



Town of Colchester, Connecticut

95 Norwich Avenue, Colchester, Connecticut 06415

Patricia A. Watts, Director of Senior Services/Municipal Agent

MEMORANDUM

To: Board of Selectmen
From: Patricia A. Watts, Director of Senior Services
Date: 03/08/2024
Re: Section 5310 Program Grant Application

Section 5310 funding is used to fund the acquisition of vehicles equipped with wheel chair lifts to serve seniors over the age of 60 and individuals with disabilities over the age of 18. Pending the approval from the Board of Finance and the Board of Selectmen, the grant application for the Section 5310 Program will be submitted to CTDOT by April 2, 2024. Should funding be awarded, it will be approved for up to \$66,744.00. This funding will be utilized for the procurement of a new passenger van to be used for Medical Transportation Services through the operations of the Colchester Senior Center in the Department of Senior Services. This vehicle would accommodate up to 4 walk-on passengers and an additional 2 passengers in wheelchairs. The cost of the van will be approximately \$83,430, with \$66,744 (80%) of the funding provided through the DOT and up to \$16,686 (20%) required as local matching funds. The Town cost share portion is available through the Vehicle Reserve Fund, once approved by the Board of Finance at their meeting on March 20, 2024.

Recommended Motion

Motion to approve the Section 5310 funding application for submission and authorize the First Selectman to *sign all necessary documents.

*Please note that the Section 5310 requires a digital (typed) signature for submission, which has been entered where applicable, but will only be submitted with the approval of the Board of Finance and Board of Selectman.

Respectfully Submitted,

Patricia A. Watts

SECTION I. APPLICANT INFORMATION

| | |
|---|------------------------|
| Legal Name of Organization: Town of Colchester | |
| Address: 127 Norwich Ave. | |
| City/Town: Colchester | Zip code: 06415 |

| |
|--------------------------------------|
| Website: www.colchesterct.gov |
| Phone Number: 860-537-3911 |

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|---|
| Application Contact Name: Patricia A. Watts |
| Application Contact Title: Director of Senior Services |
| Application Contact Email Address: pwatts@colchesterct.gov |

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|---|
| Authorized Official Name: Bernie Dennler |
| Authorized Official Title: First Selectman |
| Authorized Official Email Address: bdennler@colchesterct.gov |

| |
|--|
| Agency/Organization Type: <input type="checkbox"/> Private Nonprofit Organization ¹ <input checked="" type="checkbox"/> State or Local Governmental Entity |
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| |
|--|
| What is your organization’s mission and purpose? (Limited to 400 Characters): The Colchester Senior Center is a social, educational, recreational and wellness resource centr for older adults, serving citizens ages 55 and over. We provide an array of programs and services to meet the needs, abilities and interests of those we serve; information and referrals; local and out-of-town transportation services and are a Senior Nutrotion Services Site. |
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| What are the transportation services your organization provides? (Limited to 400 Characters): We operate a fleet of 3 wheelchair lift equipped buses and a mini-van to provide transportation services for seniors (age 60+) and younger disabled passengers (18-59) Mpnday through Friday between 8:a.m. -3:30 p.m. Dial-A-Ride services within the borderd of the Town of Colchester and out of town medical rides within a 40-,ile radius of the Town center, |
|--|

| |
|---|
| What is the current number of drivers in your organization with (only) a Public Passenger Endorsement (PPE)?: 1 |
|---|

| |
|---|
| What is the current number of drivers in your organization with a Commercial Driver’s License (CDL)?: 2 |
|---|

¹ **Additional Requirement**
If your organization is a Private Nonprofit Organization, include a copy of your *Articles of Incorporation* with this application, even if your organization has previously received Section 5310 grant funding.

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What is the current number of vehicles in your organization's fleet?:

4

SECTION II. PROJECT PROPOSAL

1. Why is your organization requesting funding for a vehicle? Select one.

- To continue to provide existing service by replacing a vehicle in the current fleet
- To expand on existing service
- To start a new service

If your organization is requesting funding to continue to provide existing service, indicate the following information for the vehicle proposed for replacement.

| Year | Make | Model | VIN Number | Mileage | License Plate |
|------|------|-------|------------|---------|---------------|
| | | | | | |

Does your organization have the title to the vehicle proposed for replacement? Yes No

Does your organization wish to replace a vehicle that has not met its useful life but requires excessive maintenance? Yes No

If yes, explain below any major component problems of the vehicle proposed for replacement, including but not limited to repeated engine replacement, excessive repairs during the warranty period due to a design flaw or repair costs that amount to more than the vehicle replacement cost.²

2. How would your organization manage access to the transportation services it provides? Select all limits that apply and explain below.

To qualify to use your organization's transportation services:

- Passengers must travel to/from a select list of destinations or origins
- Passengers must have a qualifying trip purpose (i.e., medical)
- Passengers must be members of the organization
- Passengers are asked to make a donation
- Passengers must reside in certain municipalities

Explanation:

Passengers must be registered members of the Colchester Senior Center (ages 60 and over or 18 and over and disabled) and reside in Colchester in order to ride our buses. In-town transportations

² **Additional Requirement**

Attach copies of repair bills and correspondence with the vendor and/or original equipment manufacturer for a vehicle proposed for replacement that has not met its useful life and requires excessive maintenance.

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remains within town limits, however out-of-town medical rides go up to a 40-mile radius outside of Colchester.

3. Identify the type of vehicle your organization is interested in obtaining. This should be consistent with the vehicle type indicated in the budget page.

| | Vehicle Type | | | | | | | | | |
|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| | Conf. A | Conf. B | Conf. C | Conf. D | Conf. E | Conf. F | Conf. Fa | Conf. G | Conf. H | Conf. I |
| Vehicle 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

4. Describe how your organization would use the vehicle to serve seniors and/or individuals with disabilities.

This funding, if awarded would be used to procure an additional vehicle for our fleet so that we could expand upon our ability to serve passengers who need rides to medical appointments outside of town limits. The larger vans can be difficult to maneuver and park in cities such as Hartford, New London and Middletown (we are permitted to travel up to a 40-mile radius outside of the Colchester's center). We created a new position already, but we would be looking to purchase a passenger van equipped with a wheelchair lift. Our rate of refusals for medical rides has increased by 300% over the past 5 years. This new position and vehicle will substantially increase our ability to serve those in need of transportation services outside of Colchester.

5. What is your organization's proposed service area? List all of the municipalities the requested vehicle would regularly travel to and indicate the primary service location(s).

| | |
|---|--------------------------------------|
| Municipality 1: Norwich | Municipality 6: Glastonbury |
| Municipality 2: New London | Municipality 7: Hartford |
| Municipality 3: Groton | Municipality 8: West Hartford |
| Municipality 4: Middletown | Municipality 9: Newington |
| Municipality 5: Manchester | Municipality 10: Farmington |
| Additional municipalities: any up to a 40 mile radius outside Colchester | |

6. Specify the hours of operation and expected number of one-way trips **per day** for the requested vehicle.

| | Start (AM/PM) | End (AM/PM) | # of Passenger Trips |
|-----------|---------------|-------------|----------------------|
| Sunday | | | |
| Monday | 8:00 a.m. | 3:30 p.m. | 50 |
| Tuesday | 8:00 a.m. | 3:30 p.m. | 50 |
| Wednesday | 8:00 a.m. | 3:30 p.m. | 50 |
| Thursday | 8:00 a.m. | 3:30 p.m. | 50 |
| Friday | 8:00 a.m. | 3:30 p.m. | 50 |
| Saturday | | | |

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7. What gap identified in the Locally Coordinated Public Transit Human Service Transportation Plan (LOCHSTP) does your organization’s proposal address? Select all that apply.

| | |
|--|--|
| <p>Information & Awareness Gaps</p> <p><input type="checkbox"/> Inter-regional coordination</p> <p><input type="checkbox"/> Informational awareness & service marketing</p> <p><input type="checkbox"/> Centralized information resource</p> <p><input type="checkbox"/> Passenger training</p> <p>Temporal Gaps</p> <p><input type="checkbox"/> Weekday off-peak service</p> <p><input type="checkbox"/> Weekend service</p> <p><input type="checkbox"/> Holiday service</p> <p><input checked="" type="checkbox"/> Urgent Non-Emergency Medical Transportation (NEMT)</p> <p><input type="checkbox"/> Same-day service</p> | <p>Geographical Gaps</p> <p><input checked="" type="checkbox"/> Service to/from rural areas</p> <p><input type="checkbox"/> Inter/Intra-regional transportation</p> <p>Client Gaps</p> <p><input type="checkbox"/> Non-ADA eligible service</p> <p><input checked="" type="checkbox"/> Door-to-Door service</p> <p><input checked="" type="checkbox"/> Door-through-Door service</p> <p>Service Quality Gaps</p> <p><input checked="" type="checkbox"/> Accessible vehicle (non-taxi)</p> <p><input type="checkbox"/> Other (specify):</p> |
|--|--|

8. CTDOT continuously updates the LOCHSTP plan, to identify existing gaps in transportation for seniors, people with disabilities and persons earning low-income, and devise strategies to address those gaps and improve coordination of services. Would your organization be interested in participating in the process or receiving information about it?

- Yes No

If yes, *and* your organization has not already received LOCHSTP outreach from CTDOT, a regional Mobility Manager or the local Regional Council of Governments, indicate your organization’s designated contact information below and the Section 5310 team will relay your organization’s interest to the appropriate CTDOT contact.

| Name | Title | Email Address | Phone Number |
|-------------|-----------------------------|-------------------------|--------------|
| Patty Watts | Director of Senior Services | pwatts@colchesterct.gov | 860-537-3911 |

9. How are the current transportation services in your organization’s proposed service area insufficient in serving the needs of seniors and individuals with disabilities? Select all that apply.

- Other services in the proposed service area do not have accessible transportation or vehicles
- Other services require a fee
- Other services have more restrictive operating hours or days
- Other services have more restrictions on trip purpose
- Other services don’t provide transportation to the necessary trip destinations or origins
- Other services have a more limited geographic service area
- Other services require transfers or additional connections to access trip destinations
- Other services can only be accessed by overcoming physical barriers, such as inaccessible bus stops or sidewalks
- No other services exist for seniors and/or people with disabilities in the proposed service area
- Miscellaneous (specify):

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10. How would your organization's vehicle fulfill the unmet needs identified in question #9?

The Colchester Senior Center is the only local organizations which offers wheelchair accessible transportation services to seniors/disabled individuals solely for donations. No individuals are refused services based on ability to pay. By increasing our fleet and staffing size, we would have the capability to serve additional seniors and/or disabled individuals. Medical transportation availability is very limited in rural communities, such as Colchester, and this would help to mitigate the growing number of ride refusals that we have experienced in recent years. We have over 1,800 registered members.

11. How does your organization determine that there are no (other) nonprofit organizations readily available in the area to provide the proposed service?

By working with organizations like Eastern CT Transportation Consortium (ECTC) who are aware of all of the transportation options, we keep our records up-to-date to refer any passengers which we are unable to serve to other resources. But when we consider affordability of transportation services for clients with low incomes, the options are really quite limited, especially in rural communities.

12. How would your organization inform seniors and individuals with disabilities about the service provided with the vehicle?

We market our services in many different ways: the Town website has a description of services as well as a copy of the digital newsletter; for folks without access to technology, we print approximately 750 paper copies of our newsletter every month which are available at all senior living communities, Town Hall, the Library, local pharmacies, and of course the senior center; we maintain a social media presence on Facebook under "Colchester Senior Center" and advertise in quarterly publications delivered to every household in Colchester called "Colchester Connections."

13. How would your organization inform seniors and individuals with disabilities with Limited English Proficiency (LEP) about the service provided with the vehicle? Select all that apply.

- Enlist the help of bilingual staff or employees proficient in another language, including sign language
- Utilize a professional translation service
- Offer Language Identification and/or I Speak cards
- Subscribe to a language interpretation service on an as-needed basis
- Communicate with relatives or guardians of the LEP individual
- Provide picture cards or visual aids
- Coordinate with another municipal department, nonprofit organization or local government to share translation resources
- Miscellaneous (specify): **Colchester has a very limited number of non-english speaking citizens, and we are unaware of any needs, at this time. However, if a non-english speaker were to require translation services, we would follow our established Title VI plan.**

14. Estimate the number of individuals in the following groups to be served by the vehicle(s):

| | | | |
|----------------|---------------------------|-------------------------|------------------|
| 4 Black | 0 Pacific Islander | 0 Alaskan Native | 160 White |
|----------------|---------------------------|-------------------------|------------------|

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| | | | |
|------------|-------------------|---------|---------|
| 4 Hispanic | 2 American Indian | 2 Asian | 0 Other |
|------------|-------------------|---------|---------|

15. Explain how the number of individuals in question #14 were estimated. Note that organizations not currently collecting this information from passengers may request it on a voluntary basis.

The Colchester Senior Center uses a data management and tracking system called, My Senior Center, which we use to calculate statistics. Racial demographics as well as many other items are easily reportable with this system. All statistics above were taken from the 2023 calendar year.

16. Would your organization make the requested vehicle available for use by another nonprofit organization, municipal department, or other municipality outside of your organization’s transportation service operating hours? Yes No

If yes, explain the arrangement in detail below and note the organization or municipality with whom the vehicle would be shared.

17. Would your organization coordinate with a nonprofit organization or municipality to provide service using the requested vehicle? Yes No

If yes, explain the coordination in detail below³:

If no, explain why and indicate any ongoing discussions or proposed plans to coordinate that have not yet been implemented:

Senior Services staff who are appropriately licensed would be operating the vehicles and providing the services, as we dispatch out own transportation services. The Colchester Senior Center has been providing transportation services continuously since its inception is 1978.

18. Would your organization operate the service provided with the vehicle? Yes No

19. Would your organization contract out the service? Yes No

If yes, identify the service provider below⁴:

³ Additional Requirement

If your organization currently coordinates with a nonprofit organization or municipality to provide transportation service or share a vehicle, include a copy of the interagency agreement with the application.

⁴ Additional Requirement

If your organization currently contracts out service, include a copy of the service agreement with this application.

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20. Has your organization published a Public Notice⁵ in a major newspaper to notify other transportation operators of your intent to apply for Section 5310 capital funding?

Yes No

21. How does your organization’s request for vehicle funding complement other sources of funding or grants received from local, state and/or federal public resources?

Annually, we apply to the CTDOT for available funding for the municipality through the Municipal Grant Program (MGP), which we have utilized to provide enhanced service for out-of-town rides specifically for medical appointments. Living in a rural community, such as Colchester, out members often have to travel outside of town to visit some, if not all, of their medical providers. These funds have been essential in providing health access for out members.

22. How would your organization resolve a complaint regarding the vehicle or service?

We have complaint procedures, as detailed in our Policies and Procedures Manual for the Colchester Senior Center. Complaints may be made to the Director of Senior Services for resolution. If not satisfactory, that individual could bring their complaint to the First Selectman for further guidance toward resolution. There are also Title VI policies in place, should complaints of that nature arise. A complaint form may be found on the Town website, Senior Center, Senior Transportation page at <https://www.colchesterct.gov/senior-center/pages/senior-transportation>

23. Who in your organization would be responsible for ensuring timely maintenance of the vehicle, completing quarterly reporting and communicating with the Connecticut Department of Transportation (CTDOT)? Include the name, title and contact information of the responsible individual(s) for each.

| | Name | Title | Email Address | Phone Number |
|----------------|--------------|-------------------------------|-------------------------|--------------|
| Maintenance: | Steve Sharpe | Director of Fleet Maintenance | fleet@colchesterct.gov | 860-537-3462 |
| Reporting: | Patty Watts | Director of Senior Services | pwatts@colchesterct.gov | 860-537-3911 |
| Communication: | Patty Watts | Director of Senior Services | pwatts@colchesterct.gov | 860-537-3911 |

⁵ Additional Requirement

Attach evidence of efforts made to notify other transportation providers of your proposed service. This must include 1) A copy of the Public Notice as it was published, 2) A paid invoice from the newspaper (tear sheet), 3) A copy of each email or letter sent to transit operators in the proposed service area no less than one week prior to the publish, and 4) Any written comments received from interested parties

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24. Where would the vehicle be located when not in use?

Locked behind a gate at our Town Garage

25. Who would perform preventative maintenance and repairs on the vehicle? (Name and full address)

The Fleet Maintenance Department of the Town of Colchester

26. Who would perform preventative maintenance and repairs on the vehicle lift? (Name and full address)

The Fleet Maintenance Department of the Town of Colchester

27. Describe your organization's proposed maintenance plan and schedule for the vehicle.

Fleet Manitenance will perform monthly safety inspections and exterior wash, initial oil change at 5,000 miles & 10,000 miles and every 10,000 miles thereafter with a synthetic motor oil, annual brake inspections, following the manufacturer's recommended service intervals for all other maintenance issues.

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SECTION III. ANNUAL BUDGET

The annual budget page is available on the state contracting portal (CTsource) with the 2023 Section 5310 grant application materials and is titled *Section 5310 Traditional Capital Application – Budget Page*. The budget page must be completed and submitted as part of the application package.

SECTION 5310 TRADITIONAL CAPITAL APPLICATION BUDGET PAGE

How much funding does your organization estimate it has or will have annually to operate and maintain the vehicle being applied for? Indicate the income from all applicable funding sources below.

| ESTIMATED OPERATING INCOME | ANNUAL BUDGET |
|-----------------------------------|----------------------|
| Passenger Revenue | \$4,000.00 |
| Municipal or Agency Budget | \$175,829.00 |
| CTDOT Matching Grant Program | \$34,261.00 |
| Other Grant Source | \$0.00 |
| Charitable Donations/Fundraiser | \$0.00 |
| Miscellaneous Funding Source(s) | \$0.00 |
| TOTAL | \$214,090.00 |

How much does your organization estimate it will spend annually to operate and maintain the vehicle being applied for? Indicate the costs of all applicable expenses below.

| ESTIMATED OPERATING EXPENSES | ANNUAL BUDGET |
|-------------------------------------|----------------------|
| Wages, Salaries & Benefits | \$110,767.00 |
| Maintenance & Repair | \$4,000.00 |
| Fuel | \$16,524.00 |
| Insurance | \$2,108.00 |
| Administrative Overhead | \$7,673.00 |
| Contract Services | \$0.00 |
| Miscellaneous Expenses | \$1,970.00 |
| TOTAL | \$143,042.00 |

The amount below is the difference between your organization's estimated operating income and estimated operating expenses. Any amount below \$0 indicates an estimated shortage of funding and an inability to operate an awarded vehicle.

| | |
|-------------------|--------------------|
| DIFFERENCE | \$71,048.00 |
|-------------------|--------------------|

What is the estimated cost of the vehicle your organization is interested in? Please select desired vehicle configuration (A through I). Please refer to the Application Instructions for available vehicle configurations and estimated cost.

| | |
|---|----------|
| CONFIGURATION (please select from available choices) | I |
|---|----------|

| VEHICLE COST | ESTIMATED COST |
|---------------------|-----------------------|
| I | \$81,000.00 |
| TOTAL | \$81,000.00 |

An approximate 3% allowance is included in the event that the vehicle price increases between the time this application is submitted and vehicle procurement. The Federal Share below represents 80% of Total Vehicle Cost and is the maximum amount of funding that the FTA will pay towards the requested vehicle. The remaining 20% is the responsibility of the Applicant. If selected for award, your organization will be expected and required to pay for any amount greater than the Federal Share indicated in this application.

| | |
|---|--------------------|
| REVISED TOTAL VEHICLE COST (incl 3% allowance) | \$83,430.00 |
| FEDERAL SHARE | \$66,744.00 |
| LOCAL (APPLICANT) SHARE | \$16,686.00 |

SECTION IV. CERTIFICATION FOR NONPROFIT ORGANIZATIONS & ELIGIBLE PUBLIC BODIES

Federal Transit Administration Section 5310 Program
2023 Funding Cycle

Title 49 U.S.C. 5310(a)(1) authorizes funding for public transportation capital projects planned, designed and carried out to meet the special needs of elderly individuals and individuals with disabilities.

Title 49 U.S.C. 5310(a)(2) provides that a State may allocate the funds apportioned to it to a governmental authority that certifies that there are not any non-profit organizations readily available in the area to provide the special transportation services.

I, **Bernie Dennler, First Selectman**, (Name of Authorized Official) certify that there are no non-profit organizations serving **The Town of Colchester** (Name of Organization) that meet the special transportation needs of seniors and individuals with disabilities.

Bernie Dennler, First Selectman
Printed Name of Authorized Official

Bernie Dennler
Signature of Authorized Official⁶

03/22/2024
Date

⁶ Authorized official may be an Executive Director, Mayor, Town Manager, First Selectman or the lead of an organization. CTDOT will only accept electronic signature.

SECTION V. TITLE VI REQUIREMENTS ACKNOWLEDGEMENT

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance.⁷

If awarded Section 5310 funding, your organization:

1. Would be responsible for reviewing and ensuring compliance with all applicable provisions and requirements of FTA Circular 4702.1B "Title VI Requirements and Guidelines For Federal Transit Administration Recipients."
2. Would be required to develop a Title VI Program and submit it to the Connecticut Department of Transportation (CTDOT) Office of Contract Compliance (OCC) for acceptance **prior** to receiving funding.
3. Would be required to include the documents listed below into a Title VI program:
 - a. Title VI Notice to the Public
 - b. Title VI Complaint Process and Procedures
 - c. Title VI Complaint Form
 - d. Title VI Complaint Log
 - e. Public Participation Plan
 - f. Language Assistance Plan (including a Four-Factor Analysis)
 - g. A table depicting the membership of non-elected committees and councils (membership of which is selected by the recipient), broken down by race, and a description of the process the organization uses to encourage minority participation.
4. Would be required to update the Title VI Program periodically (at least every three years), to incorporate changes and additional responsibilities that may arise.

I have read and been informed of the Title VI requirements my organization would need to comply with if awarded Section 5310 funding. I understand that failure to comply with the requirements under Title VI may result in a delay or denial of funding.

Grant Applicant Signature: Patricia A. Watts

Printed Name: Patricia A. Watts, Director of Senior Services

Date: 03/22/2024

⁷ Specifically, Title VI provides that "no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." (42 U.S.C. Section 2000d).

SECTION VI. APPLICANT SIGNATURE

Required Signature: By typing my name on the signature line below, I confirm that I have completed this application to the best of my knowledge on behalf of my organization, and that I have read and understand the *2023 Section 5310 Application Instructions*. I have made a copy of the completed application packet for my records.

Grant Applicant Printed Name: Patricia A. Watts

Grant Applicant Signature⁸: Patricia A. Watts Date: 03/22/2024

⁸ Name of person who completed the grant application. CTDOT will only accept electronic signature.