



**2027-2029 5310 Supplemental Grant Project Proposal  
Enhanced Mobility for Older Adults and People with Disabilities**

**GENERAL INFORMATION – PART 1**

Agency Name:

Agency Name (dba):

Mailing Address (Street or PO Box, City, State, Zip):

Federal Tax ID#: Agency Website:

Contact Name and Title: Email:

Telephone Number:

- Type of Agency / Business:  Private Non-Profit  
 Federally Recognized Tribal Entity  
 Local Government (City/County/Other)

Legal Name of Partner Agency (for multi-agency applications; add more pages, if needed)

Contact Name and Title: Email:

Telephone Number:

By my signature below, I certify that the attached proposal, budget, and information is complete and accurate to the best of my knowledge, and that I have been authorized to submit this proposal on behalf of the organization.

Print Name and Title:

Signature:

Date:

**PROJECT TYPE – PART 2**

**Capital Projects**

- Replacement Vehicles (must replace existing vehicle that has been in service)  
 New Vehicles (expansion to add capacity to existing fleet or introduce new service)

- Vehicle Preventive Maintenance (oil changes, tune-ups, tires, & routine service)
- Vehicle Component Rehabilitation (replacement / rebuild of engine, transmission)
- Equipment
- Signs and Other Amenities
- Passenger Shelters
- Other (identify) \_\_\_\_\_

### Operations Projects

- Operating:                       Maintain Service    Expand Service    New Service
- Mobility Management:    Maintain Service    Expand Service    New Service
- Mobility Manager
- One-Stop Referral Center
- Trip / Itinerary Planning
- Travel / Mobility Training
- Internet-based Information System
- Information Materials / Marketing
- Coordinated System Planning

## Agency, Project, and Coordination Information – Part 3

Does the proposing agency provide transportation services to older adults and/or people with disabilities as a primary or secondary mission of the agency?

- Primary – providing transportation is part of the agency’s mission
- Secondary – agency provides other services and transportation is one part
- Neither – agency provides other services that supports transportation for older adults and/or people with disabilities.

Describe main mission of agency: \_\_\_\_\_

Describe the proposed project (maximum 500 words). For vehicle replacements, include year, make model, and current mileage:

What is the population to be served by the proposed project?

- General Public (service open to anyone in the community or defined service area including older adults and people with disabilities.
- Older adults and people with disabilities (designated service only for seniors and people with disabilities.

- Agency Clientele (serves a specific clientele determined by program, housing, or activity, such as a senior center or work program). Please specify type of clientele: \_\_\_\_\_
- Other: (specify) \_\_\_\_\_

What geographic area within Lane County is covered by the proposed project?

- Lane County (county-wide project)
- Metro Eugene Springfield
- Rural (outside of metro area, please specify): \_\_\_\_\_

Describe how this project is derived from and supports the Lane Coordinated Plan. (Include page references in the Lane Plan that are relevant to the Project. (The Lane Coordinated Plan can be found on the LTD Website at [www.ltd.org/wp-content/uploads/2025/10/Public-Transit-Human-Services-Coordinated-Plan.pdf](http://www.ltd.org/wp-content/uploads/2025/10/Public-Transit-Human-Services-Coordinated-Plan.pdf). List all agencies that will be involved in and are central to the project.

Estimate the number of older adults and/or people with disabilities who will be supported by this project for the grant period and describe how you arrived at this figure.

Year 1: (Oct 1 2027-Sept 30 2028)	Older adults	People with disabilities
Year 2: (Oct 1 2028-Sept 30 2029)	Older adults	People with disabilities

Describe how you arrived at these figures:

Estimate the number of one-way rides (or other units of service) that the project proposes to provide for the grant period and describe how you arrived at this figure.

Year 1: (Oct 1 2027-Sept 30 2028):	One-way rides / Other units of service
Year 2: (Oct 1 2028-Sept 30 2029):	One-way rides / Other units of service

Describe how you arrived at these figures:

If you used other units of service, please identify those units

**Project Budget – Part 4**

Project Title and Agency: \_\_\_\_\_

PROJECT BUDGET For the specific project being proposed, complete a line item cost summary along with a full list of other resources that will be used to support the proposed project. If the request is for a project that is currently being funded, include the current year’s budget as well as that for Grant Year 1 and Year 2. In addition to this Project Cost Summary, a reconciliation of Current Agency revenue and expenses and an approved Agency budget must be submitted with the application.

<b>EXPENSE (By Line Item)</b> Description	<b>Current Year Revised</b>	<b>Grant Year 1 Budget 10/1/27- 9/30/28</b>	<b>Grant Year 2 Budget 10/1/28- 9/30/29</b>	<b>TOTAL Year 1 &amp; Year 2</b>
<b>TOTAL PROJECT COST</b>				

<b>Resources</b>	<b>Current Year Revised</b>	<b>Grant Year 1 Budget 10/1/27- 9/30/28</b>	<b>Grant Year 2 Budget 10/1/28- 9/30/29</b>	<b>TOTAL Year 1 &amp; Year 2</b>
<b>LTD Grant funds requested/needed:</b>				
Other project revenue or resource:				
Other project revenue or resource:				
Your local agency match contribution:				
<b>TOTAL PROJECT RESOURCES</b>				

Will you be charging a fare for the service you offer?

If so, what are your fares?

Do you offer fares that reduce the barrier for older adults and people with disabilities? Please explain.

Please list any additional considerations for reviewers:

Please indicate:

- Proposer has positive history of past grant management – reports are accurate and on time, match is available as required, etc.
- (If a non-profit agency) Proposer is current in agency incorporation, registration, and annual report submissions to state and federal governments.
- Applicant is fiscally responsible and capable of managing grant funds.

- Agency has a budget which includes all sources and uses of funds; and the budget is adopted, managed, and revised as necessary by the governing board.
- Applicant has adequate staff and resources to manage the project.
- Applicant staff has basic knowledge of transportation and receives training as required for duties
- Project design is for, or benefits, older adults and/or people with disabilities.
- Project design is appropriate to purpose and type of project.
- The project is derived from the adopted Coordinated Plan.
- Service is accessible to people with disabilities in conformance to ADA.
- Vehicles are appropriate for type of service.
- Service is efficient and effective for the type of service.
- Applicant has adequate revenue to maintain services

Checklist of attachments:

- Current Federal Certifications and Assurances
- Current Reconciled Agency Revenue and Expense Budget
- Current Approved Agency Budget