



## COMMUNITY TRANSPORTATION ASSOCIATION OF AMERICA

### RURAL PASSENGER TRANSPORTATION TECHNICAL ASSISTANCE PROGRAM

#### *Application For Long Term Technical Assistance*

*INSTRUCTIONS: The Rural Passenger Transportation Technical Assistance Program helps rural communities enhance economic growth and development by improving passenger transportation services and facilities. Technical assistance provides planning to support transit service improvements and expansion, system start-up, facility development, development of marketing plans and materials, transportation coordination, training and other public transit problem solving activities. Technical Assistance is provided by CTAA staff and consultants and involves on-site and off-site work conducted over a period of eight to twelve months. No local match is required.*

*Applications for the Technical Assistance Program **must be submitted to CTAA by April 30, 2018.** Applications received after this deadline will be considered for inclusion in subsequent years of the Program, for inclusion in the current year of the program if a project is withdrawn, or for participation in the short term technical assistance program at a lower level of effort.*

*Selection of projects is made competitively according to the following criteria:*

- Number of new jobs to be created.*
- Potential economic impact resulting from implementation of project.*
- Level of economic distress in the community.*
- Potential for implementation after technical assistance phase of project is completed.*
- Demonstrated consensus and support in the community.*
- Potential for development of unique or innovative strategies, techniques, or approaches in solving identified problems.*
- Potential for replication of the project elsewhere.*

Provision of technical assistance is contingent upon availability of funds. Funding for the Rural Passenger Transportation Technical Assistance Program is provided through the Rural Business-Cooperative Service of the United States Department of Agriculture.

**The Rural Passenger Transportation Technical Assistance Program is an  
Equal Opportunity Program**

**RURAL PASSENGER TRANSPORTATION  
TECHNICAL ASSISTANCE PROGRAM**

*Application For Long Term Technical Assistance*

APPLICANT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_  
DATE: \_\_\_\_\_

1. **ORGANIZATIONAL CHARACTERISTICS**

- A. Type of Organization:
- |                                      |       |     |
|--------------------------------------|-------|-----|
| _____ Nonprofit corporation *        | _____ | WBE |
| _____ Government agency *            | _____ | MBE |
| _____ For profit public corporation* | _____ | DBE |
| _____ For profit private business*   |       |     |
| _____ Native American organization   |       |     |
| _____ Other (Specify)                |       |     |

*\* Please attach your Articles of Incorporation and Bylaws.*

Please complete Sections B-E below on a separate sheet.

- B. List the activities in which your organization is involved.
- C. Provide a history of your organization's business activities related to **transportation**. Please document the growth or expansion of your transportation activities since its establishment. Data in Item 4.E. will support this narrative. If you do **not** currently operate transportation service but are seeking assistance for a new service or facility, check here .
- D. What additional areas will be served as a result of the project?
- E. If you provide public transportation services, how does your organization establish its fare structure?
- F. Do you provide transportation that is open to the general public?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_
- G. Does your organization develop its own budgets? Yes: \_\_\_\_\_ No: \_\_\_\_\_
- H. Is at least 51% of the interest in the organization have membership or is owned by those who are either U.S. citizens or reside in the U.S. after being legally admitted for permanent residence? Yes: \_\_\_\_\_ No: \_\_\_\_\_

2. **TECHNICAL ASSISTANCE REQUEST** (Please complete on separate sheet)

- A. Summarize the project for which the technical assistance is being sought.
- B. Identify specific technical assistance tasks.
- C. What are the crucial dates for project completion and implementation?
- D. Upon completion of the technical assistance, what steps will the Applicant take to implement the recommendations and manage and/or operate the finished project?
- E. Describe the Federal, State, local and private sector resources that might be utilized to implement recommendations. Please note that a financing plan can be developed as part of the technical assistance project.
- F. It is important that State, regional and local officials, as well as other transit operators, be aware of the proposed technical assistance project. Their involvement and support may be critical to later implementation of the project. Please attach letters of support for the project from local officials and the business community. In addition, please list all other public transit operators in your service area and indicate if they are aware of your proposed project.

<u>OPERATOR/AGENCY</u>	<u>AWARE OF PROJECT?</u>	
	YES	NO
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
State Department of Transportation	_____	_____

3. **ECONOMIC BENEFITS**

Please estimate the economic benefits that would result from the proposed technical assistance project. Please note that these benefits are estimated, and you are not obligated to attain them.

- A. Number of new employees generated by proposed technical assistance project: \_\_\_\_\_
- B. Number of permanent new jobs created in community: \_\_\_\_\_
- C. Number of short-term construction jobs created for facility projects: \_\_\_\_\_

D. Anticipated annual increase in earnings/revenue as result of technical assistance: \$ \_\_\_\_\_

E. Anticipated annual savings resulting from project: \$ \_\_\_\_\_

4. **TRANSPORTATION SERVICE CHARACTERISTICS**

*If you do not currently operate transportation service, please check here and proceed to Section 5. \_\_\_\_\_*

A. Ridership by Service Type:  
(Each boarding is counted as a one-way trip)

	Annual # of Vehicle Miles	Annual # of Passenger Trips
Demand Responsive	_____	_____
Fixed Route	_____	_____
Subscription/Contract	_____	_____
Other	_____	_____
Total System	_____	_____

B. Categorical Ridership Breakdown:

Social service agency passengers: \_\_\_\_\_%

General public passengers: \_\_\_\_\_%

C. Number of vehicles operated: \_\_\_\_\_

D. Staffing

Number of Drivers: Full time \_\_\_\_\_ Part time \_\_\_\_\_

Other positions: Dispatcher \_\_\_\_\_ Manager \_\_\_\_\_

Operations Director: \_\_\_\_\_ Mechanic/Maintenance Director: \_\_\_\_\_

Other positions (specify) \_\_\_\_\_

Total number of paid staff: \_\_\_\_\_ Number of volunteers: \_\_\_\_\_

E. Please provide data for each of the past three years *for at least two of the following elements* which will demonstrate growth over the period.

	2015	2016	2017
Passenger trips	_____	_____	_____
Number of Vehicles	_____	_____	_____
Revenue	_____	_____	_____
Vehicle Miles	_____	_____	_____
Vehicle Hours	_____	_____	_____
Number of Routes/Services	_____	_____	_____
Number of Employees	_____	_____	_____
Geographic Service Area 2015:	_____		
2016:	_____		
2017:	_____		

F. Financial Information

Operating Revenue Sources:

Title III Aging	\$ _____
Medicaid	\$ _____
Section 5311 FTA	\$ _____
State	\$ _____
Passenger Fares	\$ _____
Local (specify)	_____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Other (specify)	_____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Operating Revenue	\$ _____

5. **SERVICE AREA CHARACTERISTICS**

A. Population of Applicant's service area:

City/town: \_\_\_\_\_ Population: \_\_\_\_\_

County: \_\_\_\_\_ Population: \_\_\_\_\_

B. What is the closest urbanized area to the Applicant's service area:

Urbanized area: \_\_\_\_\_ Population: \_\_\_\_\_

C. Is service area immediately adjacent to an urbanized area?

Yes \_\_\_\_\_ No \_\_\_\_\_

D. For *each* area served by, or anticipated to be served by the applicant, provide the following data. **Please indicate sources and dates of information.** Use additional sheets if necessary.

	County	City/Town*	State
NAME			
POPULATION			
POPULATION DENSITY (persons per sq. mi.)			
MEDIAN HOUSEHOLD INCOME			
UNEMPLOYMENT RATE **			

\* Provide data for the municipality where you are located.

\*\* Please indicate source of data and applicable month.

## 6. EQUAL OPPORTUNITY

The following information is requested by the Federal Government for certain types of grants, in order to monitor the grantee's compliance with equal opportunity laws. *You are not required to furnish this information, but are encouraged to do so.* The law requires that a grantee may neither discriminate on the basis of this information nor on whether you choose to furnish it. However if you choose not furnish it, this grantee is required to note race/ethnicity on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below. \_\_\_\_\_

Note: "Population" refers to the service area population, and "Participants" refers to the number of persons utilizing your organization's services.

ETHNICITY	POPULATION		PARTICIPANTS	
	No.	%	No.	%
Hispanic or Latino				
Not Hispanic or Latino				
Total				
Male				
Female				

RACE	POPULATION		PARTICIPANTS	
	No.	%	No.	%
American Indian/ Alaskan Native				
Asian				
Black or African American				
Native Hawaiian or other Pacific Islander				
White				
Total				

Gender	POPULATION		PARTICIPANTS	
	No.	%	No.	%
Male				
Female				

**This is an Equal Opportunity Program. Discrimination is prohibited by Federal law. Complaints of discrimination may be filed with USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Ave., SW, Washington DC 20250-9410**

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Return completed application to:  
COMMUNITY TRANSPORTATION ASSOCIATION OF AMERICA  
Suite 250  
1341 G Street, NW  
Washington, D.C. 20005

Attention: Charles A. Rutkowski, Director of Technical Assistance Programs

(202) 299.6593  
FAX: (202) 737-9197  
Email [rutkowski@ctaa.org](mailto:rutkowski@ctaa.org)

