



Town of Colchester, Connecticut

95 Norwich Avenue, Colchester, Connecticut 06415

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

MEMORANDUM

To: Board of Finance

From: Patricia A. Watts, Director of Senior Services

Date: 05/20/20

Re: Section 5310 Program Grant Application

Section 5310 funding is used to fund the replacement of vehicles which have exhausted their useful life. Our 10 passenger 2010 Ford mini-bus is slated for retirement. 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 June 26, 2020. Should funding be awarded, it will be approved for up to \$60,000 of funding provided by CTDOT. This funding will be utilized for the procurement of a new 14 passenger mini-bus. This vehicle would accommodate up to 12 walk-on passengers and an additional 2 passengers in wheelchairs. It will be used to provide transportation services for seniors and disabled individuals ages 18 and older through the operations of the Colchester Senior Center in the Department of Senior Services. The cost of the bus will be approximately \$75,000, with \$60,000 (80%) of the funding provided through the DOT and \$15,000 (20%) required as local matching funds. Delivery of the bus is anticipated for fall of 2021 (FY 2021-2022).

Recommended Motion

Authorize the expenditure of an amount not to exceed \$15,000 from the Vehicle Reserve Fund (FY 2021-2022) for the local match requirement for the acquisition of a 14 passenger wheel chair lift mini-bus.

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**

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

Agency/Organization Type:
 Private Nonprofit Organization* State or Local Governmental Entity

***Additional Requirement**

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

Description of Organization Mission & Purpose (Limited to 400 Characters):
The Colchester Senior Center is a social, educational, recreational and wellness resource center 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 Nutrition Service Site.

Description of Transportation Services Provided (Limited to 400 Characters):
We operate a fleet of 3 wheelchair lift equipped buses and a mini-van to provide transportation services for seniors and younger disabled passengers, Monday through Friday between 8 a.m.-3:30 p.m.. Dial-A-Ride services within the borders of the Town of Colchester and out of town medical rides within a 40 mile radius of the Town of Colchester.

Current Transportation Service Operating Hours:

	Start (AM/PM)	End (AM/PM)	# of Passenger Trips
Sunday	special events		
Monday	8:00 a.m.	3:30 p.m.	*40
Tuesday	8:00 a.m.	3:30 p.m.	*40
Wednesday	8:00 a.m.	3:30 p.m.	*40
Thursday	8:00 a.m.	3:30 p.m.	*40
Friday	8:00 a.m.	3:30 p.m.	*40
Saturday	special events		*based on averages 2019

Current Transportation Service Area (Limited to 750 Characters):
In-Town Transportation: Colchester only, out of town for special excursions/events i.e. shopping trips, restaurant outings and travel destinations in-state.
Out-of-Town Medical Transportation: Norwich, New London, Groton, Middletown, Manchester,

Glastonbury, Hartford, Farmington. Up to a 40 mile radius outside of Colchester.

Description of Current Coordination Efforts w/ NPOs or Municipalities to Provide Transportation Service* (Limited to 750 Characters):

The Town of Colchester's provision of senior/disabled transportation is the only senior/disabled transportation service which is available to our residents, which is not fee-based service. Due to the fact that our rides are solely donation based, no one is excluded from this critical service based on ability to pay. The Town of Colchester, through the Colchester Senior Center, dispatches its own transportation services and does not at this time coordinate services with other entities and/or municipalities.

***Additional Requirement**

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

Description of Contracted Transportation Services & Identification of Service Provider*:

(If your organization does not currently contract out service, indicate as such)

The Town of Colchester does not contract with any other entities for senior/disabled transportation services, at this time.

***Additional Requirement**

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

How do you manage access to your organization's transportation services? Select any passenger or service restrictions that apply and explain below.

- Restrictions on destination or origin
- Restrictions on trip purpose
- Restrictions by membership and/or fee
- Restrictions by residency

Explanation:

Passengers must be registered members of the Colchester Senior Center (ages 60 and over or 18 and over with proof of disability) and reside in Colchester in order to ride our buses. In-town transportation remains within town limits, however out-of-town medical rides go up to a 40 mile radius outside of Colchester.

Number of Drivers with (only) a Public Passenger Endorsement (PPE):

1

Number of Drivers with a Commercial Driver's License (CDL):

2

Number of Vehicles in Current Fleet:

***Additional Requirement**

Include the Current Vehicle Inventory Sheet containing a complete listing of your organization's vehicles with this application. Organizations with more than sixty (60) vehicles in their fleet may add to the spreadsheet.

SECTION II. PROJECT PROPOSAL

1. Is your organization requesting funding for one (1) or two (2) vehicles?

<input checked="" type="checkbox"/> One (1)	<input type="checkbox"/> Two (2)
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2. Identify the type of vehicle(s) your organization is interested in obtaining. Refer to the Application Instructions for vehicle specifications and seating capacity.

	Vehicle Type								
	Conf. A	Conf. B	Conf. C	Conf. D	Conf. E	Conf. F	Conf. F-a	Conf. G	Conf. H
Example	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle 2	<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"/>

3. Why is your organization requesting funding? Select one.

Vehicle 1	Vehicle 2
<input checked="" type="checkbox"/> Replace a current vehicle in the fleet <input type="checkbox"/> Expand on existing service <input type="checkbox"/> Offer new service	<input type="checkbox"/> Replace a current vehicle in the fleet <input type="checkbox"/> Expand on existing service <input type="checkbox"/> Offer new service
If requesting funding for a replacement vehicle, has the vehicle to be replaced reached its useful life*? yes	If requesting funding for a replacement vehicle, has the vehicle to be replaced reached its useful life*?

***Additional Requirement**

If your organization wants to replace a vehicle that has not met its useful life but requires excessive maintenance, include a document that describes the major component problems. These may include repeated engine replacement, excessive brake and transmission replacement, excessive repairs during the warrantee period due to a design flaw, or repair costs that amount to more than the vehicle replacement cost. Attach copies of the repair bills, as well as letters submitted to the vendor and/or original equipment manufacturer to this application.

4. Indicate the vehicle(s) from the Current Vehicle Inventory Sheet that your organization would replace, if applicable. Select up to a maximum of two (2).

<input checked="" type="checkbox"/> Vehicle 1 <input type="checkbox"/> Vehicle 2 <input type="checkbox"/> Vehicle 3 <input type="checkbox"/> Vehicle 4 <input type="checkbox"/> Vehicle 5 <input type="checkbox"/> Vehicle 6 <input type="checkbox"/> Vehicle 7	<input type="checkbox"/> Vehicle 8 <input type="checkbox"/> Vehicle 9 <input type="checkbox"/> Vehicle 10 <input type="checkbox"/> Vehicle 11 <input type="checkbox"/> Vehicle 12 <input type="checkbox"/> Vehicle 13 <input type="checkbox"/> Vehicle 14	<input type="checkbox"/> Vehicle 15 <input type="checkbox"/> Vehicle 16 <input type="checkbox"/> Vehicle 17 <input type="checkbox"/> Vehicle 18 <input type="checkbox"/> Vehicle 19 <input type="checkbox"/> Vehicle 20 <input type="checkbox"/> Other (specify):
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5. Describe how your organization would use the vehicle(s) to serve seniors and/or individuals with disabilities.

This funding, if awarded, would be utilized to replace the oldest bus in our fleet, which is a 10 passenger 2010 Ford bus. This vehicle is used for Dial-A-Ride transportation services in the Town of Colchester during the senior center's hours of operation of 8:00 a.m. to 4:00 p.m. Monday through Friday, with occasional weekend excursions, as scheduled in our monthly newsletter. The priorities for these services include to/from home to the senior center, to/from local medical appointments, transportation to/from work, and for necessary errands such as grocery shopping, banking, salon appointments and other needs, as well as special trips and outings.

6. What is the proposed service area? List all of the towns that the vehicle(s) would regularly travel to and indicate the primary service location(s).

The vehicle will primarily serve for in-town transportation services within the Town of Colchester. On occasion, this vehicle may also be used for out-of-town transportation throughout the state, for special trips and outings sponsored by the Colchester Senior Center. Some examples include shopping trips, Lunch Bunch outings to area restaurants and trips to see area attractions for recreational, social and/or educational purposes.

7. Specify the hours of operation and expected number of one-way trips **per day** for the requested vehicle(s).

	Vehicle 1			Vehicle 2		
	Start (AM/PM)	End (AM/PM)	# of Passenger Trips	Start (AM/PM)	End (AM/PM)	# of Passenger Trips
Sunday	occasional					
Monday	8:00 a.m.	3:30 p.m.	25			
Tuesday	8:00 a.m.	3:30 p.m.	25			
Wednesday	8:00 a.m.	3:30 p.m.	25			
Thursday	8:00 a.m.	3:30 p.m.	25			
Friday	8:00 a.m.	3:30 p.m.	25			
Saturday	occasional					

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

Information & Awareness Gaps

Inter-regional coordination

Informational awareness & service marketing

Centralized information resource

Passenger training

Geographical Gaps

Service to/from rural areas

Inter/Intra-regional transportation

Temporal Gaps

Weekday off-peak service

Weekend service

Holiday service

Urgent Non-Emergency Medical Transportation (NEMT)

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Same-day service

Client Gaps

Non-ADA eligible service

Door-to-Door service

Door-through-Door service

Service Quality Gaps

Accessible vehicle (non-taxi)

Other (specify):

9. Explain how the current transportation services in your area are insufficient in serving the needs of seniors and individuals with disabilities.

The Colchester Senior Center is the only organization which offers wheelchair accessible transportation services to seniors/disabled individuals solely for donations. No individuals are refused service based upon ability to pay. In rural communities, like Colchester, there just aren't many available transportation options, especially that are handicapped accessible. The transportation services which we offer through the Colchester Senior Center allows our 1,120+ members living in Colchester access to transportation.

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

By replacing the oldest vehicle in our fleet with a new one, we can continue to provide transportation services for the seniors and younger disabled populations of Colchester. The Colchester Senior Center's membership has grown by over 143% in the last 7 years and we are currently in the planning stages for a new senior center for the Town of Colchester. We expect exponential growth in the wake of that expansion and we will need vehicles in order to serve even more senior citizens and disabled individuals over the age of 18, as our membership continues to realize unprecedented growth.

11. How would your organization inform seniors and individuals with disabilities about the service provided with the vehicle(s)?

The Town of Colchester lists senior/disabled transportation services on its website, under Town Services, Senior Center. Additionally, the Colchester Senior Center distributes approximately 500 paper copies of our monthly newsletter to senior and congregate housing communities, which details our transportation services. A digital copy is also available on our website and we have noticed an increase in members/family members accessing this information digitally. The Department of Senior Services disseminates information about senior center programs and services through local press releases, email blasts through the office of the First Selectman and statewide resources, such as 211. The Department of Youth and Social Services gives their clients referrals about transportation services, as well.

12. How would your organization inform seniors and individuals with disabilities with Limited English Proficiency about the service provided with the vehicle(s)?

At this time, we are not aware of any needs. Colchester has very few non-English speaking residents. If a request was made, the office of the First Selectman manages all Title VI requests.

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

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6 Black	0 Pacific Islander	0 Alaskan Native	191 White
5 Hispanic	1 American Indian	3 Asian	0 Other

14. Explain how the number of individuals in question #13 were estimated. Note that organizations not currently collecting this information from passengers may request it on a voluntary basis.

We have 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 were taken from the 2019 calendar year.

15. Would your organization coordinate with an NPO or municipality to provide service using the vehicle(s) or to share the vehicle(s) during off-peak hours?

<input type="checkbox"/> Yes Explain the coordination in detail:	<input checked="" type="checkbox"/> No Explain any ongoing discussions or proposed plans to coordinate that have not yet been implemented: There have not been any discussions or proposed plans.
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16. Would your organization operate the service provided with the vehicle(s) or contract out the service?

<input checked="" type="checkbox"/> Applicant would operate service How does your organization determine that there are no (other) nonprofit organizations readily available in the area to provide the proposed service? I have a detailed listing of transportation providers which serve Colchester. They are limited and some of our clientele are not eligible for their services or they are not affordable to them.	<input type="checkbox"/> Contracted provider would operate service Identify the service provider below:
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17. Has your organization published a Public Notice in a major newspaper to notify other transportation operators of your intent to apply for Section 5310 capital funding*?

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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***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 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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18. 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, 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, our members 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 our members.

19. How would your organization resolve a complaint regarding the vehicle(s) or service?

We have complaint procedures, as detailed on our Policies and Procedures Manual for the Colchester Senior Center. Complaints can be made to the Director of Senior Services for resolution. If not satisfactory, that person 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.

20. Who in your organization would be responsible for ensuring timely maintenance of the vehicle(s), 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	Fleet Maintenance	fleet@colchesterct.gov	860-537-3462
Reporting:	Patricia Watts	Director of Senior Services	pwatts@colchesterct.gov	860-537-3911
Communication:	Patricia Watts	Director of Senior Services	pwatts@colchesterct.gov	860-537-3911

21. Where would the vehicle(s) be located when not in use?

Locked behind a gate, at the Town Garage

22. Who would perform preventative maintenance and repairs on the vehicle(s)?

Fleet Maintenance at the Town of Colchester

23. Who would perform preventative maintenance and repairs on the vehicle lift(s)?

Fleet Maintenance at the Town of Colchester

24. Describe your organization's proposed maintenance plan and schedule for the vehicle(s).

The town garage 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 manufacturer's recommended service intervals for all other issues.

SECTION III. ANNUAL BUDGET

VEHICLE 1

<u>Estimated Operating Expenses¹</u>	
a. Wages, Salaries & Benefits	\$85,361.00
b. Maintenance & Repair	\$4,000.00
c. Fuel	\$10,530.00
d. Insurance	\$1,545.00
e. Administrative Overhead & General Expenses:	\$0.00
f. Contract Services: driver physicals/licenses/randomized testing	\$400.00
g. Other Expenses (specify): substitute coverage for drivers	\$1,500.00
TOTAL OPERATING EXPENSES	\$103,336.00
<u>Estimated Operating Income²</u>	
a. Passenger Revenue	\$0.00
b. Other Funding Sources (Ex. Agency budget, Fundraisers, Other grants)	
Funding Source 1 – Town of Colchester (operational budget)	\$72,402.00
Funding Source 2 – Municipal Grant Program (CTDOT)	\$33,320.00
Funding Source 3 – Passenger Donations	\$4,800.00
Funding Source 4 -	\$
Funding Source 5 -	\$
Funding Source 6 -	\$
TOTAL OPERATING INCOME	\$110,522.00
<u>Total Vehicle Cost³</u>	
Vehicle 1 Cost	\$75,000.00
TOTAL VEHICLE COST	\$75,000.00
<u>Federal Subsidy Requested⁴</u>	
Vehicle 1 FTA Subsidy Amount (80% of Vehicle 1 Cost)	\$60,000.00
TOTAL FEDERAL SUBSIDY REQUESTED	\$60,000.00
<u>Source of Match</u>	
Source of Match - Vehicle 1 (specify): Town Vehicle Replacement Fund	\$15,000.00
TOTAL MATCH	\$15,000.00

¹ Estimate all of the expenses associated with operating the requested vehicle.

² Indicate how your organization will pay for the expenses associated with operating the requested vehicle.

³ See the Application Instructions for available vehicle category classifications and pricing estimates. Applicants may contact CTDOT or the vendor Matthews Buses with additional questions on vehicle pricing.

⁴ The FTA will pay 80% of the cost of an accessible vehicle, not to exceed the amount estimated in the application or 80% of the actual vehicle cost, whichever is lower. The awarded recipient must fund the remaining cost (match).

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VEHICLE 2

<u>Estimated Operating Expenses⁵</u>	
a. Wages, Salaries & Benefits	\$
b. Maintenance & Repair	\$
c. Fuel	\$
d. Insurance	\$
e. Administrative Overhead & General Expenses:	\$
f. Contract Services:	\$
g. Other Expenses (specify):	\$
TOTAL OPERATING EXPENSES	\$
<u>Estimated Operating Income⁶</u>	
a. Passenger Revenue	\$
b. Other Funding Sources (Ex. Agency budget, Fundraisers, Other grants)	
Funding Source 1 -	\$
Funding Source 2 -	\$
Funding Source 3 -	\$
Funding Source 4 -	\$
Funding Source 5 -	\$
Funding Source 6 -	\$
TOTAL OPERATING INCOME	\$
<u>Total Vehicle Cost⁷</u>	
Vehicle 2 Cost	\$
TOTAL VEHICLE COST	\$
<u>Federal Subsidy Requested⁸</u>	
Vehicle 2 FTA Subsidy Amount (80% of Vehicle 2 Cost)	\$
TOTAL FEDERAL SUBSIDY REQUESTED	\$
<u>Source of Match</u>	
Source of Match - Vehicle 2 (specify):	\$
TOTAL MATCH	\$

⁵ Estimate all of the expenses associated with operating the requested vehicle.

⁶ Indicate how your organization will pay for the expenses associated with operating the requested vehicle.

⁷ See the Application Instructions for available vehicle category classifications and pricing estimates. Applicants may contact CTDOT or the vendor Matthews Buses with additional questions on vehicle pricing.

⁸ The FTA will pay 80% of the cost of an accessible vehicle, not to exceed the amount estimated in the application or 80% of the actual vehicle cost, whichever is lower. The awarded recipient must fund the remaining cost (match).

SECTION IV. CERTIFICATION FOR NONPROFIT ORGANIZATIONS & ELIGIBLE PUBLIC BODIES

Federal Transit Administration Section 5310 Program
2020 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 Mary Bylone, First Selectman (Name of Authorized Official) certify that there are no non-profit organizations serving Town of Colchester (Name of Organization) that meet the special transportation needs of seniors and individuals with disabilities.

Mary Bylone
Signature of Authorized Official⁹ FIRST SELECTMAN

5/28/2020
Date

⁹ Authorized official may be an Executive Director, Mayor, Town Manager or First Selectman.

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.¹⁰

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: _____

Printed Name: Patricia A. Watts

Date: 5/21/2020

¹⁰ 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 *2020 Section 5310 Application Instructions*. I have made a copy of the completed application packet for my records.

Grant Applicant Signature¹¹: Patricia A. Watts Date: 5/21/2020

¹¹ Name of person who completed the grant application.