

All Section 5310 Applicants

Please do not make changes to this application or submit old applications. This is the only application that will be accepted.

I. General Information – All Applicants

Project Name: 12 passenger, 2 wheelchair van (Ex: "Weeknight Service", "8 Passenger Van", "12 Passenger Bus", or "Kiosk Request")	
Legal Name of Applicant Organization: Town of Ashford	
Primary Street Address: 5 Town Hall Road	
P.O. Box #:	
City:	
Town: Ashford	Zip code: 06278
County: Windham	
Organization Website: www.ashfordtownhall.org	
Name of Project Director: Michael J. Zambo	
Title of Project Director: First Selectman	
Email Address of Project Director: firstselectman@ashfordtownhall.org	
Telephone Number: 860 -487-4400	
Fax Number: 860-487-4430	
Federal Employer Identification Number: 06-6001956	

Type of Agency/Organization:

- ☐ Private non-profit
☒ State or local governmental
☐ Operator of public transportation services (including public or private operators)
☐ Other: _____

Is your organization incorporated?* ☐ Yes ☒ No

*If yes, a copy of your organization's Articles of Incorporation MUST be attached.

(All applicants must attach Articles of Incorporation if their organization is incorporated, even if the organization is a prior recipient of 5310 funding. Municipalities are exempt from this requirement.)

☒ By checking this box, I confirm that I have read and understand the application instructions associated with this Section 5310 application and that I have made a copy of this completed application packet for my records.

II. Section 5310 (A) Applicants Only

1. Please fill in the hours of each day that your organization operates transportation. Provide the ridership by day of the week.

	Begin (AM/PM)	End (AM/PM)	# of Passengers
Sunday			
Monday	9:00 am	4:00 pm	12
Tuesday			
Wednesday	9:00 am	4:00 pm	12
Thursday	9:00 am	4:00 pm	12
Friday			
Saturday			

2. Please list the trip purpose. Select all that apply.

- ☐ Medical
 ☒ Nutrition
 ☐ Other (explain): shopping
- ☐ Work
 ☒ Recreation
- ☐ Education
 ☐ Open to General Public

3. Please list the towns to which your organization operates transportation.

Town of Ashford

4. Is a fare charged for transportation services? ☐ Yes ☒ No

5. Please explain the type of services provided (fixed route, dial-a-ride, etc.).

We would provide an event driven service (reservation based), for the elderly and disabled Ashford community.

6.

- a. Describe transportation now being provided to seniors and/or persons with disabilities by other public and nonprofit organizations in your proposed service area, including days and hours of operation, fares, types of passengers, etc.

Through the Windham Region Transit District Ashford residents may avail themselves of the services of Dial-A-ride. Also through the WRTD the town participates in a municipal grant program which allows us to provide demand/responsive transportation mileage reimbursements to volunteer drivers and allows us to provide wellness trips catering to the

senior and disabled population.

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- b. How are the existing transportation resources in your proposed service area¹ insufficient? Please include bus, taxi, and wheelchair accessible service and why this service does not meet your transportation needs.
The availability of transit services is not extensive enough to provide the options needed by our residents. Bus service is not available to Ashford residents. Medical taxi service is available to our residents on a demand basis and is very costly. Use of Dial-A-Ride, available to all of our residents, presents many time constraints making it difficult for our elderly and disabled to use this service.
7. Attach evidence of efforts made to notify other public and private transit and paratransit providers of your proposed service. This **MUST** include:
- a. A copy of the Public Notice must be placed in a major newspaper with the greatest appropriate readership in the proposed service area. A copy of the tear sheet (paid invoice from the newspaper) showing the date published and cost. (See page 22).
 - b. A list of agencies and operators contacted, (See sample Letter of Notification, page 23). The applicant, whenever practical, must request individual sign-offs from public and private for-profit transit operators in the service area stating that, "the services for-profit or public operator is able to provide are not designed to meet the special needs of elderly and/or disabled proposed in the application".
 - c. Written comments from interested parties, if any.
8. Does your organization's transportation system currently utilize a private operator - such as a taxi/livery company - for all or part of your transportation requirements? ☐ Yes ☒ No
- a. If yes, please describe.
 - b. If no, please describe methods for periodically reviewing your transportation services to determine whether they can be provided more efficiently by the private sector.
Our transportation services are periodically reviewed with the Windham Region Transit District in conjunction with our municipal transit grant application.
9. Describe all forums, meetings, hearings or other opportunities for involving the private sector early in the service development process.²
The service development process is discussed on a regular basis by Ashford's Board of Selectmen, members of Ashford's Senior Center, Commission on Aging, and Municipal Agent for the Elderly.
10. Describe the process for reviewing any private sector transportation service proposals offered for

¹ Local public bodies and nonprofit organizations are expected to maintain public records that document procedures and efforts made to obtain private sector participation and the rationale used in making public/private service decisions.

² Public body applicants must afford an adequate opportunity for a public hearing, and such hearings must be held if someone with a significant economic, social or environmental interest in the matter requests a hearing.

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consideration and the rationale for inclusion or exclusion.

The Town of Ashford has received no private sector transportation service proposals.

11. List the criteria used for making public/private service decisions, including the methodology for making cost comparisons when there are two or more operators interested in providing service.

Decision-making criteria would consist wholly of the adequacy and cost of provision of service.

12. Give a description and status report of any unresolved complaints received from private operators.

None

13. Describe the way your organization resolves conflicts or complaints involving private operators.

N/A

14. How does the proposal maximize the use of existing available local, state, and federal-funded public transportation resources?

N/A

15. Describe plans to coordinate and/or combine your proposed service with the existing transportation services in your proposed service area, indicating efforts made toward regional coordination of service.

N/A

List your present equipment on the next page and fill in all boxes for each vehicle listed. If you have more than six vehicles in your fleet, you may use the Additional Vehicle Sheets available for download on the Section 5310 program website (www.ct.gov/dot/5310), **but you must include all of the requested information.** Additional Vehicle Sheets should be submitted along with the application at time of submission.

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Current Vehicle Inventory

	Year/Model	Vehicle Type	Vehicle ID # (VIN)	Vehicle License Plate #	Passenger/ Wheelchair Capacity	Current Mileage	Special Equipment	Original Funding Source	Replacing vehicle w/ this application?
	2009/ Example	SB	2FDEE1234U567S890	SB14392	10/2	125,000	Lift-ramp	Section 5310/DSS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 1	1996/Ford F350	SB	1FDKE30G5THB45867	32874	12/2	37,655	Lift	CDBG-Small Cities	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 2	/								<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 3	/								<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 4	/								<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 5	/								<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 6	/								<input type="checkbox"/> Yes <input type="checkbox"/> No

Vehicle Type Abbreviation

Sedan/Station Wagon S
 Mini-van MV
 Low Floor Mini-van LFMV
 Standard Van V
 High Top Van HTV
 Service Bus SB
 Other*: _____ O

*If Other, please explain

Note: The next section will ask for estimates regarding proposed project ridership & target populations. Please use realistic numbers. If your organization is awarded a grant for a vehicle, you will have 6 months to achieve these ridership goals or the State may require that the vehicle be returned to the Section 5310 program.

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16. List all towns to be served by the **project and/or vehicle**. Indicate which is (are) the primary service location(s).

Ashford

17. Estimate number of individuals in the following groups to receive service:

<u>45</u>	Black	<u>1</u>	Pacific Islander	<u>4,012</u>	White
<u>152</u>	Hispanic	<u>16</u>	American Indian	<u>46</u>	Other
<u>58</u>	Asian	<u>0</u>	Alaskan Native		

Explain how these figures were determined:

479 (65 and over), 624 (62 and over) - 2010 American Fact Finder, US Census

577 (62 and over), 418 (65 and over) - 2012 American Fact finder , US Census

18. If awarded, specify which hours this vehicle will operate. Please fill in table below.

	Begin (AM/PM)	End (AM/PM)	# of Passengers
Sunday			
Monday	9:00 am	4:00 pm	12
Tuesday			
Wednesday	9:00 am	4:00 pm	12
Thursday	9:00 am	4:00 pm	12
Friday			
Saturday			

19. Will your organization provide the services on the project or contract them out?

The Town will provide volunteer drivers and basic vehicle maintenance (through Ashford's Department of Public Works which has certified mechanics).

20. How will your organization let the target population know about the availability of service and promote public awareness of the project? Describe outreach efforts to the community being served and include efforts to inform areas with a significant level of Limited English Proficiency.

The target population will be advised of the availability of service through the local newsprint media and the Ashford Senior Center Newsletter, via the Town's website, and through the Ashford Citizen (which we anticipate will be received by every home in the town).

21. Number of vehicles being applied for: 1

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22. Location where the vehicle(s) will be housed: Ashford Department of Public Works

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23. For each vehicle your organization is applying for, list below the seating capacity (number of ambulatory & wheelchair passengers) as well as the type of vehicle. Please check only one vehicle type for each vehicle. Please see Appendix J in the Application Instructions packet for vehicle specifications.

	Passenger Capacity		Vehicle Type	
	Ambulatory	Wheelchair	Mini-Bus (11-20 Passengers)	Van (10 or Less Passengers)
Example	8	2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vehicle 1	12	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vehicle 2			<input type="checkbox"/>	<input type="checkbox"/>

24. Estimate the number of **one-way** passenger trips to be provided on the vehicle for which your organization is applying. A one-way passenger trip consists of transporting one individual from a pick-up point to his/her destination. (e.g. ten individuals transported to a medical site and returned to their homes would constitute twenty one-way passenger trips).

2 trips per day

72 trips per month

25. Vehicle will be used to: (Please check one per vehicle being applied for).

	Replace Existing Vehicle	Expand Service	Start New Service
Veh 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veh 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. If your organization has a vehicle that does not meet minimum useful life requirements to be eligible for replacement (4 years or 100,000 miles for a van, 5 years or 125,000 miles for a bus), but needs to be replaced due to excessive maintenance, please complete this page. **You do not need to complete this information if your vehicle has reached the minimum useful life.**

Describe the major component problems. These may include, repeated engine replacement, excessive brake and transmission replacement, excessive repairs during warrantee period due to design flaw, or repair cost more than replacement cost. Please attach to this application, copies of the repair bills or letters that have been submitted to the vendor and/or original equipment manufacturer.

Ashford's bus, purchased with CDBG, Small Cities funds in 1996, has far surpassed it's minimum useful life. Over the years the bus has required more frequent routine maintenance and has developed issues that cannot be considered routine. Degeneration of the electrical system has become a major problem over the past several years. Extensive undercarriage rust is becoming too invasive to repair. Mechanical unreliability of the bus has forced the cancellation of or early return from several trips.

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27. Outline below any project detail not already alluded to, including the system of scheduling, dispatching, hours of operation, establishment of trip purpose, and whether or not your organization will prioritize trip purposes.

Scheduling use of the bus will be done by the Senior Center Director with occasional input from the Board of Selectmen. Trip purpose is determined by the Senior Center's Trip Committee who, with the Center Director, are responsible for prioritizing trip destination requests. Trips are advertised in the Ashford Activator (a Willimantic Chronicle publication that goes to every household), the Town's bulletin (the Ashford Citizen) and the Ashford Senior Center Newsletter.

28. Maintenance of project equipment is a priority of CTDOT. Describe in detail your organization's maintenance plan or the maintenance required by your service contract agreement. Include the schedule for maintenance, as well as whether or not your organization subcontracts maintenance and who performs the maintenance.

Maintenance on Ashford's bus is performed by the Ashford School Bus Mechanic who also performs non-routine repairs. In addition to non-routine repairs, Ashford's Department of Public Works mechanic and, when necessary, a local Ford dealer are called upon to perform repairs requiring equipment not available through the DPW.