



Transportation Disadvantaged Trip & Equipment Grant Application Form

Legal Name	Levy County Board of County Commissioners/Levy County Transit		
Federal Employer Identification Number	59-6000717		
Registered Address	P.O. Box 310		
City and State	Bronson, FL	Zip Code	32621
Contact Person for this Grant	Connie Conley	Phone Number Format 111-111-1111	352-486-3485
E-Mail Address [Required]	conley-connie@levycounty.org		

Project Location [County(ies)]	Levy	Proposed Project Start Date	07/01/2020
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Budget Allocation	
Grant Amount – State Allocation [90%]	\$413,817.00
Grant Amount – Local Match [10%]	\$45,980.00
Grant Amount – Hold Harmless [90%]	\$0.00
Grant Amount – Hold Harmless Match [10%]	\$0.00
Voluntary Dollar Amount	\$24.00
Local Match for Voluntary Dollars [In Kind]	\$0.00
Total Project Amount	\$459,821.00

Capital Equipment Request	
Description of Capital Equipment	\$ Amount
	\$0.00
Total Project Amount	\$ 0.00

Local Coordinating Board Review IS Required if Requesting Capital Equipment

If the purchase of capital equipment is included in this Application Form, the application has been reviewed by the _____ Local Coordinating Board.

Signature of Local Coordinating Board Chairperson

Date

I, the authorized Grantee Representative, hereby certify that the information contained in this form is true and accurate and is submitted in accordance with the 2020-21 Program Manual and Application Instructions for the Trip & Equipment Grant.

Signature of Grant Recipient Representative

Date

APPROVED AS TO FORM AND LEGAL
SUFFICIENCY Anne Bast Brown
Anne Bast Brown, County Attorney



Transportation Disadvantaged Trip & Equipment Grant Service Rates Form

Applicant	Levy County Board of County Commissioners/Levy County Transit
Project Location [County(ies)]	Levy
Service Rate Effective Date	July 1, 2020

Grant Agreement Service Rates		
Type of Service Transportation Mode	Unit of Measure (Trip or Passenger Mile)	Cost Per Unit
* Ambulatory	Mile	1.58
* Wheel Chair	Mile	2.72
* Stretcher	N/A	0.00
Bus Pass – Daily	Pass	0.00
Bus Pass – Weekly	Pass	0.00
Bus Pass – Monthly	Pass	0.00

*** Ambulatory, Wheel Chair and Stretcher** must all use the same Unit of Measure either **Trip or Passenger Mile**;
Cannot mix, all must be the same regardless of Transportation Mode.



TRANSPORTATION DISADVANTAGED TRIP & EQUIPMENT GRANT STANDARD ASSURANCES

The Grantee hereby assures and certifies that:

1. The Grantee has the requisite fiscal, managerial, and legal capacity to carry out the Transportation Disadvantaged Program and to receive and disburse State funds.
2. The Grantee is aware that the Trip & Equipment Grant is a reimbursement grant. Reimbursement of funds will be approved for payment upon receipt of a properly completed invoice with supporting documentation.
3. Trip & Equipment Grant funds will not be used to supplant or replace existing federal, state, or local government funds.
4. The Grantee understands that an approved written eligibility application and eligibility support documentation is required and is to be maintained for each rider who receives a trip or bus pass funded by the Transportation Disadvantaged Trust Fund. Such documentation shall be made available upon request by CTD staff or its designee.
5. The Grantee is aware that if capital equipment is purchased with these grant funds, equipment must be received by the recipient no later than June 30, 2021.
6. The Grantee recipient is aware that the approved project must be complete by June 30, 2021, which means services must be provided by that date or reimbursement will not be approved.
7. Capital equipment purchased through this grant shall comply with the recipient's competitive procurement requirements or Chapter 287 or Chapter 427, Florida Statutes.

This certification is valid for the agreement period for which the grant application is filed.

Signature: _____ Date: 5/5/20

Name: Matt Brooks

Title: Board Chairman

Agency: Levy County Board of County Commissioners

Service Area: Levy

APPLICATION FOR TD NON-SPONSORED TRANSPORTATION SERVICES

The Transportation Disadvantaged Commission was created under Florida Statute 427, Florida Statutes and allows funding for transportation disadvantaged individuals.

Disadvantaged individuals do not have access to private transportation, public transportation, or paratransit under another funding source and qualify with a minimum of (1) of the listed disability, age, income, or transportation accessibility. . Transportation provided under this funding source is limited to the Levy County Service Area. It provides public transportation in accessible vehicles to limited destinations and is based on availability of funds and requires a mandatory co-payment.

Application must be complete when submitted. Incomplete applications will cause delays in eligibility approval, and will be placed back in the mail for completion. If assistance is needed for completing the application, please call the office at 352-486-3485. Mail or deliver completed application to: Levy County Transit, 970 East Hathaway Avenue, Bronson, Florida 32621

Name: _____
Last First Middle

Physical Address: _____ Apt. # _____

Mailing Address If Different: _____

City: _____ Zip Code: _____

Phone: _____ Cell Phone: _____ TDD: _____
(If applicable)

Social Security#: _____ Date of Birth: _____ Gender: Male Female

Emergency contact: Name: _____ Phone: _____

Directions to home: _____

Do you or a member of your household have a valid driver's license? Yes No

Do you or a member of your household own a vehicle? Yes No

If you own a vehicle are you able to use it for medical and general purposes? Yes No

Levy County Transit

Do you live in an ACLF, skilled nursing facility, retirement home, or boarding home that provides transportation? Yes No

Check below how have you traveled to your doctor's office, grocery store, etc., prior to now?

- Automobile by bus by car with friend/family other transit system
- Levy County Transit (diff funding) other- explain _____

Do you currently require mobility aids? If so check the appropriate ones.

- Manual Wheelchair Electric Wheelchair Electric Scooter
- Service Animal Walker Cane Crutches Stretcher
- other- please explain _____

Are you receiving dialysis or oncology treatment outside of home? Yes No

List days of the week: _____ Escort required? Yes No

Facility name and address _____

Physician Name: _____

Current appointment times: from _____ to _____, note that days and times may require adjusting to meet the demands and availability on the system to allow efficient scheduling.

Can you travel without assistance? Yes No

Can you ambulate (walk) without assistance? Yes No

Can you recognize destinations or landmarks? Yes No

Can you provide an address or telephone number upon request? Yes No

Can you ask for, understand and follow directions without assistance? Yes No

Can you maneuver safely in crowded area and buildings with multiple floors? Yes No

Can you handle unexpected situations and changes in your routine? Yes No

Number of persons in household: _____ **Total household income:** _____

List all persons in household start with applicant:

<u>Name</u>	<u>DOB</u>	<u>SS#</u>	<u>Income</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If more space is needed put on back of this page

Levy County Transit

PLEASE READ PRIOR TO COMPLETING THIS SECTION:

I understand by my signature below, that the purpose of this application is to determine if I am Eligible to travel under (TD) funding and may be asked further information. I certify that I have been truthful in answering all questions and that my answers may be verified, and I have enclosed proof of income for verification.

Signature: _____ Date _____

PLEASE READ PRIOR TO COMPLETING THIS SECTION:

If applicant is able to sign their name and only required assistance completing the application, provide the following:

PLEASE READ PRIOR TO COMPLETING THIS SECTION:

Name Phone number Relationship to applicant

Signature

If applicant is unable to complete or sign application, you must complete the section below.
If the applicant is not a minor child of yours, you must enclose evidence of your authority to sign for the applicant (Power of Attorney, Guardianship Papers, etc.)

Name Day Phone: (_____) _____

Evening Phone: (_____) _____

Address

Relationship to applicant: _____ How long: _____

I certify that, to best of my knowledge, the information given is correct.

Signature: _____ Date: _____
(Parent or Legal Guardian of Applicant)

I am the applicant's Legal Guardian and have enclosed the appropriate legal documentation.

Please review application, make sure you have completed all necessary information to the best of your ability and signed the form.

Levy County Transit has the right to refuse transport any time the driver, staff or dispatch deems it necessary for the safety of passengers, the general public, driver, or vehicle.

All services are open to the general public.

The information obtained through this application process is confidential and is only used by Levy County Transit to determine eligibility for services.

For Office use only

Approved _____ Denied _____ Reason for denial: _____ Date _____

Supervisors Initials _____ Trip Limitations: _____ Date Applicant notified: _____ # Children _____

Space type: _____ Escort: _____ PCA: _____ Other _____

Transportation Disadvantaged Application Eligibility **Procedures and Guidelines**

All applications received for review, must be completed with signature and proof of income. The following are the eligibility guidelines for approval under the Transportation Disadvantaged funding.

- Income – Household income to meet a maximum of 125% current Federal Poverty Guidelines.
- No Vehicle – Must meet income guidelines and no other means of transportation.
- Disability – Prevents ability to drive or disability as defined in the Americans with Disabilities Act of 1990. Ex: Dialysis, Oncology, and or uses mobility device and unable to transfer out of mobility device due to a medical condition and does not have access to a vehicle with lift equipment.
- No Licenses – May have a licenses holder in household or family but licenses holder may work. Must meet income guidelines.
- Age – 60 years or older and unable to drive in populated area, must meet income guidelines.
- Nursing home/Assisted Living Facilities with no access to other transportation and ineligible for other State or Federal Funding.
- Escorts and Attendant are not charged.