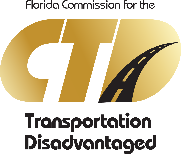
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| --- | --- | --- | --- | --- |
| |  | | --- | | **Transportation Disadvantaged**  **Innovative Service Development Grant**  **APPLICATION** | | | | |
| **Legal Name of Applicant** |  | | |
| **Federal Employer Identification**  **Number** |  | | |
| **Registered Address** |  | | |
| **City and State** |  | **Zip Code** |  |
| **Contact Person for this** **Grant** |  | **Phone Number** |  |
| **E-Mail Address *[Required]*** |  | | |
| **Project Location *[County(ies)]*** |  | **Proposed Project Start Date** |  |
|  |  |  |  |
| **Proposed Project Funding Request** | | | |
| ***Total Proposed Project Amount (100%)*** | | | **$** |
| Local Match [10%] | | | **$** |
| Requested Funding Amount [90%] | | | **$** |
|  |  |  |  |
|  |  |  |  |
| As the authorized Grant Recipient Representative, I hereby certify that the information contained in this form is true and accurate and is submitted in accordance with the grant application instructions. | | | |
|  |  |  |  |
|  | |  |  |
| ***Signature of Grant Recipient Representative*** | |  | ***Date*** |
|  |  |  |  |
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**Transportation Disadvantaged**

**Innovative Service Development Grant**

**PROJECT SCOPE**

**Applicants are advised to carefully read the entire program manual for additional guidance. Proposals MUST complete the following sections. Applications that are incomplete or do not follow the instructions will not be considered.**

**Evidence of Need:**

1. Describe service limitations or gaps within the current transportation system and the resulting mobility access challenge(s).

1. Provide details regarding the scale or urgency of the challenge and the size of the specific populations that are affected.

1. Provide any documentation or evidence of the challenge(s), such as from a locally developed Transportation Disadvantaged Service Plan (TDSP), other planning document, or other supporting information.

**Project Description:**

1. Provide a detailed description of the proposed project, including the service area and type(s) of service that will be offered.

1. Identify an estimated number of trips and riders the proposed project will serve. Explain how estimates were determined.

1. Identify potential or planned destinations such as a veterans’ hospital, employment center, educational/training location, or other life-sustaining activities.

1. Explain how the project will be implemented, including details on how existing and potential riders will be informed of the proposed service AND how services will be requested and provided.

1. If the proposed project will utilize a transportation hub to connect customers to the broader transportation system, explain the coordination of schedules between the services and how the rider will transfer between the two systems.

1. Explain the process for ensuring riders are eligible to receive Transportation Disadvantaged services. Include how rider eligibility will be determined and, if not by the applicant, what organization will be determining that a rider is transportation disadvantaged, pursuant to Chapter 427, Florida Statutes.

**Project Innovation:**

1. Explain how the proposed project will do something in a new or improved way that differs from services already being provided. Information provided should clearly identify what is being tested (on-demand service, new service hours/days, etc.)

1. Explain how the proposed project is designed to enhance an eligible rider’s mobility.

**Demonstration of Proposed Outcomes:**

1. Describe the proposed project’s intended outcomes, and how they will address at least one of the ISD Program’s objectives.

1. Provide details regarding the specific performance data that will be collected and analyzed (including customer satisfaction survey results) to demonstrate the project’s actual vs. intended outcomes, AND whether the availability of the data has been verified.

1. Describe any planning efforts or actions taken to address sustainability.

**Other Required Application Elements:**

1. Project Budget: Provide a Proposed Project Expense Budget to support the total amount of funding requested. Include a budget table here or use the budget worksheet provided. CTCs are encouraged to edit/update the worksheet based on their expense/budget items.

1. Proposed Service Rates: Provide the proposed project service rate(s) by mode and unit of service (trip, mile). Demonstrate how the proposed rates were determined.

1. Project Timeline: Provide the project timeline, identifying the project start date, project implementation date, and any major milestones.

1. Project Personnel: Provide the name, current title and summary of work experience for each key staff member who will work on the project.

1. Local Match: Describe the source of the local match and when such funds will be available.

**Collaboration and Partnership (Not required but encouraged):**

1. If the proposed project is collaborative, describe key project partners, their specific role(s) in the project, and how the collaboration increases the likelihood of the project’s long-term sustainability and success.

1. Applicants may further strengthen their proposals by attaching letters of commitment, cooperative agreements, MOU, or other evidence of strong commitment from partners. Letters of support for the project are not considered a partnership.

**Utilization of Non-Traditional Service Providers (Not required but encouraged):**

1. If the proposed project includes the utilization of transportation network companies (TNCs), taxi and other non-traditional transportation service providers, describe how such services will add value to the existing TD services.