 1, 2015 thru June 30, 2016 | ***Click here to enter text.*** | ***Click here to enter text.*** | ***Click here to enter text.*** |
| July 1, 2016 thru June 30, 2017 | ***Click here to enter text.*** | ***Click here to enter text.*** | ***Click here to enter text.*** |
| July 1, 2017 thru June 30, 2018 | ***Click here to enter text.*** | ***Click here to enter text.*** | ***Click here to enter text.*** |

**ADDITIONAL COMMENTS**

***Click here to enter text.***

1. What kind of operational obstacles has your organization encountered in providing transportation service to seniors and persons with disabilities?

***Click here to enter text.***

1. Has your organization taken any steps to address and resolve these operational obstacles? If so, please explain.

***Click here to enter text.***

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**4.0 | COORDINATION**

1. How does the applicant propose to coordinate their transportation needs and services within a greater region? If none, what efforts have been made by your organization to examine the feasibility or cost effectiveness of coordination?

***Click here to enter text.***

1. Please describe your organization’s efforts during the last three (3) years (January 2016 through December 2018) to coordinate its system with other public and private transportation providers and users, including social service agencies capable of purchasing service. Identify the providers and social agencies your organization initiated coordination with, describe their response and the type of agreement (written/oral) and explain general provisions contained in each agreement such as service area, hours and days of operation, types of trips being provided, etc.

***Click here to enter text.***

1. Has your organization been approached by any other public or private non-profit agencies during the last three (3) years (January 2016 through December 2018) to coordinate services?

*Choose an item.*

If so, please describe the coordination request(s) and your organization’s response(s).

***Click here to enter text.***

1. How will the applicant inform the target population about the availability of your organization’s transportation services?

***Click here to enter text.***

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**5.0 | FLEET VEHICLE INVENTORY**

1. How many vehicles are in your organization’s and/or contractor’s fleet?

|  |  |
| --- | --- |
| Number of Vehicles in Organization’s Fleet | Number of Vehicles in Contractor’s Fleet |
| *Choose an item.* | *Choose an item.* |

**ADDITIONAL COMMENTS**

***Click here to enter text.***

1. If your organization directly provides Dial-a-Ride transportation services who performs the preventative maintenance and repairs on your organization’s vehicles (i.e. town, contractor(s))?

***Click here to enter text.***

If contractor(s), please provide the name(s).

***Click here to enter text.***

1. Should your organization anticipate growth in its provision of Dial-a-Ride transportation services how many additional vehicles does your organization plan to acquire in the next three years (July 2019 thru June 2022)?

***Click here to enter text.***

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**6.0 | TRAINING**

1. Training and educational programs are vital components in an organization’s ability to administer its transportation services. It is imperative that an organization take a proactive approach in continually identifying, promoting, and developing its employees’ skills.

Please list the types of training courses, workshops, conferences, and seminars that your organization’s employees anticipate to attend in the next three (3) fiscal years (July 2019 through June 2022). If your organization does not plan to attend any training during this period, please indicate none or indicate whether your organization has encountered difficulties in sending key personnel (employees, volunteers) to training sessions.

***Click here to enter text.***

1. How interested would your organization be if CTDOT were to provide opportunities for your organization to attend future training sessions which would cover, but not be limited to the following topics: Wheelchair Lift and Securement, Defensive Driving, and Customer Relations?

*Choose an item.*

**ADDITIONAL COMMENTS**

***Click here to enter text.***

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**7.0 | MARKETING**

1. Please describe all marketing efforts during the last three (3) calendar years (January 2016 through December 2018) showing how your organization has made its transportation services known and available to seniors and persons with disabilities. Please cite dates of public notices, radio and television interviews/ads, public speaking engagements, frequency of newspaper articles/advertisements, public service announcements made, etc. Please include locations of flyers that were placed making seniors and persons with disabilities aware of these services.

***Click here to enter text.***

1. Please describe any customer surveys conducted by your organization including any surveys conducted by your local RPO during the last three (3) calendar years (January 2016 through December 2018). Please describe the results and attach samples of these surveys. If no surveys were conducted during this period, please indicate none.

***Click here to enter text.***

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**8.0 | BUDGETS**

***MGP Budget (SFY 2018 thru SFY 2022)***

Please complete ATTACHMENT 3 - MGP BUDGET by entering your organization’s annual actual, projected, and estimated expenses and revenues for the transportation services subsidized with MGP funds covering the period of July 1, 2017 through June 30, 2022. ***(please ensure the ‘Expenses’ and ‘Revenues’ sections of the worksheet are completed)***

**ADDITIONAL COMMENTS**

***Click here to enter text.***

***Proposed Municipality Budget (SFY 2020)***

Each applicant including each municipality participating in a regionally coordinated transportation system applying for funds must submit its annual SFY 2020 proposed budget. The budget submittal should reflect only the financials associated with providing transportation services.

**ADDITIONAL COMMENTS**

***Click here to enter text.***

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**ATTACHMENT 1 - MAINTENANCE OF EFFORT CERTIFICATION**

An applicant (i.e., municipality) acting on its own or each municipality participating in a regionally coordinated transportation system applying for funds must submit an annual certification that MGP funds are in addition to current municipal levels of spending on transportation programs for seniors and persons with disabilities. The Chief Fiscal Officer must sign ATTACHMENT 1 - MAINTENANCE OF EFFORT CERTIFICATION acknowledging either there will be no cuts to funding used to match the MGP or there will be a reduction in local funding requiring state funds to be reduced accordingly.

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**ATTACHMENT 2 - GRANT ASSIGNMENT CERTIFICATION**

Each municipality participating in a regionally coordinated transportation system must certify that they are assigning their grant apportionment to the coordinating entity. The Chief Executive Officer must sign ATTACHMENT 2 - GRANT ASSIGNMENT CERTIFICATION. ***(please complete only if the municipality is participating in a regionally coordinated transportation system)***

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**APPENDIX A - APPORTIONMENTS (Andover-Darien)**



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**APPENDIX A - APPORTIONMENTS (Deep River-Killingworth)**



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**APPENDIX A - APPORTIONMENTS (Lebanon-Old Lyme)**



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**APPENDIX A - APPORTIONMENTS (Old Saybrook-Thomaston)**



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**APPENDIX A - APPORTIONMENTS (Thompson-Woodstock)**



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**CHECKLIST**

|  |  |  |  |
| --- | --- | --- | --- |
| Section | Completed | Documentation to be submitted via five (5) attachments | Submittal Format |
| **[1.0 | APPLICANT INFORMATION](#SEC_01_APPLICANT_INFO)** |  |  | WORD |
| **[2.0 | DESCRIPTION OF APPLICANT](#SEC_02_DESCR_OF_APPLICANT)** |  |
| **[3.0 | DESCRIPTION OF TRANSPORTATION SERVICES](#SEC_03_DESCR_OF_TRANS_SERVICES)** |  |
| **[4.0 | COORDINATION](#SEC_04_COORDINATION)** |  |
| **[5.0 | FLEET VEHICLE INVENTORY](#SEC_05_FLEET_VEHICLE_INVENTORY)** |  |
| **[6.0 | TRAINING](#SEC_06_TRAINING)** |  |
| **[7.0 | MARKETING](#SEC_07_MARKETING)** |  |
| **[8.0 | BUDGETS](#BUDGETS)** ATTACHMENT 3 - MGP BUDGET |  |  | Excel |
| **[8.0 | BUDGETS](#BUDGETS)** Proposed SFY 2020 Municipality Budget |  |  | pdf |
| **[ATTACHMENT 1 - MAINTENANCE OF EFFORT CERTIFICATION](#ATTACHMENT_1)** | ***signed/dated*** |  | WORD or pdf |
| **[ATTACHMENT 2 - GRANT ASSIGNMENT CERTIFICATION](#ATTACHMENT_2)** | ***signed/dated*** |  | WORD or pdf |

**ADDITIONAL COMMENTS**

***Click here to enter text.***

1. Administrative expenses cannot account for more than 10 percent of the total grant. [↑](#footnote-ref-1)
2. Per approved SFY Transit Operating Document (TOD) [↑](#footnote-ref-2)
3. Total amount of ‘MGP Funds Applying For’ must equal the total amount of ‘MGP Funds Applying For’ shown in the table in question number 2 of [**Section 2.0 |DESCRIPTION OF APPLICANT**](#SEC_02_DESCR_OF_APPLICANT) [↑](#footnote-ref-3)
4. Total amount of ‘MGP Funds Applying For’ must equal the total amount of ‘MGP Funds Applying For’ shown in [**Section 1.0 |APPLICANT INFORMATION**](#SEC_01_APPLICANT_INFO) [↑](#footnote-ref-4)