

## Short Application Form

Contact Information		
Name		
Company		
Address		
Telephone		
Email		
Project Name		
Brief Project Description		
Estimated Project Cost		
Meets Documented Need		
<p>The project should directly address transportation gaps or barriers identified through the Transportation Services Coordination Plan (TSCP). Address how your project specifically addresses the following: (circle yes or no, if yes, explain how)</p>		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	In a geographic area with limited transportation options.
Explain:		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Serves a geographic area where the greatest number of people need a service.
Explain:		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Improves the mobility of clientele subject to state and federal funding sources (i.e. low-income, elderly, persons with disabilities).
Explain:		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Provides a level of service not currently provided with existing resources.
Explain:		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Preserves and protects existing services.
Explain:		
Cost Effectiveness		
<p>The project should allow for the provision of service (trips or other units of service) sufficient to offset the documented need. For capital projects, no other sources of funds should be available for this purpose. Address how your project specifically addresses the following: (circle yes or no, if yes, explain how)</p>		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Serves the maximum number of people for the least amount of money.

Explain:		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Results in efficient use of available resources.
Explain:		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Maximizes use of funds for direct services.
Explain:		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Has the potential to be sustained beyond the grant period.
Explain:		
<b>Project Oversight/Coordination</b>		
Project should promote coordination and avoid duplication. Specific projects should provide a well-defined service operations plan and describe implementation steps and timelines for carrying out the plan. Address how your project specifically addresses the following: (circle yes or no, if yes, explain how)		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Builds on and supports existing services and not duplicate services.
Explain:		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Involves participation of local human service and transportation stakeholders
Explain:		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Demonstrates institutional and fiscal capacity to carry out the project
Explain:		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Leverage funding or other resources (vehicles, staff support) from various partnerships (i.e. local match, if required)
Explain:		
<b>Consistency with Federal Program Purpose (Pass/Fail)</b>		
Explain how your project fulfills the stated purpose of the Federal Program under which funds are being sought and state the section in the guidance document where the purpose is mentioned.		