OKI REGIONAL COUNCIL OF GOVERNMENTS

5310 Application Submission

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Applicant Information

You will be able to save in progress once you start filling out the online form. If you do so, you must save the link to go back to complete your application. OKI does not store these links. The save and continue function does not save files that you uploaded through the online application. You will need to upload your attachments again before submitting. Please label the files you are uploading according to instructions. All attachments that need to be downloaded and instructions are available on the www.oki.org website.

Contact Name *(Required)*

First

Last

Contact Phone: *(Required)*

Contact Email: *(Required)*

Legal Name of Agency: *(Required)*

Agency Email:

Type of Organization (select one): *(Required)*

- ○ Private non-profit agency
- ○ State or local government authority
- ○ Operator of public transportation services (including private operators or public transit services)

Federal Tax ID: *(Required)* — 00-0000000

DUNS: — 000000000

Ohio Charter #:

Agency Address *(Required)*

Street Address

Address Line 2

City

State

ZIP / Postal Code

Is there a public transit system(s) serving the project area? *(Required)*

- ○ Yes
- ○ No

Upload Attachment A: Verification of Unavailable, Insufficient or Inappropriate Transit *(Required)*

You must include a letter from the transit system serving your project service area either explaining how your two agencies will work together or verifying the transit system's inability to meet your clients' needs. Please name your file "Your Agency-Attachment A."

Choose File NO FILE CHOSEN

Max. file size: 5 MB.

Upload Attachment B: Applicant Financial Information *(Required)*

Single Full Audit or Annual Financial Statement — Provide a copy of your most recent full audit, labeling it "Attachment B". For applicants and subrecipient agencies receiving less than $750,000 and not required to conduct full audits, OKI accepts annual financial statements prepared by a professional accountant or tax preparer in lieu of a single full audit. OKI reviews this information to determine an assessment of financial risk and may recommend denial of 5310 funding if an applicant's funding request represents amounts proportionately higher than the agency's overall financial state; an agency has no record of stable financial controls; or have significant findings reported by an audit. Note that OKI will continue to monitor subrecipient agencies by requiring copies of annual audits or financial records be provided through the duration of a project or through the useful life benefit of vehicles acquired. Please name your file "Your Agency-Attachment B."

Choose File NO FILE CHOSEN

Max. file size: 20 MB.

NEXT | Save and Continue Later

ADDRESS: 720 E. PETE ROSE WAY, SUITE 420 CINCINNATI, OHIO 45202
PHONE: 513.621.6300 EMAIL: INFO@OKI.ORG WEB: OKI.ORG
OFFICE HOURS: 8:00 A.M. – 4:30 P.M.

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Project Information

Project Name

Types of Project Requested

Vehicle Request? *(Required)*

- Yes
- No

If yes, quantity?

Please enter a number from 1 to 999.

Preventative Maintenance? *(Required)*

- Yes
- No

Equipment? *(Required)*

- Yes
- No

If yes, what kind?

Mobility Management Program? *(Required)*

- Yes
- No

Project Description Narrative: *(Required)*

Provide a brief description of your project. Explain what you are requesting funding to provide; why the project is needed; and what population type this project will serve. Please be concise, we are only looking for a short summary.

0 of 3500 max characters

Project Goals Narrative: *(Required)*

Goals should be SMART. Specific, Measurable, Attainable, Relevant, and Time-Bound.

0 of 2000 max characters

Project Management Narrative: *(Required)*

Provide a brief description of your organizational and governing structure of your agency including an explanation of how this project will be managed.

0 of 2000 max characters

Upload Attachment C: Organizational Chart

If your agency has a table of organization/organizational chart, please provide it. Please name your file "Your Agency-Attachment C."

Choose File NO FILE CHOSEN

Max. file size: 5 MB.

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Agency History with 5310 Funding

Please describe the status of any 5310 funding you have received in the past.

Number of grants received *(Required)*

Amounts of grant(s) received

Drawdown History

Provide amount of any remaining balances

Did your project remain on budget? Please explain:

0 of 2500 max characters

Consistency with Coordinated Public Transit-Human Services Transportation Plan

Is your agency identified in the Coordinated Public Transit-Human Services Transportation Plan for the OKI region (Coordinated Plan)? *(Required)*

- ○ Yes
- ○ No

Does this project address one or more of the Coordinated Plan's identified gaps between current services and needs described in Chapter 3? *(Required)*

- ○ Yes
- ○ No

Does this project fulfill one or more of the Coordinated Plan's Strategies to Improve Transportation identified in Chapter 4? *(Required)*

- ○ Yes
- ○ No

Upload Attachment D: Certification of Project Derived from a Locally Developed, Coordinated Public Transit-Human Services Transportation Plan *(Required)*

Please name your file "Your Agency-Attachment D."

Choose File NO FILE CHOSEN

Max. file size: 2 MB.

PREVIOUS NEXT Save and Continue Later

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Project Advancement of the Coordinated Plan

View the OKI Coordinated Plan to see the chapters referenced in the following questions.

1. What gaps in service will this project help to fill? The gaps below are identified in the current Coordinated Plan. Check all that apply *(Required)*

- [ ] Inadequate transportation options during evenings, late nights, and weekends for elderly, disabled and low-income populations.
- [ ] Inadequate transportation options for low-income specialized transportation users, particularly for trips to work and job training opportunities.
- [ ] Limited collaboration of services provided, particularly across county or state lines.
- [ ] Unaffordable fares, particularly for suburban and rural areas of the region.
- [ ] Inadequate number and variety of destination types available to users.
- [ ] No single point of information for users on current transportation options available.

Describe how your project will fill gaps checked above (0-15 points) *(Required)*

0 of 1000 max characters

2. What strategies from the Coordinated Plan Chapter 4 does this project undertake to address the identified gaps in service? Include the Identified Need number from the Plan and the Strategy addressed. (0-15 points) *(Required)*

0 of 1000 max characters

3. How does this project provide service to the targeted populations (seniors and/or individuals with disabilities)? (0-15 points) *(Required)*

0 of 1000 max characters

4. What coordination efforts has the applicant undertaken to help eliminate or reduce duplication in services? (0-25 points) *(Required)*

0 of 1000 max characters

5. How will this project be sustained beyond the use of funding awarded? (0-15 points) *(Required)*

0 of 1000 max characters

6. Quantify the project's anticipated benefits (i.e. number of people to be served, number of trips to be provided or enhanced). (0-15 points) *(Required)*

0 of 1000 max characters

Coordinating Agencies

Coordinated Agency list

Provide a list of all agencies you currently coordinate with. For each agency, please tell us how you coordinate with them, specifically noting how this coordination results in transportation efficiencies.

0 of 3000 max characters

Upload Attachment E: Upload Letter from Coordinating Agencies

A letter must be provided from each agency listed confirming any current and ongoing coordination efforts. Letters must be submitted together, as one attachment. Please name your file "Your Agency-Attachment E."

Choose File NO FILE CHOSEN

Max. file size: 20 MB.

Signed Certification of Local Match

Upload Attachment F: Certification of Local Match *(Required)*

Please name your file "Your Agency-Attachment F."

Choose File NO FILE CHOSEN

Max. file size: 5 MB.

Upload Cost Vehicle Sheets

If requesting vehicle(s), it is required to upload the appropriate vehicle cost estimate sheet. Use one cost sheet per vehicle. If requesting more than one vehicle, combine the multiple cost sheets into one file. Please name your file "Your Agency-Cost Vehicle Sheet."

Choose File NO FILE CHOSEN

Max. file size: 5 MB.

Vehicle Requests

Vehicle Request Details

Complete one row for each requested vehicle. Add rows as needed. *Passenger trips: A trip is counted every time a passenger boards a vehicle. For example, 10 people in one vehicle going to and from a location equals 20 passenger trips.

Type of Vehicle requested	Number of days per week vehicle will be operated	Estimated passenger trips to be provided per year*	Estimated mileage per year	Estimated hours per year	Replacement or new?

Preventive Maintenance Request

Upload your completed Attachment G: Preventative Maintenance Spreadsheet

Please name your file "Your Agency-Attachment G."

Choose File NO FILE CHOSEN

Max. file size: 5 MB.

Title VI

Upload your completed Attachment H: Title VI Data Collection Form *(Required)*

Please name your file as "Your Agency-Attachment H".

Choose File NO FILE CHOSEN

Max. file size: 5 MB.

Upload Attachment I: Title VI Plan

Please name your file as "Your Agency-Attachment I".

Choose File NO FILE CHOSEN

Max. file size: 5 MB.

Application Certification

Upload Attachment J: Signed Application Certification *(Required)*

Please name your file as "Your Agency-Attachment J".

Choose File NO FILE CHOSEN

Max. file size: 5 MB.

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