|  |
| --- |
| FISCAL YEARS 2023/24, 2024/25, AND 2025/26. |
| Measure X Senior & Disabled Transportation Program |
| Program Application |

# Required Contents

Applications are due via email to Aaron Hernandez, program coordinator, ([aaron@tamcmonterey.org](mailto:aaron@tamcmonterey.org)) on **Thursday,** **December 1, 2022 at 12:00 P.M. PST.**

The application must be submitted in the format noted below and include:

* Proposal Signature Page (PDF format)
* Program Application (Word Document)
* Project Budget (Excel Spreadsheet)
* Project Timeline (Word Document)

# Proposal Signature Page

If selected for funding, the information contained in this application will become the foundation of the **Funding Agreement** with TAMC. To the best of my knowledge, all information contained in this application is true and correct.

|  |  |
| --- | --- |
| **Signed:** |  |
| **Print Name:** |  |
| **Title:** |  |
| **Date:** |  |

# Applicant Information

|  |  |
| --- | --- |
| **Implementing Organization’s Name:** |  |
| **Grant Amount Request:** | $ |
| **Contact (name and title):** |  |
| **Contact Email:** |  |
| **Contact Phone Number:** |  |

If the applicant is not a 501(c)(3) organization, then the applicant must partner with an organization that is and can serve as a fiscal sponsor. The applicant must complete the following information about the fiscal sponsor.

|  |  |
| --- | --- |
| **Name of Fiscal Sponsor:** |  |
| **Contact (name and title):** |  |
| **Contact Email:** |  |
| **Contact Phone Number:** |  |
| **Tax ID #:** |  |

# Program Application

**Project Title**

*Provide a brief project title.*

|  |
| --- |
|  |

**Organization’s History**

*Provide a brief description of your organization’s history providing services to seniors and/or people with disabilities in Monterey County.*

|  |
| --- |
|  |

**Project Summary and Need *(1,000 words max.)***

*Describe the project to be funded, including the main services provided and any expected project deliverables. Explain the transportation need that the project is addressing.*

|  |
| --- |
|  |

*How many part-time, full-time staff and/or volunteers will be involved in implementing the proposal?*

|  |
| --- |
|  |

## Project Questions

Applicants must answer the following questions, **as applicable.** If a question does not apply to the project, indicate “not applicable” **with a brief explanation.** Do not leave blank fields. *Answers are limited to 500 words for each question.*

**Program Purpose & Goals – 25 points**

1. Explain how your organization currently supports the transportation needs of seniors and/or people with disabilities. *(500 words max.)*

|  |
| --- |
|  |

1. Does your organization provide transportation or purchase transportation from others? Explain. *(500 words max.)*

|  |
| --- |
|  |

1. Explain how the project coordinates with, and avoids duplication of, other efforts in the county to increase (provide new or alternate) transportation services to seniors and/or people with disabilities. *(500 words max.)*

|  |
| --- |
|  |

**Program Benefits – 30 points**

1. Explain how the Measure X grant funding will increase (provide new or alternate) transportation services to:
   1. Give seniors more transportation options. *(500 words max.)*

|  |
| --- |
|  |

* 1. Support independent travel by people with disabilities. *(500 words max.)*

|  |
| --- |
|  |

* 1. Provide safer and more reliable senior transportation services. *(500 words max.)*

|  |
| --- |
|  |

**Feasibility – 15 points**

1. Are there any actions required by other organizations to implement the proposed project? *(500 words max.)*

|  |
| --- |
|  |

1. What will happen to the proposed project if Measure X grant funding is not awarded (e.g. loss of matching funds, impacts on overall project vision, project momentum, timing difficulties, etc.)? *(500 words max.)*

|  |
| --- |
|  |

**Geographic Equity – 15 points**

1. Identify which sub-area of Monterey County (North Monterey County, Greater Salinas Area, Monterey Peninsula, South Monterey County, Big Sur Coast) this project will benefit. *(500 words max.)*

|  |
| --- |
|  |

1. Identify which sub-areas (North Monterey County, Greater Salinas Area, Monterey Peninsula, South Monterey County, Big Sur Coast) the proposed project will provide trips. *(500 words max.)*

|  |
| --- |
|  |

1. Describe partnerships with other entities and their corresponding roles (if any) in the proposed project. *(500 words max.)*

|  |
| --- |
|  |

**Cost Effectiveness – 15 points**

1. Explain how your organization’s services are provided:
   1. Number of trips and average cost per trip. *(500 words max.)*

|  |
| --- |
|  |

* 1. Number of non-trip mobility services provided and average cost per non-trip mobility service provided. *(500 words max.)*

|  |
| --- |
|  |

1. Submit a completed Project Budget.

*The project budget provides a cost estimate reflecting all costs associated with the project by fiscal year. Identify costs to be funded by the Measure X grant and costs covered by other funding sources (see* ***Appendix A*** *of the Program Guidelines for a sample Project Budget template).*