

**Section 5310: Enhanced Mobility of Seniors and
Individuals with Disabilities Application--Fiscal Year 2017
DUE: Friday March 3, 2017 at 4pm**



Instructions: This application is for governments and non-profits that are seeking capital funding for transportation projects which will continue or increase access to transportation options for seniors or individuals with disabilities within the Cleveland Urbanized Area (portions of Cuyahoga, Geauga, Lake, Lorain, and Medina counties) of Northeast Ohio. See the map of the Cleveland Urbanized Area in Appendix G to see if your organization lies within this area.

Please fill out this application and return it, along with all required attachments, to NOACA by **Friday, March 3, 2017 at 4pm**. Only **COMPLETED** applications will be considered for funding. If a section is not applicable please fill in with N/A.

Application Deadline: The following formats are acceptable for each application submittal:

- Paper or hard copy: One (1) original plus one (1) copy must be **received at NOACA by 4:00 p.m. on Friday March 3, 2017**. Address to the attention of Jim Thompson, NOACA, 1299 Superior Ave., Cleveland, OH 44114
- Electronic media: Acceptable media are one (1) CD, DVD, or USB jump drive with the application loaded as a single Portable Document Format (PDF) file. Electronic media must be **received at NOACA by 4:00pm on Friday March 3, 2017**. Address to the attention of Jim Thompson, NOACA, 1299 Superior Ave., Cleveland, OH 44114
- E-mail: A single Portable Document Format (PDF) file e-mailed to section5310@mpo.noaca.org by **4:00 p.m. on Friday March 3, 2017**. Maximum file size is 60MB; if the application exceeds this size, consider using the above mentioned formats. Applicants will receive an e-mail confirmation receipt; please call Jim Thompson at 216-241-2414, ext. 275, if receipt confirmation is not received within 2 hours of submittal. If you have more than one application please submit each application in an individual email. Please be aware of your agency's own transmittal size limit as it may be less than 60MB.
- Online Form Application: Our online form application can be started, saved, and returned to at any time. If you have any questions about the form or cannot upload a document, please contact Jim Thompson at jthompson@mpo.noaca.org.

Applications will not be accepted by FAX or means other than those listed above

If you have any questions contact Jim Thompson at 216.241.2414 ext. 275 or jthompson@mpo.noaca.org

Scoring: This application will be scored by NOACA. Project applications with the highest scores, based upon availability of funds, will be awarded funding. Some of the application sections do not contain point values. The information in these sections may be required for the application, but not involved in the scoring process.

Section 5310 SCORE SHEET	Eligible Points
Demonstration of Need – Section 2	Up to 30 Points
Area Currently Served by <i>Inadequate</i> Public Transit or NOT Served by Public Transit <i>(Please include supporting letter from local transit authority)</i>	10
Project Alignment with Goals from the Coordinated Plan	20
Agency Effectiveness – Section 2	Up to 10 Points
Agency’s Management Capacity	5
Prior Project Effectiveness	5
Coordination + Outreach – Sections 3 + 4	Up to 30 Points
Detailed Coordination Efforts	15
Letters of Support from Coordinating Agencies	10
Public Outreach Efforts	5
Vehicles + Equipment + Improvements– Section 5	Up to 30 Points
Vehicle Utilization	30
Utilization of Communication Equipment, Computer Hardware/Software, Mobility Management, or Accessibility Improvements <i>(up to 30 points available if applicant is only applying for any of these items).</i>	30
Total	100

Section 1: Applicant Information

Please Check ONE of the options below

New Applicant

Returning Applicant

Please Provide the Following Information About Your Agency

Project Title			
Organization Name			
Street Address		State	
City		Zip Code	
Organization Type (Please Check One)	<input type="checkbox"/> Local Government	<input type="checkbox"/> Private Non-Profit	
	<input type="checkbox"/> Private For-Profit	<input type="checkbox"/> Public Non-Profit	
Contact Person			
Contact's Title			
Contact's Email Address			
Contact's Phone #		Federal Tax ID	
DUNS #		OH Charter #	
Geographical Service Area			
Populations Served (e.g. Seniors, People With Disabilities, etc.)			
Trip Destinations Outside Service Area			

Audit

Please provide a copy of your organization's most recent audit as an attachment to your application

References

Please provide information below from up to three of your funders. By filling out this table you are allowing NOACA to contact these references.

Organization	Contact	Phone Number	Email

Section 2: Project Description and Agency's Management Capacity

Inadequate Public Transit in Service Area (10 Points)

In an effort to decrease gaps in service, it is encouraged to increase service in areas that do not have adequate public transit. **Please Check ONE of the options below:**

- There *is* a public transit system in my area.***
- There *is not* a public transit system in my area.**

If you indicated above that there is a public transit system in your area, you must include a letter from the transit system either verifying the transit system's inability to meet your clients' needs or explaining how your two agencies will work together. If you indicated that there is not a public transit system in your area, you **do not need to provide a letter.*

Project Description

Use the space provided to give a brief description of your project, and be sure to include information on the following:

- a. Current Funding
- b. Project Location
- c. Project Need
- d. Project Goals + Objectives
- e. Use of Requested Vehicles/Equipment

A one page separate attachment is allowed if more space is needed

If applicable, use the space provided to give a short update on your program and note any changes since your last application. Include a summary of vehicle use (not mileage, but types of trips, how it increases accessibility, etc.).

Project Alignment with Goals from the Regional Coordinated Plan (20 Points)

Your project should align with the goals and objectives of the regional Coordinated Public Transit-Human Services Plan for Northeast Ohio. Check the applicable boxes for the corresponding priorities from the 2015 Update to the Coordinated Plan that the proposed project seeks to advance or address. Be sure to complete certification in Appendix D.

Goals:

- Improve accessibility and service efficiency for low income, elderly, and/or disabled riders
- Improve cost effectiveness
- Improve Safety
- Improve coordination of services and resources

Tier One Objectives:

- Reduce transit/specialized transportation cost for riders and providers
- Improve frequency of service
- Improve weekend service
- Improve operation efficiencies at all levels
- Improve access to underserved areas with transit-dependent populations
- Improve evening service
- Advance awareness of growing unmet transportation funding needs

Tier Two Objectives:

- Improve access to information and travel training for riders and health and human service agencies
- Improve last-minute transportation options
- Mitigate environmental barriers
- Improve inter-county transportation options

Describe How Your Project Will Address the Priorities Checked on the Previous Page:

Agency's Management Capacity (Up to 5 Points)

Use the space provided to give a brief description of your structure, please be sure to include those responsible for project management, operation, and maintenance of the project:

- a. Governing Structure
- b. Organizational Structure

Prior Project Effectiveness (5 Points)

Use the space provided to describe how previously funded mobility projects have been effective.

Section 3: Coordination Efforts (up to 25 Points)

Please provide a list of coordinating agencies below and include a brief description of your current coordination efforts with each agency. A letter of support from each coordinating agency is required. A list containing additional coordinating agencies may be included with attachments at the end of your application. Each listed agency with detailed coordination efforts will count towards point allocation.

1	Agency Name	
	Coordination Efforts	
2	Agency Name	
	Coordination Efforts	
3	Agency Name	
	Coordination Efforts	
4	Agency Name	
	Coordination Efforts	
5	Agency Name	
	Coordination Efforts	
6	Agency Name	
	Coordination Efforts	
7	Agency Name	
	Coordination Efforts	

Section 4: Public/Private Participation and Involvement

Public Notice (up to 5 Points)

All applicants must ensure public participation and private sector involvement to the maximum extent feasible as well as exhibit their willingness to coordinate with other agencies. Documentation of these efforts must be provided to NOACA with your application, or as soon as it is available (documentation is worth 5 points).

See this section's attachments for required documentation. Your agency must respond to any public participation private sector involvements or inquiries received. Use **Appendix B** for information to assist in your response.

Required actions for your agency type are:

Section 501(c)(3) Nonprofit Applicants must:

- Publish a public notice in local media with the widest circulation no later than two weeks prior to the application due date. See Appendix B for the required content of the public notice.

OR

- Send a letter to other human service, non-profit agencies, and private providers operating or located within the area to be served by the project no later than two weeks prior to the application due date.

Public Body Applicants must:

- Publish a public notice the local newspaper with the widest circulation by **February 12, 2017**. See Appendix B for the required content of the public notice.
- Conduct a public hearing to consider the economic, social, and environmental effects of the applicant's project. The public notice of the hearing should be published two weeks prior to the public hearing. The public hearing must be held in an accessible location.
- A copy of the published notice, an affidavit of publication, and a copy of the minutes/transcripts or summary from the public hearing must be submitted to NOACA.

A sample Public Notice can be found in **Appendix A**. Response instructions to Public Notice can be found in **Appendix B**.

Section 5: Vehicle Requests

Current Vehicle Inventory

Complete the information in the table below for each vehicle used to transport passengers, listing replacement vehicles first. An example is provided in the first row.

Number of Accessible Vehicles: Total Number of Vehicles: % of Accessible Vehicles:

Make	Model	Year	VIN (Last 6 Digits, Current 5310 Vehicles)	Replacement Vehicle Yes/No	Passenger Capacity Ambulatory Or Wheelchair Positions	Mileage	Date Purchased / Leased	Total One- Way Passenger Trips Per Year	12 Month Maintenance/ Repair Costs
<i>El Dorado</i>	<i>Ford 350</i>	<i>2003</i>	<i>654321</i>	<i>Yes</i>	<i>5-2</i>	<i>150,000</i>	<i>6/01/01</i>	<i>2,222</i>	<i>\$4,000</i>

Vehicle Utilization: The minimum useful life for vehicles is 4 year or 100,000 miles for vans and sedans or 5 years or 150,000 miles for buses. For replacement vehicles vans and sedans should have at least 90,000 miles and buses should have at least 135,000 miles at the time of application submission.

If your agency operates multiple vehicles, your fleet must remain at least 50% accessible if a non-accessible vehicle will be approved. Examples of available vehicles can be found here: <http://www.dot.state.oh.us/divisions/planning/transit/pages/vehicletermcontracts.aspx>

Available Vehicle Types			
SMV	Standard Minivan	LTN	Light Transit Narrow Body
MMV	Modified Minivan	LTV 22'	Light Transit Wide Body
DMV	Dedicated Mobility Vehicle (MV-1)	LTV 25'	Light Transit Wide Body

Vehicle Utilization Estimate: Fill out the table below. Please see **Vehicle Usage Calculations** in **Appendix C** for further information on calculating this information. Points will be based upon estimated usage.

Complete One Column for Each Requested Vehicle	Vehicle Type 1	Vehicle Type 2	Vehicle Type 3
Type of vehicle requested			
<i>Replacement Vehicle Quantity</i>			
<i>New Vehicle Type Quantity</i>			
Total Vehicle Type Quantity			
Estimated passenger trips* to be provided per year per vehicle type**			
Estimated mileage per year per vehicle type**			
Estimated hours per year per vehicle type**			

*Vehicle type describes the model of the vehicle proposed (LTN, DMV, etc). Please note the **quantity** of each type proposed in the columns below.

*A trip is counted every time a passenger boards a vehicle. For example: 10 people in one vehicle going to and from one location adds up to 20 passenger trips.

**Please estimate the average trip/mileage/hours per vehicle and multiply it by quantity of vehicles. For example: 1000 trips per vehicle with three of that vehicle type would yield 3,000 estimated trips per year per vehicle type.

Please Check All of the Following Which are True for Your Project

- Project is for Replacement Vehicles:* At least one new vehicle is ready for disposition.

- Project is for Expansion Vehicles: At least one new vehicle will be used to expand service.*

Section 6: Funding Requests

Funding Requests

Communication Equipment, Computer Hardware/Software, Mobility Management or Accessibility Improvement Projects Funding Requests

This section is to include all Communication Equipment, Computer Hardware/Software, Mobility Management, and Accessibility Improvement requests. Please note: Only straight labor costs will be reimbursed for Mobility Management (**Up to 30 points** may be available if applicant is ONLY applying for non-vehicle capital funding.)

Capital Funding Request (Be Specific)	Type (Communication Equip., Computer Hardware/Software, Mobility Management, Accessibility Improvement)	Unit Cost	QTY	Total Cost

Federal Share (80%): \$ _____ *Local Share (20%):* \$ _____

Total Project Capital Cost: \$ _____

In the space below, please indicate how the capittally funded Materials/Services and Accessibility Improvements will be used to benefit the agency including improvements in service, coordination, reduction in cost, etc.

Local Match Certification

I, the undersigned, representing _____ (*Legal Name of Agency*), do hereby certify to the Northeast Ohio Areawide Coordinating Agency (NOACA) that the required local match for the proposed project will be available in the following amount(s), from the following source(s) by the start date of the proposed project.

Requested Items	QTY	Total Cost (Estimate)	Federal Share (80%)	Local Share (20%)	Funding Source(s) (Be Specific)
Vehicles					
Computer Hardware/ Software					
Communications Equipment					
Mobility Management					
Accessibility Improvements					

Authorizing Signature: _____

Printed Name: _____

Title: _____

Organization: _____

Date: _____

Section 7: Title VI Data Collection

Purpose: The FTA requires that transit systems provide certain types of demographic information in order to determine the number of minority persons served in its transit service area. NOACA has determined it is necessary to collect this data in the form of Transit Clients served.

Please complete the form using the number of transportation clients served. An individual client may be reported as both a low-income and a minority client. Only report the transit system's clients served. DO NOT report US Census percentages or passenger trips. Use your client database to determine the number of low income and/or minority clients. Use agency contract data if available. If you don't have that information, provide your best estimate and footnote how you arrived at that estimate at the bottom of the page. Please use the most up to date data.

For more information concerning Title VI requirements go to Title VI Circular 4702.1B, "Title VI Requirements and Guidelines for FTA Recipients": <http://www.fta.dot.gov/civilrights/12328.html>

Transportation Clients Served	Category
	<u>Low-Income</u> means a person whose median household income is at or below the Department of Health and Human Services' poverty guidelines.
<i><u>Minority Persons include the following:</u></i>	
	American Indian and Alaska Native, which refers to people having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
	Asian, which refers to people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.
	Black or African American Populations, which refers to peoples having origins in any of the Black racial groups of Africa.
	Hispanic or Latino Populations, which includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
	Native Hawaiian and Other Pacific Islander, which refers to people having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Title VI General Reporting Requirements

A one page separate attachment is allowed if more space is needed

Please provide responses to each of the questions listed below. If you have supporting documentation, please simply state see documentation.

Describe the procedure for investigating and tracking Title VI complaints filed against the agency. Is this procedure available to members of the public upon request?

Describe the mechanism for disseminating this information to the public. Provide a summary of public outreach and involvement activities undertaken and a description of the steps taken to ensure minority, low-income, and Limited English Proficiency populations have meaningful access to these activities.

Provide a list of all active lawsuits or complaints against your organization alleging discrimination based on race, color, or national origin with respect to service or other transit benefits. Each lawsuit or complaint must include the date of the investigation, lawsuit, or complaint was filed, a summary of the allegations, the status of the investigation, lawsuit, or complaint and actions taken in response to the investigation, lawsuit, or complaint and actions taken in response to the investigation, lawsuit or complaint.

Do you have a mechanism in place to ensure meaningful access to the benefits, services, information, and other important portions of your programs and activities for individuals who are Limited English Proficient?

Summarize all civil rights compliance reviews conducted by other local, state, or federal agencies during the past three years. (This question is for the applicant, which includes the entire agency, or if a government entity, the county or city.)

Section 8: Application Certification

The certification must be filled out and signed by the president or director of the agency requesting funds. If this page is not signed, the application will not be considered. For each item below, please indicate either that it is complete/ attached or that it is not applicable.

	Complete/Attached	Not Applicable
Section 1		
Applicant Information		
Copy of Most Recent Audit		
References		
Section 2		
Transit Agency Letter(s)	QTY: <input type="text"/>	
Project Description		
Agency's Management Capacity		
Section 3		
Description of Coordination Efforts		
Coordinating Agency Letter(s) of Support	QTY: <input type="text"/>	
Section 4		
Public Notice Documentation		
Letter(s) to Other Agencies Describing Project	QTY: <input type="text"/>	
Public Hearing Notice		
Section 5		
Current Vehicle Inventory		
Requested Vehicle Use Calculations		
Section 6		
Communication Equipment, Computer Software, Mobility Management or Accessibility Improvements Funding Request		
Local Match Certification		
Section 7		
Title VI Documentation		
Appendix D		
Self-Certification of Coordinated Plan		
Appendix E		
Resolution of Certification of a Public Body		
Appendix F		
Resolution of Authorizing Board		

Authorizing Signature and Date: _____

Printed Name: _____

Title: _____

Organization: _____

APPENDIX A

Sample Public Notice

The *(name of agency exactly as it appears in the Articles of Incorporation)* which is a *(private nonprofit corporation or public body)* intends to submit a Proposal for a capital grant under the provision of 49 USC Section 5310 of the Federal Transit Act to provide transportation service for the elderly and disabled within *(describe agency service area and specific routes.)* The grant Proposal will request *(describe the eligible item(s) requested).*

It is projected that *(number and type of persons to be transported)* will use the service *(number of days/weeks)* for various activities, including transportation to *(types of activities).*

The *(name of agency)* invites comments and proposals from all interested public, private and paratransit operators including taxi operators, for the provision of transportation service to the elderly and disabled within our service area.

Operators who are interested in offering proposals to provide service should contact *(name of person, title)* at *(agency name and address)* to obtain full details of the type of transportation service that is needed prior to preparing a proposal.

Written comments or proposals must be submitted within 30 days to the agency at the above address with a copy to the Northeast Ohio Areawide Coordinating Agency, 1299 Superior Street E, Cleveland, OH 44114; Attention: Jim Thompson re: Section 5310-Public notice

APPENDIX B

Response to Public Notice Instructions

Public bodies must include the date, time, and location of the scheduled public meeting. The public meeting notice must be held at an accessible location and the notice must state that other accommodations will be made as requested.

Should another agency submit a proposal to provide the transportation service proposed in the application, the applicant is required to:

1. Provide the interested party with all pertinent information such as:
 - Number and characteristics of clientele to be served
 - Number of non-ambulatory clients
 - Origins and destinations of clients and routes to be served
 - Schedules of desired service (e.g. time, days, and special handling of clients required)
 - Number of wheelchair positions on vehicle
 - Radio base station power output/watts
 - Frequencies at which you operate
 - Insurance requirements
 - Other information as appropriate
2. Review any resulting proposals and consider:
 - Full cost of service (including vehicle depreciation)
 - Quality of service
 - Passenger satisfaction
 - Comfort and safety (including driver competence and training)
 - Degree of protection to the public (including liability insurance)
 - Reliability of service, including vehicle maintenance
 - Amount of applicant's agency staff time (excluding drivers' time) that must be devoted to transportation activities
 - Any other time that the Applicant feels are pertinent
3. Analyze the proposal, considering the above criteria, and make a recommendation.
4. Provide NOACA a copy of the proposal, the proposed recommendation, and adequate documentation supporting the applicant's decision.
5. Include a copy of the proposal and any resulting contracts or correspondence in the application.

NOACA will review the proposal and the applicant's recommendation. While the applicant's comments and recommendations are taken into consideration, NOACA reserves the right to make final decisions on the acceptance or rejection of any proposal.

APPENDIX C

Vehicle Usage Calculations

Using an online mapping program (Google, MapQuest, etc.) enter your agency's address or vehicle starting point. Using addresses of clients or expected clients, map out a proposed vehicle route. If there are several clients to be picked up, add the mileage from the vehicle starting point to the first client's address. Map the route from the first address to the second client's address, and keep repeating until the vehicle reaches its final destination. See the table below for an example.

Adding the mileage and time between each stop will give an approximate estimate of the daily mileage and the time required to complete the trip. Calculate this information for each vehicle trip. Include at least five minutes for boarding ambulatory and 10 minutes for non-ambulatory passengers. If the vehicle will return using same route but in reverse double the time and mileage. If it will be using a different route, repeat the procedure above. Only include hours that your agency will be using the vehicle for this application.

Stops	Miles	Drive Time (minutes)	Boarding Time (minutes)	Total Time (minutes)	Clients picked up (LTV-16-2)
Agency to Stop 1	45	60		60	
Stop 1 to Stop 2	6	9	5	14	2
Stop 2 to Stop 3	5	8	5	13	1
Stop 3 to Stop 4	6	9	10	19	3
Stop 4 to Final Destination	9	13	5	18	7
Subtotal	71	99	25	124	13
Return trip (the same as above for this example)	71	99	25	124	13
Total Daily Usage	142 Miles	198 Minutes	50 Minutes	248 Minutes	26 Trips

In order to estimate trips for year, you must first calculate the number of vehicle operating days. For an agency that operates 5 days per week and picks up the same people each day:

$$(5 \text{ days} \times 52 \text{ weeks}) - 6 \text{ holidays} = 254 \text{ operating days}$$

You can then calculate the following for each vehicle:

	Per Day	# of Days	Yearly Total
Trips	32	254	8,128
Miles	170	254	43,180
Hours	5	254	1,270

APPENDIX D

Self-Certification that the Project is Included in Locally Developed, Coordinated Public Transit-Human Services Transportation Plan

This project is included in, or is consistent with, the overall goals and objectives of the 2015 Coordinated Public Transit-Human Services Transportation Plan for Northeast Ohio

(<http://www.noaca.org/modules/showdocument.aspx?documentid=6797>).

The project addresses the following prioritized goals and objective(s):

Goals:

- Improve accessibility and service efficiency for low income, elderly, and/or disabled riders
- Improve cost effectiveness
- Improve Safety
- Improve coordination of services and resources

Tier One Objectives:

- Reduce transit/specialized transportation cost for riders and providers
- Improve frequency of service
- Improve weekend service
- Improve operation efficiencies at all levels
- Improve access to underserved areas with transit-dependent populations
- Improve evening service
- Advance awareness of growing unmet transportation funding needs

Tier Two Objectives:

- Improve access to information and travel training for riders and health and human service agencies
- Improve last-minute transportation options
- Mitigate environmental barriers
- Improve inter-county transportation options

Agency/Organization Name

Signature of Authorized Official

Date

Printed Name of Authorized Official

APPENDIX E

Resolution for Certification of a Public Body

(A public body is a city, county, township, transit board or DD Board.) Section 501(c)(3) non-profit agencies are not public bodies.

The _____ (Agency Name) certifies that we are a governmental authority and that no nonprofit corporation or associations are readily available in the proposed service area to adequately provide the service.

Signature of Authorized Official

Date

Title

Attest

Date

APPENDIX F — SAMPLE Resolution of Authorizing Board

WHEREAS, _____(agency/organization) is submitting an application to the Northeast Ohio Areawide Coordinating Agency (“NOACA”) for Cleveland Urbanized Area Federal Transit Administration (FTA) funding from the Enhanced Mobility for Seniors and Individuals with Disabilities program (Section 5310); and

WHEREAS, NOACA is designated recipient of the Enhanced Mobility for Seniors and Individuals with Disabilities(Section 5310) program for the Cleveland Urbanized Area authorized to make grants to public bodies, private nonprofit organizations, and other eligible entities; and

WHEREAS, the Enhanced Mobility for Seniors and Individuals with Disabilities program provides eighty percent (80%) federal funds for capital projects and fifty percent (50%) federal funds for operating projects to support alternatives to public transportation projects that assist seniors and individuals with Disabilities ,new or expanded transportation services and alternatives that go beyond the requirements of the Americans with Disabilities Act (ADA) of 1990 for individuals with disabilities; and

WHEREAS, the Enhanced Mobility for Seniors and Individuals with Disabilities program is paid on a reimbursement basis, requiring the applicant to first expend funds then request reimbursement from NOACA, which will, in turn, request the funds from FTA; and

WHEREAS, the applicant certifies it will provide at least twenty percent (20%) local matching funds for capital or planning projects from sources other than federal Department of Transportation funds; and

WHEREAS, this project is included in the Coordinated Public Transit-Human Services Transportation Plan for Northeast Ohio; and

WHEREAS, _____(agency/organization) agrees to abide by federal requirements as a sub-recipient of FTA funds, including federal fiscal year 2015 Certifications and Assurances inclusive of provisions of Title VI of the Civil Rights Act of 1964, and all subsequent annual Certifications and Assurances during the length of the agreement, including federal procurement, maintenance, useful life, disposition standards, and ongoing reporting; and

WHEREAS, _____(agency/organization) is authorized to execute a contract with NOACA if selected for the Enhanced Mobility for Seniors and Individuals with Disabilities program.

NOW, THEREFORE, BE IT RESOLVED by the Governing Body of _____ (agency/organization) that:

Authorization is given to _____ (Authorized Official/Executive Director) to submit this application to NOACA, acting as designated recipient of FTA funds, for the Enhanced Mobility for Seniors and Individuals with Disabilities Program and to execute a contract with NOACA if selected for funding.

APPENDIX G — Map of Cleveland Urbanized Area

