

Complete 5310 UTA Application Form (2026)



1

Log into your zoomgrants account and select the open program. You must be the application contact or a collaborator with granted editing access to the application. Your pre-application must be approved.

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Utah Transit Authority

Incomplete Applications (1)
(full application not yet submitted)
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Utah Transit Authority
FFY2025-2026 FTA 5310 Utah Large Urban UTA (deadline 3/1/2026)
\$80,000.00 UTA Mobility Management Date Created 12/30/2025 7:44:43 AM

Submitted Applications (2)
(full application submitted, decision pending)
[show/hide](#)

Archived Applications (2)
(application abandoned)
[show/hide](#)

Approved Applications (9)
[show/hide](#)

Utah Transit Authority
FFY2023-2024 FTA 5310 Program Utah UZAs (deadline 4/5/2026)
\$911,787.00 UTA Admin&Projects ALL UZAs Date Created

Utah Transit Authority
FFY2021-2022 FTA 5310 Program Utah UZAs (FAINS UT-2023-4)
USD\$403,037.00 UTA FFY21-22 5310 Admin and Coordinated M
Date Created 5/20/2022 1:49:44 PM

Utah Transit Authority
FY 2019-2020 FTA 5310 Program CLOSED (deadline 9/3/2022)
USD\$485,017.00 UTA 2019-2020 Administration Date Created 5

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2 Click "Full Application"

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Utah Transit Authority

FFY2025-2026 FTA 5310 Utah Large Urban UTA

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Utah Transit Authority

UTA Mobility Management

\$ 80,000.00 requested

[Summary](#) [Pre-Application](#) [Full Application](#) [Project Budget](#) [Tables](#) [Documents](#)

Summary

[Instructions Show/Hide](#)

Application Title/Project Name

Amount Requested
This is the Federal Amount

Total Project Cost
This includes both the federal request and the local match.

3 SECTION 1: FEDERAL FUNDING INFORMATION. Question 1: please put the total number of federal funds your agency received in the last FISCAL YEAR. We recommend using the FEDERAL FISCAL year October 2024-September 2025 to get the most accurate number.

Utah Transit Authority

UTA Mobility Management

\$ 80,000.00 requested

[Summary](#) [Pre-Application](#) [Full Application](#) [Project Budget](#) [Tables](#) [Documents](#)

Full Application

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Federal Funding Information

1. What is the total amount of federal funds (from any federal sources) that your agency received in the last fiscal year?
This can be regular fiscal year or Federal Fiscal year, whichever your agency uses for budgeting.

Maximum Characters: 255. You have 255 characters left.

2. What percentage of your total agency gross annual revenue comes from federal sources?

Maximum characters: 255. You have 255 characters left.

3. Does this program bring in ANY revenue? (i.e. Fares, Donations, Other grants etc) If so, what is the amount your agency generated in revenue from the program you are requesting funding for the most recent year?
If not applicable, please write 'N/A'. If requesting operating assistance, be sure that revenues from fares are shown as a reduction on your budget form.

4

Question 2 is about the percentage of federal funds your agency received. This is used to identify financial risk, and diversification of funds.

Full Application

Instructions Show/Hide

Federal Funding Information

1. What is the total amount of federal funds (from any federal sources) that your agency received in the last fiscal year?

This can be regular fiscal year or Federal Fiscal year, whichever your agency uses for budgeting.

100000

Maximum characters: 255. You have 249 characters left.

2. What percentage of your total agency gross annual revenue comes from federal sources?

Maximum characters: 255. You have 255 characters left.

3. Does this program bring in ANY revenue? (i.e. Fares, Donations, Other grants etc) If so, what is the amount your agency generated in revenue from the program you are requesting funding for the most revenue? If not applicable, please write 'N/A'. If requesting operating assistance, be sure that revenues from fares are shown as a reduction on your budget form.

Maximum characters: 1000. You have 1000 characters left.

5

Question 3 is about program revenue. If you charge for trips you must explain, and make sure you remove that number from your operations. You can use revenue as local match. If you only take donations only, please explain that. (You do not have to remove donation revenue from your operations request.)

Federal Funding Information

1. What is the total amount of federal funds (from any federal sources) that your agency received in the last fiscal year?

This can be regular fiscal year or Federal Fiscal year, whichever your agency uses for budgeting.

100000

Maximum characters: 255. You have 249 characters left.

2. What percentage of your total agency gross annual revenue comes from federal sources?

10

Maximum characters: 255. You have 253 characters left.

3. Does this program bring in ANY revenue? (i.e. Fares, Donations, Other grants etc) If so, what is the amount your agency generated in revenue from the program you are requesting funding for the most revenue? If not applicable, please write 'N/A'. If requesting operating assistance, be sure that revenues from fares are shown as a reduction on your budget form.

Maximum characters: 1000. You have 1000 characters left.

Project Eligibility

4. If awarded, what do you intend to use these funds for? (For example: fuel, driver salary, vehicle purchase)

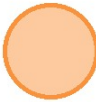
Your answer MUST incorporate specifics on what you are asking for.

6

Question 4, this does not need to be long. Just give a description of what your application is requesting and an overview of the projects. Please be as specific as possible. For example: A non-accessible sedan that seats 5 people, and is electric.

4. If awarded, what do you intend to use these funds for? (For example: fuel, driver salary, vehicle purchase)

Your answer *MUST* incorporate specifics on what you are asking for.



Maximum characters: 1000. You have 1000 characters left.

5. What is your process for making sure your clientele are either seniors or people with disabilities? What is your eligibility screening or intake process?

Note that 5310 Funds can only be used to serve seniors and persons with disabilities. However, individuals within these populations may overlap with other population groups.



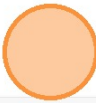
7

SECTION 2: PROJECT/PROGRAM ELIGIBILITY

Question 5, Explain your process for eligibility screening or intake of new clients and how you ensure they meet the requirements of the 5310 funding.

5. What is your process for making sure your clientele are either seniors or people with disabilities? What is your eligibility screening or intake process?

Note that 5310 Funds can only be used to serve seniors and persons with disabilities. However, individuals within these populations may overlap with other population groups.



Maximum characters: 5000. You have 5000 characters left.

6. Check all of the below options that apply to your agency when providing transportation service to seniors or people with disabilities:

- ☐ Provides trips using owned/leased vehicle fleet
- ☐ Provides trips through a third-party transportation service

8

Question 6, This question is really asking do you own and operate your own vehicle fleet? If you do, please indicate that. If you contract another company for transportation, then you DO NOT own and operate your own fleet, but you do provide trips through a third-party. If you do neither of those, select the last option.

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Maximum characters: 5000. You have 4919 characters left.

6. Check all of the below options that apply to your agency when providing transportation service to seniors or people with disabilities:

☐ Provides trips using owned/leased vehicle fleet

☐ Provides trips through a third-party transportation service

☐ Does not directly provide trips, Explain:

7. If applicable, the total number of one-way passenger trips provided for the most recent Federal Fiscal Year (Oct–Sept)

(Count each passenger every time they travel from Point A to Point B. If 3 passengers ride together on one trip, that counts as 3 one-way passenger trips. If not applicable please write N/A)

Maximum characters: 255. You have 255 characters left.

8. Please select which project type(s) you are applying for:

Select all that apply

☐ Operating Assistance

☐ Vehicles

☐ Preventive Maintenance Funds

☐ 3rd Party Contracted Transportation Services

☐ EVoucher funds

☐ Mobility Management

☐ Other:

9

Question 7, Whether you provide trips directly or use a third party, please answer question 7. If you do not do either, please write N/A or an explanation. A one-way trip is defined as taking a single client from point A to point B. If you take 5 clients on one trip, that counts as 5 one-way trips. THIS CAN BE AN ESTIMATE.

☒ Provides trips using owned/leased vehicle fleet

☐ Provides trips through a third-party transportation service

☐ Does not directly provide trips, Explain:

7. If applicable, the total number of one-way passenger trips provided for the most recent Federal Fiscal Year (Oct–Sept)

(Count each passenger every time they travel from Point A to Point B. If 3 passengers ride together on one trip, that counts as 3 one-way passenger trips. If not applicable please write N/A)

Maximum characters: 255. You have 255 characters left.

8. Please select which project type(s) you are applying for:

Select all that apply

☐ Operating Assistance

☐ Vehicles

☐ Preventive Maintenance Funds

☐ 3rd Party Contracted Transportation Services

☐ EVoucher funds

☐ Mobility Management

☐ Other:

10

Question 8, please select the project types that fit your application request. Note that "other" projects require prior approval.

☐ Does not directly provide trips, Explain:

7. If applicable, the total number of one-way passenger trips provided for the most recent Federal Fiscal Year (Oct–Sept)
(Count each passenger every time they travel from Point A to Point B. If 3 passengers ride together on one trip, that counts as 3 one-way passenger trips. If not applicable please write N/A)

2384

Maximum characters: 255. You have 251 characters left.

8. Please select which project type(s) you are applying for:
Select all that apply

☐ Operating Assistance
☐ Vehicles
☐ Preventive Maintenance Funds
☒ 3rd Party Contracted Transportation Services
☐ EVoucher funds
☐ Mobility Management
☐ Other:

11

SECTION 3: CAPITAL/TRADITIONAL PROJECTS

Question 9, You must add a number in each and every box. Even if you are NOT requesting vehicles. This is just a requirement of the Zoomgrants form. So please put a '1' if you are requesting one vehicle of that type. A '0' if you are not requesting any vehicles of that type.

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Capital/Traditional Projects

9. If you are requesting funds for Rolling stock/Vehicles over \$10,000 please indicate the QUANTITY of each item in the boxes below. PLEASE USE NUMERIC DATA ONLY.
Example: 2 transit vans, put a '2' in Expansion Accessible Transit Van. Please use NUMERIC data only. No commas or periods.

Expansion Accessible Transit Van (\$105,000)
 Replacement Accessible Transit Van (\$105,000)
 Expansion Accessible Cutaway Bus (\$150,000)
 Replacement Accessible Cutaway Bus (\$150,000)
 Expansion Accessible Mini-Van (\$75,000)
 Replacement Accessible Mini-Van (\$75,000)
 Expansion Non-Accessible Mini-Van (\$50,000)
 Replacement Non-Accessible Mini-Van (\$50,000)
 Expansion Non-Accessible Full Size Van (\$70,000)
 Replacement Non-Accessible Full Size Van (\$70,000)

12

Question 10, is asking about a replacement vehicle. IF YOU REQUEST A REPLACEMENT VEHICLE you have to give us a lot of details about that vehicle. Even if it was not a 5310. So just as a tip, expansion vehicles do not require any vehicle information. Unless you are replacing a federal vehicle with a new federal vehicle, I recommend choosing EXPANSION so you do not have to provide vehicle information.

- ☐ Replacement Non-Accessible Mini-Van (\$50,000)
- ☐ Expansion Non-Accessible Full Size Van (\$70,000)
- ☐ Replacement Non-Accessible Full Size Van (\$70,000)
- ☐ Expansion Non-Accessible Sedan or SUV (\$35-\$45k)
- ☐ Replacement Non-Accessible Sedan or SUV (\$35-\$45k)

10. Are you requesting a REPLACEMENT vehicle, to replace a current vehicle in your fleet that has met or surpassed its useful life?

If yes, you MUST complete the table titled 'Replacement Vehicles' in the Tables tab.

- ☐ Yes - complete the table
- ☐ No

11. If you are requesting equipment valued at less than \$10,000, please describe the item(s) below. If the equipment has a value of \$10,000 or more, prior approval from UTA is required, and you must upload part of this application.

Please use NUMERIC data only. No commas or periods.

Maximum characters: 2000. You have 2000 characters left.

13

Question 11 is about OTHER equipment only. This could be laptops, radios, security equipment etc. Please ask for prior approval so we can tell you what extra information will be required in your application. If you do procurement of equipment over \$10,000 you MUST have a procurement process and policy.

0 Replacement Non-Accessible Sedan or SUV (\$35-\$45k)

10. Are you requesting a REPLACEMENT vehicle, to replace a current vehicle in your fleet that has met or surpassed its useful life?

If yes, you MUST complete the table titled 'Replacement Vehicles' in the Tables tab.

- ☐ Yes - complete the table
- ☒ No

11. If you are requesting equipment valued at less than \$10,000, please describe the item(s) below. If the equipment has a value of \$10,000 or more, prior approval from UTA is required, and you must upload part of this application.

Please use NUMERIC data only. No commas or periods.

We are not requesting other "equipment" for our vehicles.
Example : This would include things like GPS software, security cameras, a gate lock, a badge reader, cell phones, laptops]

Maximum characters: 2000. You have 1817 characters left.

Coordination and Collaboration

12. Will this project be operated only by your agency, or will it be coordinated with other organizations or transportation providers?

- ☐ My agency only
- ☐ Coordinated with 1 or more partners

13. If applicable, total number of unique riders served for the most recent Federal Fiscal Year (Oct–Sept)

(Count each individual only once for the entire federal fiscal year, even if they ride multiple times. If not applicable, please write N/A)

14

SECTION 4: COORDINATION AND COLLABORATION

Question 12, this is not about community partners that support your agency. This question is asking ARE YOU APPLYING with another agency. Like a tandem application. An example would be a private company partnering with non-profit or government agency to do a collaboration project.

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We are not requesting other "equipment" for our vehicles.
Example : This would include things like GPS software, security cameras, a gate lock, a badge reader, cell phones, laptops.

Maximum characters: 2000. You have 1817 characters left.

Coordination and Collaboration

12. Will this project be operated only by your agency, or will it be coordinated with other organizations or transportation providers?

- ☐ My agency only
- ☐ Coordinated with 1 or more partners

13. If applicable, total number of unique riders served for the most recent Federal Fiscal Year (Oct–Sept)

(Count each individual only once for the entire federal fiscal year, even if they ride multiple times. If not applicable, please write N/A)

Maximum characters: 255. You have 255 characters left.

14. How many Local Coordinating Council (LCC) meetings did your agency attend in 2023?

(1 point for each meeting—5 points possible)

Maximum characters: 255. You have 255 characters left.

15. Please describe how this project is a collaboration with other human service and/or transportation providers. Include any formal and/or informal partnerships your agency currently has in place with other providers.

15

Question 13, a unique individual served means a client counted one time within the Federal Fiscal Year.

Maximum characters: 2000. You have 1817 characters left.

Coordination and Collaboration

12. Will this project be operated only by your agency, or will it be coordinated with other organizations or transportation providers?

- ☒ My agency only
☐ Coordinated with 1 or more partners

13. If applicable, total number of unique riders served for the most recent Federal Fiscal Year (Oct–Sept)

(Count each individual only once for the entire federal fiscal year, even if they ride multiple times. If not applicable, please write N/A)

Maximum characters: 255. You have 255 characters left.

14. How many Local Coordinating Council (LCC) meetings did your agency attend in 2023?

(1 point for each meeting—5 points possible)

Maximum characters: 255. You have 255 characters left.

15. Please describe how this project is a collaboration with other human service and/or transportation providers. Include any formal and/or informal partnerships your agency currently has in place with other providers.

(Do not count partnerships or collaborative projects that are unrelated to the transportation services you provide.) (5 points possible)

16

Question 14, we will compare your answer to the LCC attendance sheet and reach out to you if there is a conflict.

Coordination and Collaboration

12. Will this project be operated only by your agency, or will it be coordinated with other organizations or transportation providers?

- ☒ My agency only
☐ Coordinated with 1 or more partners

13. If applicable, total number of unique riders served for the most recent Federal Fiscal Year (Oct–Sept)

(Count each individual only once for the entire federal fiscal year, even if they ride multiple times. If not applicable, please write N/A)

2384

Maximum characters: 255. You have 251 characters left.

14. How many Local Coordinating Council (LCC) meetings did your agency attend in 2023?

(1 point for each meeting—5 points possible)

Maximum characters: 255. You have 255 characters left.

15. Please describe how this project is a collaboration with other human service and/or transportation providers. Include any formal and/or informal partnerships your agency currently has in place with other providers.

(Do not count partnerships or collaborative projects that are unrelated to the transportation services you provide.) (5 points possible)

Maximum characters: 3000. You have 3000 characters left.

17

Question 15, here is where you can explain your partnerships and collaborations with other agencies that you are NOT applying with. Please only list agencies that are supporting your TRANSPORTATION related services.

2384

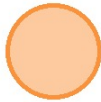
Maximum characters: 255. You have 251 characters left.

14. How many Local Coordinating Council (LCC) meetings did your agency attend in 2023?
(1 point for each meeting--5 points possible)

5

Maximum characters: 255. You have 254 characters left.

15. Please describe how this project is a collaboration with other human service and/or transportation providers. Include any formal and/or informal partnerships your agency currently has in place with other providers.
(Do not count partnerships or collaborative projects that are unrelated to the transportation services you provide.) (5 points possible)



Maximum characters: 3000. You have 3000 characters left.

16. Describe the need for your project/requested items and what transportation gaps identified in your UZA's Coordinated Human Services Transportation Plan they will fill:
Provide detailed information about the specific identified gaps in the coordinated plan and how that relates to the specific needs your project will address (10 pts)

18

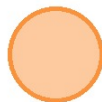
Question 16, please refer to the Human Transportation Service Plan for your UZA.

15. Please describe how this project is a collaboration with other human service and/or transportation providers. Include any formal and/or informal partnerships your agency currently has in place with other providers.
(Do not count partnerships or collaborative projects that are unrelated to the transportation services you provide.) (5 points possible)

This project is a collaboration with Kinestech for developing E-voucher program. We also partner with non-profits like:

Maximum characters: 3000. You have 2882 characters left.

16. Describe the need for your project/requested items and what transportation gaps identified in your UZA's Coordinated Human Services Transportation Plan they will fill:
Provide detailed information about the specific identified gaps in the coordinated plan and how that relates to the specific needs your project will address (10 pts)



Maximum characters: 2000. You have 2000 characters left.

17. Describe how your project/requested items meet one or more strategies identified in your UZA's Coordinated Human Services Transportation Plan:
Provide detailed information about the specific identified strategies and how they relate to your project (10 pts)



Search

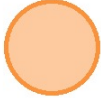
19 Question 17, please refer to the Human Transportation Service Plan for your UZA.

Provide detailed information about the specific identified gaps in the coordinated plan and how that relates to the specific needs your project will address (10 pts)

This project addresses the service area gap by expanding services beyond paratransit.

Maximum characters: 2000. You have 1015 characters left.

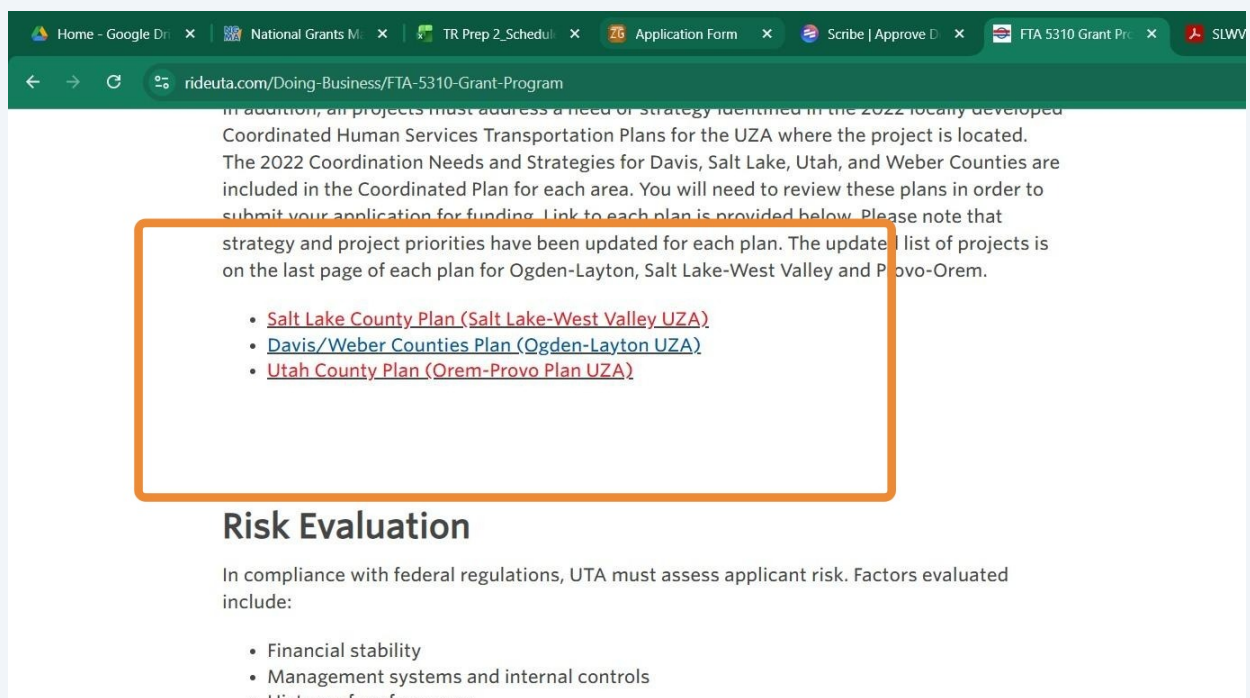
17. Describe how your project/requested items meet one or more strategies identified in your UZA's Coordinated Human Services Transportation Plan:
Provide detailed information about the specific identified strategies and how they relate to your project (10 pts)



Maximum characters: 3000. You have 3000 characters left.

18. Describe how your project/requested items fit into one or more of the identified prioritized projects in your UZA's Coordinated Human Services Transportation Plan:
Provide detailed information about the specific identified projects ranked by your local coordinating councils, and how your request matches those priorities (10 pts)

20 If you cannot find the Human Transportation Service Plan for your area, please navigate to our webpage here.



in addition, all projects must address a need or strategy identified in the 2022 locally developed Coordinated Human Services Transportation Plans for the UZA where the project is located. The 2022 Coordination Needs and Strategies for Davis, Salt Lake, Utah, and Weber Counties are included in the Coordinated Plan for each area. You will need to review these plans in order to submit your application for funding. Link to each plan is provided below. Please note that strategy and project priorities have been updated for each plan. The updated list of projects is on the last page of each plan for Ogden-Layton, Salt Lake-West Valley and Provo-Orem.

- [Salt Lake County Plan \(Salt Lake-West Valley UZA\)](#)
- [Davis/Weber Counties Plan \(Ogden-Layton UZA\)](#)
- [Utah County Plan \(Orem-Provo Plan UZA\)](#)

Risk Evaluation

In compliance with federal regulations, UTA must assess applicant risk. Factors evaluated include:

- Financial stability
- Management systems and internal controls
- History of performance

21 Question 18, please refer to the Human Transportation Service Plan for your UZA.

Maximum characters: 2000. You have 1915 characters left.

17. Describe how your project/requested items meet one or more strategies identified in your UZA's Coordinated Human Services Transportation Plan:
Provide detailed information about the specific identified strategies and how they relate to your project (10 pts)

This project meets the strategy of coordination and communication by working with non profits to fill the gaps, contracting with other providers that have extra vehicles.

Maximum characters: 3000. You have 2829 characters left.

18. Describe how your project/requested items fit into one or more of the identified prioritized projects in your UZA's Coordinated Human Services Transportation Plan:
Provide detailed information about the specific identified projects ranked by your local coordinating councils , and how your request matches those priorities (10 pts)



Search



22 EXAMPLE

me with a document summary [Generative AI User Guidelines](#)

[view summary](#)

Proposed Prioritized Projects

The Salt Lake-West Valley Local Coordinating Council carefully considered and identified gaps and strategies when proposing projects for future FTA 5310 Grant funding. For a project to be awarded funding, it must be included in this list of projects that has the projects listed in order of priority from the top being the highest to the bottom being the lowest. Where a project lands on the list determines part of the grant application score for requesting subrecipients.

Needs change in communities over time and with advances in technology. That being stated, the projects for the Salt Lake-West Valley UZA described in this plan are amendable on an annual basis as new challenges and opportunities present themselves that improve travel for Human Service Transportation Providers clientele.

The following is the current listed of ranked projects:

Voucher Program

- Sub-contracted service provider
- Private volunteer drivers

The aim of a voucher program is to provide more critical trips-particularly medical-at no cost to the approved senior or disabled individual. This service can be provided by negotiated contract with a private transportation company such as a taxi service or by private volunteer drivers selected by the approved voucher client. The volunteer driver receives a small, reimbursed mileage rate for their service. Voucher programs help provide transportation outside of regular service windows and expands the service area coverage of a provider.

Emergency Trip Fund

- Expand United Way 211 program/emergency trip fund
- Provide ADA accessible rides

This fund would cover the cost of one round trip when a

Mobility Management

Federal Transit Law (49 U.S. Code § 5302) defines mobility management as a capital project "consisting of short-range planning and management activities and projects for improving coordination among public transportation and other transportation service providers carried out by a recipient or subrecipient through an agreement entered into with a person, including a governmental entity, under this chapter (other than section 5309); but excluding operating public transportation services."

Salt Lake County OneCall Information and Referral System

- One source for specialized transportation information
- Strong hand-off to agencies

Establish a one-call information and referral center that will be a single resource for transportation information and a direct connection to transportation providers. The proposed one-call center allows users to make a single call, be screened for potential eligibility, and be connected directly to an appropriate agency for assistance. The additional connection to the transportation provider is the key to bridging the gap for the person who needs the ride and doesn't know where to turn.

Vehicles

- Expansion of fleet (new vehicle)
- Replacement of old vehicles (new vehicle)
- Rehabilitation of existing vehicles
- Preventative maintenance on existing vehicles

Operations Funding

- This is funding for the operations of vehicles including paying operator wages.

Transportation Support Equipment

23 Click here

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17. Describe how your project/requested items meet one or more strategies identified in your UZA's Coordinated Human Services Transportation Plan:

Provide detailed information about the specific identified strategies and how they relate to your project (10 pts)

This project meets the strategy of coordination and communication by working with non profits to fill the gaps, contracting with other providers that have extra vehicles.

Maximum characters: 3000. You have 2829 characters left.

18. Describe how your project/requested items fit into one or more of the identified prioritized projects in your UZA's Coordinated Human Services Transportation Plan:

Provide detailed information about the specific identified projects ranked by your local coordinating councils, and how your request matches those priorities (10 pts)

Our project meets the Mobility Management and Voucher program identified projects in the HSTP.

Maximum characters: 3000. You have 2905 characters left.

Project Work Plan

19. Staffing Plan & Organizational Capacity - Describe your staffing plan to manage this project and your transportation program. Your response must include: ~ 1. Completion of the Staffing Table (include 1 experience) ~ 2. How long your agency has managed Federal funding, if applicable ~ 3. Roles and responsibilities for staff supporting this project (e.g., reporting, financials, scheduling, asset management) How long has this transportation program been running, or is it a new program?

(This question is worth 10 points)

24 SECTION 5 : PROJECT WORK PLAN

This section is the most important for scoring. You will complete your staffing plan, financial capacity and sustainability plan, technical plans, and implementation.

Maximum characters: 3000. You have 2905 characters left.

Project Work Plan

19. Staffing Plan & Organizational Capacity - Describe your staffing plan to manage this project and your transportation program. Your response must include: ~ 1. Completion of the Staffing Table (include 1 experience) ~ 2. How long your agency has managed Federal funding, if applicable ~ 3. Roles and responsibilities for staff supporting this project (e.g., reporting, financials, scheduling, asset management) How long has this transportation program been running, or is it a new program?

(This question is worth 10 points)

Maximum characters: 3000. You have 3000 characters left.

20. Financial Capacity & Sustainability Plan - Describe your agency's financial capacity and sustainability for managing this project. Your response must include: ~ 1. Whether you maintain a 3-5 year budget ~ 2. Contingency plans if Federal funding ends ~ 4. How Federal funds and expenses are tracked separately (system, processes, policies) ~ 5. Internal control policies used to prevent fraud and ensure proper 2 CFR 200 and GAAP

(This question is worth 10 Points) 2 CFR 200 refers to the Federal Uniform Guidance. GAAP = Generally Accepted Accounting Principles

25 EXAMPLE

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Project Work Plan

19. Staffing Plan & Organizational Capacity - Describe your staffing plan to manage this project and your transportation program. Your response must include: ~ 1. Completion of the Staffing Table (include 1 experience) ~ 2. How long your agency has managed Federal funding, if applicable ~ 3. Roles and responsibilities for staff supporting this project (e.g., reporting, financials, scheduling, asset management) How long has this transportation program been running, or is it a new program? (This question is worth 10 points)

1. Staff table complete. 2. over ten years. 3. Our hiring plan include keeping our current mobility manager on staff, but expanding by hiring another full time driver. We want to have this driver hired by July 2026. 4. This transportation program has been running for five years.

Maximum characters: 3000. You have 2720 characters left.

20. Financial Capacity & Sustainability Plan - Describe your agency's financial capacity and sustainability for managing this project. Your response must include: ~ 1. Whether you maintain a 3-5 year budget ~ 2. Contingency plans if Federal funding ends ~ 4. How Federal funds and expenses are tracked separately (system, processes, policies) ~ 5. Internal control policies used to prevent fraud and ensure proper 2 CFR 200 and GAAP (This question is worth 10 Points) 2 CFR 200 refers to the Federal Uniform Guidance. GAAP = Generally Accepted Accounting Principles

Maximum characters: 5000. You have 5000 characters left.

26 SECTION 6: RISK/GOALS/SCALABILITY

Question 24, this is regarding your 2025 risk assessment. Make sure you upload it to your application. For new agencies, please select 'high' and complete the 'self risk assessment' template in the documents tab.

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Maximum characters: 5000. You have 5000 characters left.

24. Risk Assessment Rating: List your agency's current risk level based on the risk assessment uploaded in the documents tab. If it is your first 5310 application or it has been over 4 years since you applied to the application. Current subrecipient's need to use their most recent UTA reviewed Risk Assessment. Please note that the UTA Compliance Officer or Grant Administrator reserve the right to change an agency's risk level after reviewing risk assessment/site visit but will provide such documentation to support any changes.

☒ Low Risk Level
☐ Medium Risk Level
☐ High Risk Level

25. Goals and Milestones (Required): Please list: ~1. At least one project goal for EACH type of project (what you plan to accomplish), and ~ 2. At least three milestones (the key steps you will complete, with project type included in your application. Goals and milestones should be specific, measurable, realistic, and timebound. Examples were provided in the application workshop training.

Maximum characters: 2000. You have 2000 characters left.

26. Should funding need to be scaled, and all your project requests cannot be fulfilled, please list your projects in order by most important to least important.
 EXAMPLE: 1. Accessible vehicle - most important to us 2. Operations - second most important, but we could function with 50% less than requested if needed 3. Non-accessible sedan - this is our least important, and we w

27

Question 25, please write 1 goal for each project type you are applying for. Please add 3 milestones for each goal. Milestones should be SMART - specific, measurable, achievable, realistic, and timely

Maximum characters: 5000. You have 5000 characters left.

24. Risk Assessment Rating: List your agency's current risk level based on the risk assessment uploaded in the documents tab. If it is your first 5310 application or it has been over 4 years since you applied to the application. Current subrecipient's need to use their most recent UTA reviewed Risk Assessment.

Please note that the UTA Compliance Officer or Grant Administrator reserve the right to change an agency's risk level after reviewing risk assessment/site visit but will provide such documentation to support any changes.

☐ Low Risk Level
☒ Medium Risk Level
☐ High Risk Level

25. Goals and Milestones (Required): Please list: ~1. At least one project goal for EACH type of project (what you plan to accomplish), and ~ 2. At least three milestones (the key steps you will complete, with project type included in your application).

Goals and milestones should be specific, measurable, realistic, and timebound. Examples were provided in the application workshop training.

Maximum characters: 2000. You have 2000 characters left.

26. Should funding need to be scaled, and all your project requests cannot be fulfilled, please list your projects in order by most important to least important.

EXAMPLE: 1. Accessible vehicle - most important to us 2. Operations - second most important, but we could function with 50% less than requested if needed 3. Non-accessible sedan - this is our least important, and we w

Maximum characters: 255. You have 255 characters left.

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Question 26, please give an example of how your project could be scaled if we had to cut funding from your request. Give specific examples if possible.

25. Goals and Milestones (Required): Please list: ~1. At least one project goal for EACH type of project (what you plan to accomplish), and ~ 2. At least three milestones (the key steps you will complete, with project type included in your application).

Goals and milestones should be specific, measurable, realistic, and timebound. Examples were provided in the application workshop training.

1. One goal for each project type
3 milestones for each goal

Maximum characters: 2000. You have 1039 characters left.

26. Should funding need to be scaled, and all your project requests cannot be fulfilled, please list your projects in order by most important to least important.

EXAMPLE: 1. Accessible vehicle - most important to us 2. Operations - second most important, but we could function with 50% less than requested if needed 3. Non-accessible sedan - this is our least important, and we w

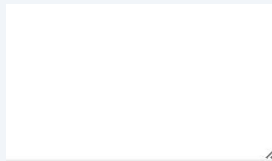
Maximum characters: 255. You have 255 characters left.

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Application ID: 514080



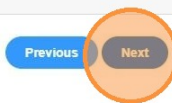
29 Click "Next"



your project requests cannot be fulfilled, please list your projects in order by most important to least important.

nt to us 2. Operations - second most important, but we could function with 50% less than requested if needed 3. Non-accessible sedan - this is our least important, and we would prefer that to be cut first

important to the function of our program.



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After the application questions are completed and you click next, you will move to the Project Budget Tab. Please fill out the local match section first with your source of match and how much each source will contribute. Letter confirming this contribution is required.

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\$ 80,000.00 requested

Summary Pre-Application Full Application **Project Budget** Tables Documents

Project Budget

Local Matching Funding Source

Please complete the Local Matching Funds below. You MUST give detailed information on the source of your local match in the budget description. You may edit the local fund categories to match your source. Example: P Local match should be 50% of total cost for Operating costs, and 20% for Capital.

| Item Description | Total Local Match |
|---|-------------------|
| [Replace text with local match sources] | \$ |
| [Replace text with local match sources] | \$ |
| [Replace text with local match sources] | \$ |
| [Replace text with local match sources] | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

31 EXAMPLE

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\$ 80,000.00 requested

Summary Pre-Application Full Application Project Budget Tables Documents

Project Budget

Local Matching Funding Source

Please complete the Local Matching Funds below. You MUST give detailed information on the source of your local match in the budget description. You may edit the local fund categories to match your source. Example: Private Local match should be 50% of total cost for Operating costs, and 20% for Capital.

| Item Description | Total Local Match |
|---|-------------------|
| Donations | \$ 20000 |
| [Replace text with local match sources] | |
| [Replace text with local match sources] | \$ |
| [Replace text with local match sources] | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

32 Then fill out the Funding Uses/Expenses box. You can edit the item descriptions as needed. Please add the Federal, Local, and Total amounts. Note: these will be changed once your project is approved and awarded, to match the award to avoid invoicing errors.

Funding Uses/Expenses

| Item Description | Federal Amount | Local Amount |
|---|----------------|--------------|
| Operating Assistance (30.09.01) | \$ | \$ |
| Replacement Accessible Transit Van | \$ | \$ |
| Expansion Accessible Transit Van (11.13.15) | \$ | \$ |
| Expansion Accessible Cutaway Bus | \$ | \$ |
| Replacement Accessible Cutaway Bus | \$ | \$ |
| Expansion Accessible Mini-Van | \$ | \$ |
| Replacement Accessible Mini-Van | \$ | \$ |
| Expansion Non-Accessible Sedan or SUV | \$ | \$ |
| Replacement Non-Accessible Sedan or SUV | \$ | \$ |
| (Fill in) | \$ | \$ |
| (Fill in) | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |

Search

33

| | | |
|--|----|--|
| | \$ | |
| | \$ | |
| | \$ | |

34

| | | | |
|---|----------|----------|------------|
| <div> <div>Mobility Management</div> <div></div> </div> | \$ 80000 | \$ 20000 | \$ 1000000 |
| (Fill in) | | | |

35 Click here

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Summary Pre-Application Full Application Project Budget **Tables** Documents

Tables

Instructions Show/Hide

Staffing Plan

List all staff that is directly involved in this project. Please keep this updated for contact purposes.

| Name | Title | Phone | Email | Responsibilities |
|------|-------|-------|-------|------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

36 Click here

zoomgrants.com/gprop2.asp?display=christyuta@gmail.com&donorid=2329&rpid=4679&propid=514080

Summary Pre-Application Full Application Project Budget **Tables** Documents

Tables

Instructions Show/Hide

Staffing Plan

List all staff that is directly involved in this project. Please keep this updated for contact purposes.

| Name | Title | Phone | Email | Responsibilities |
|---------------|-------|-------|-------|------------------|
| Ajika Lindsay | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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After you click 'Next" it will take you to the TABLES tab. You must fill out the staffing plan table and the board roster table. The table for Replacement vehicle is ONLY for those requesting a replacement vehicle.

The screenshot shows a web browser with multiple tabs open. The active tab is 'Application Form' on zoomgrants.com. The URL bar shows a long URL with user and project identifiers. Below the browser, the 'Tables' section is visible, with a button for 'Instructions Show/Hide'. The 'Staffing Plan' section is highlighted, with a note: 'List all staff that is directly involved in this project. Please keep this updated for contact purposes.' Below this is a table with five columns: Name, Title, Phone, Email, and Responsibilities. The first row is pre-filled with 'Arika Lindsay' and 'Grant Admin'. An orange circle highlights the 'Title' cell of the first row, with a small 'Title' label next to it. There are five empty rows below the first one.

| Name | Title | Phone | Email | Responsibilities |
|---------------|-------------|-------|-------|------------------|
| Arika Lindsay | Grant Admin | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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Finally, after clicking Next on the tables section, you will move to the Documents tab. Documents that are required for ALL will show a yellow highlighted 'required' tag. Some documents will have a template you can download, beneath the title of the document in BLUE letters. Upload each document before clicking submit now.

Application Status: Not Submitted

Submit Now Print/Preview

Delete Archive this Application

Documents

| | Required? | Uploaded Documents * | |
|--|-----------|----------------------|--------|
| d) | Required | -none- | Upload |
| 2B8B4331F4E09C85B9A | | | |
| tracts. | Required | -none- | Upload |
| D395DC548DE8194416 | | | |
| or if agency does not require audit, financial | Required | -none- | Upload |

39

If you have errors on your application it will show you in red. You must fix the errors, refresh, then try submitting again. **MAKE SURE** you see a submitted stamp with a green checkmark in the upper right hand corner.

NOTE: Even though application collaborators can edit the application, **ONLY THE APPLICATION ADMIN** for your agency can submit the final application. So if you do not see this button, navigate to your grants "summary" tab and see who is listed as your application contact.

Submit Now Print/Preview
Delete / Archive this Application

accurately represents your application and is hereby submitted for review. Submission of will yield a favorable result. Submission of this application also indicates your agreement to

: must still have final approval from the FTA. Written grant agreement between

Some fields are missing answers:

- Full Application Question 9
- Full Application Question 21
- Full Application Question 22
- Full Application Question 23
- Required Documents Requested

If you have completed these fields, click Refresh Page above (we will re-check all of your answers) and then Submit again.

This RED message will be replaced with a place to enter your initials.

Documents

| | | | |
|----|--|----------------------|---------------------|
| d) | Required? Required | Uploaded Documents * | |
| | | -none- | Upload |

CB8B4331F4E09C85B9A