

# **SECTION 5310 APPLICATION GUIDELINES FOR 2025 AND 2026 PROJECTS:**

## **VEHICLE PURCHASES MOBILITY MANAGEMENT OPERATING NON-VEHICLE CAPITAL**

Administered by the Southeastern Wisconsin Regional Planning Commission  
and Milwaukee County

Release: June 26, 2024

**Deadline: September 9, 2024**

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U.S. Department of Transportation  
**Federal Highway Administration**



U.S. Department of Transportation  
**Federal Transit Administration**



## 1. PROGRAM BACKGROUND

The Southeastern Wisconsin Regional Planning Commission (SEWRPC), in cooperation with the Wisconsin Department of Transportation (WisDOT) and Milwaukee County, is pleased to announce the availability of Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program funds for calendar years 2025 and 2026. This program is funded in part by the Federal Transit Administration (FTA) as authorized under 49 U.S.C. § 5310 (CFDA 20.521).

As with the previous application cycle, this cycle will include two years of funding – calendar years 2025 and 2026. Commission staff have received positive comments regarding the two-year Section 5310 Program cycle, with the primary benefit of reducing staff time needed to complete the application. In addition, the two-year cycle allows Milwaukee County to expedite the reimbursement process for operating and capital expenses if an eligible entity is recommended for an award. Additional details regarding the application process are included in Section VI: Application Guidelines.

The Section 5310 Program provides formula funding to states and large urbanized areas to improve mobility for seniors and individuals with disabilities. SEWRPC manages the competitive process for the selection of projects that received Section 5310 funds. This process involves a scoring panel that evaluates and scores submitted projects based on criteria developed by the Wisconsin Department of Transportation (WisDOT). SEWRPC staff, in coordination with Milwaukee County staff, also developed a [Program Management and Recipient Coordination Plan](#) (hereafter referred to as the Program Management Plan) that explains the procedures for administering the Section 5310 program and application process in the Milwaukee Urbanized Area (MUA), as shown in Map 1.1 and on the [interactive map](#). It describes the roles and responsibilities of SEWRPC, Milwaukee County, and the subrecipient (applicant). It includes details about the project selection process beyond what is described in this document. All Section 5310 program subrecipients will be required to adhere to the Program Management Plan.

Complete information on the Section 5310 program is available from the Federal Transit Authority through the [FTA Circular 9070.1G](#).

The MUA's funding allocation for the 2025 calendar year is \$1,782,474 and for the 2026 calendar year the allocation is \$1,672,852. The minimum local share for projects is 20 percent for capital projects and mobility management programs and 50 percent for operating projects. For projects outside the MUA, please contact the Wisconsin Department of Transportation to apply for the state-wide Section 5310 grant program.

For large urbanized areas, like the MUA, a public entity must be designated as the recipient of Section 5310 funding. For the MUA, Milwaukee County has been selected as the designated recipient. The County is responsible for receiving and administering the Section 5310 funds and will work with the successful applicants on executing and managing grant agreements.

The Section 5310 grant program schedule is:

Activity	Due Date
Application materials released	June 26, 2024
Applications due	September 9, 2024
Applications reviewed and evaluated	September-October 2024
Notification of Awarded Projects	December 2024
Grant cycle begins	January 1, 2025
Grant cycle ends	December 31, 2026

Applications, along with all other required documents as described in Section VII, are due on Monday, September 9, 2024, and must be submitted by email to the Section 5310 Program Managers as described in Section VIII. After the application deadline, projects will be reviewed and scored based on the criteria shown in the evaluation form developed by WisDOT that is included in Appendix E and Appendix F. It is anticipated that applicants will be notified in December 2024 as to whether or not they were successfully awarded funding for their project. An applicant may submit an appeal on a project that is not recommended for funding based on a perceived issue with the process by which the application is scored. More information on the appeals process is described in Section XVI.

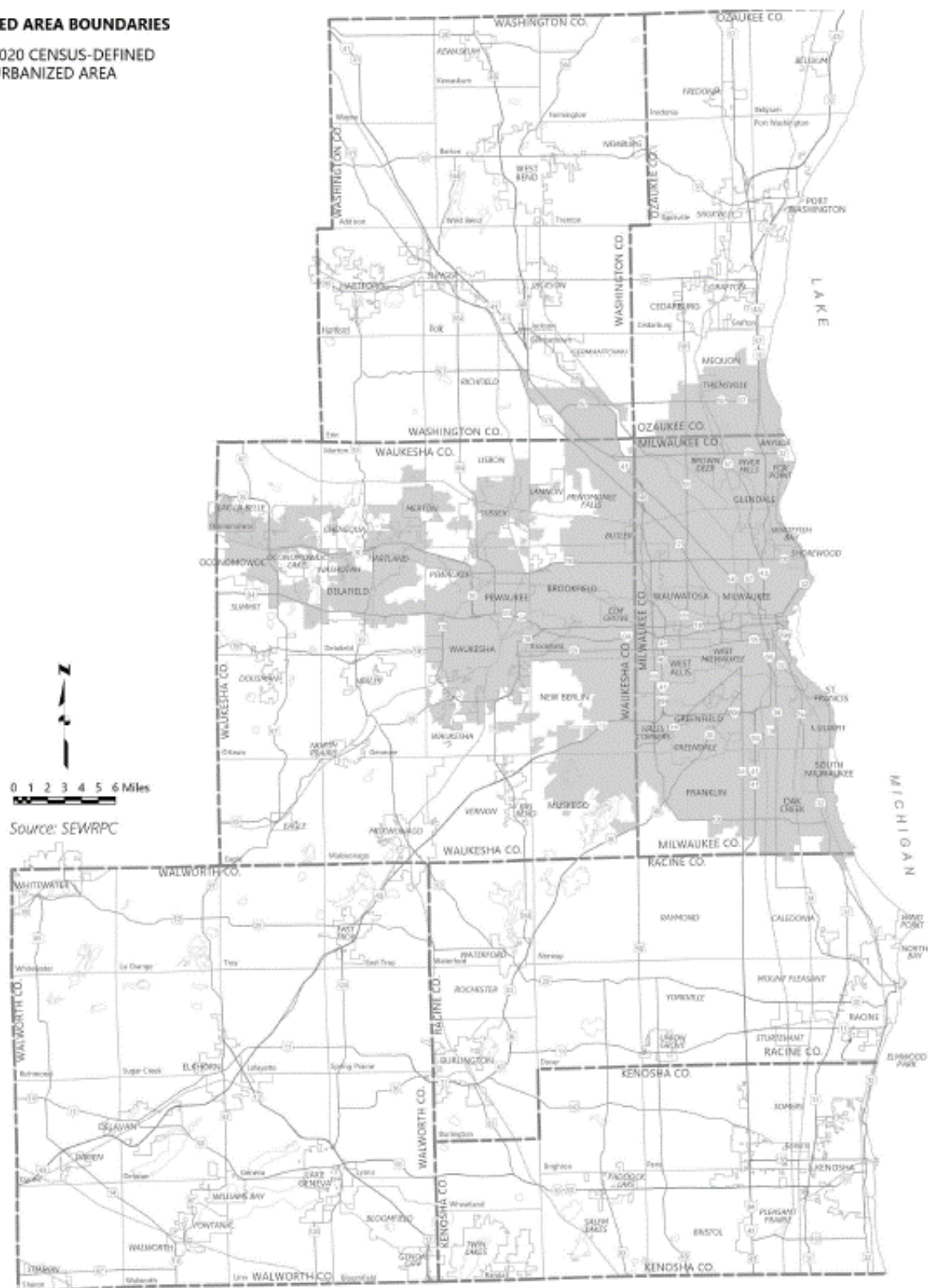
For more information regarding the Section 5310 program within the MUA and the application process, please contact **Xylia Rueda** ([xrueda@sewrpc.org](mailto:xrueda@sewrpc.org)) or **Jennifer Sarnecki** ([jsarnecki@sewrpc.org](mailto:jsarnecki@sewrpc.org)) of the Commission staff at (262) 547-6721.

## Map 1.1 2020 Census-Defined Milwaukee Urbanized Area

### URBANIZED AREA BOUNDARIES



2020 CENSUS-DEFINED  
URBANIZED AREA



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## 2. COORDINATION

The Federal Transit Administration (FTA) requires that projects funded under Section 5310 are included in a “locally developed coordinated public transit-human services transportation plan.” This ensures that applicants are coordinating services with other private, public, and non-profit transportation providers. Proposed Section 5310 projects must be identified by a strategy and/or action item in a county, multi-county, or regional plan.

SEWRPC completed a [coordination plan](#) for each county in Southeastern Wisconsin in 2021. The plans, which are updated every four years, identify unmet transportation needs and services in each county and in the Region and present strategies to address those needs. The identified needs and strategies are developed in consultation with representatives of public transit agencies, human services providers, and members of the public. As part of the application process, each project requesting Section 5310 funding must identify unmet needs or strategies from the coordination plans that will be addressed by the project.

## 3. ELIGIBLE RECIPIENTS AND PROJECT TYPES

Eligible recipients for Section 5310 funding include:

- Private non-profit organizations
- Local government bodies
- Private public transportation operators (including shared-ride taxi and paratransit)

The eligible recipients must provide services within the MUA, which is shown in Map 1.1. If a requested project serves areas entirely outside the MUA, the project may still be eligible for Section 5310 funding, but the applicant must apply through the WisDOT application process. Successful agencies that receive Section 5310 funds through awarded projects are considered subrecipients and will work with Milwaukee County, the designated recipient of Section 5310 funds for the MUA, on procuring vehicles and managing all agreements. More information is described in the [Program Management Plan](#).

### Eligible Activities and Project Types

Projects must carry out the Section 5310 program’s goal of enhancing mobility for seniors and people with disabilities and must be consistent with the locally developed coordinated public transit – human services transportation plan. Eligible activities include:

- Capital expenses for public transportation services planned, designed, and carried out to meet the special needs of seniors and individuals with disabilities
- Mobility management services
- Public transportation projects that exceed the requirements of the Americans with Disabilities Act (ADA)
- Projects that improve access to fixed-route transit service and decrease reliance on paratransit service
- Alternatives to public transportation that assist seniors and people with disabilities with transportation

These eligible activities are addressed by submitting applications for the following project types:

- Vehicle Capital Projects fund new and replacement rolling stock, including leased vehicles. Public bodies and transit operators applying for vehicle capital projects must also contact any non-profit organizations in the service area and solicit comments (see Appendix C). Applicants for non-accessible vehicles must complete Appendix D.
- Mobility Management projects are intended to build coordination among existing public transportation providers and other transportation service providers with the result of expanding the availability of service.
- Operating projects fund costs to operate, maintain, and manage either a public transportation system or the transportation services managed by a private non-profit organization. Operating expenses usually include such costs as driver salaries, fuel, and items having a useful life of less than one year.
- Non-Vehicle Capital projects include bus stop accessibility improvements, dispatch software, and software upgrades.
- In accordance with Section 5310 program requirements, applicants for these projects are required to provide public notice of the project and accept public comments (see Appendix B).

More information is available on eligible activities and projects through the [Section 5310 Application Guidelines](#) for Vehicle Capital Purchases and Section 5310 Application Guidelines for Mobility Management, Operating, and Non-Vehicle Capital Purchase Projects published by the Wisconsin Department of Transportation (WisDOT).

Examples of ineligible expenses include, but are not limited to, emergency vehicles, charter service, school bus service, depreciation expenses, private for-profit taxi service that is not shared-ride, voucher programs for rides on transit systems receiving Federal funding, planning and application expenses for projects, customer service trainings, and projects not targeted to seniors or individuals with disabilities. It is not a requirement to have an accessible vehicle in your fleet to apply for Section 5310 funding for an Operating or Mobility Management Project (the response above for Vehicle projects). However, the Public Transit – Human Services Transportation Plans include a strategy to acquire new accessible vehicles to address cross-County transportation for seniors and people with disabilities. Therefore, for an application to be competitive, it is recommended that applicants consider acquiring an accessible vehicle, consistent with the locally developed Coordinated Public Transit – Human Services Transportation Plans.

#### **4. GRANTEE RESPONSIBILITIES**

An applicant who is awarded Section 5310 funding for any eligible project type is required to address and meet all of the grantee responsibilities as outlined in the WisDOT [Section 5310 Application Guidelines](#). These responsibilities include meeting reporting deadlines, complying with Federal requirements, following procurement requirements, registering vehicles as Human Service Vehicles and obtaining annual inspections, and adhering to vehicle insurance requirements. For a complete list of State and Federal requirements, the applicant can request a copy of a sample grant agreement by contacting a Section 5310 Program Manager as described in Section VIII.

## 5. FEDERAL AND LOCAL SHARE

The Federal share for Vehicle Capital projects, Mobility Management, and Non-Vehicle Capital projects cannot exceed 80 percent. For Operating projects, the Federal share cannot exceed 50 percent.

All applications must include local matching funds of at least 20 percent for capital projects and 50 percent of deficit for operating projects. The objective for the local match is to ensure local commitment, promote long-term vision, and support transportation initiatives. Local match must comply with applicable local, state, and federal guidelines. Local match must come from sources other than Federal US Department of Transportation (US DOT) funds. Local match may be documented in-kind contributions to the project for mobility management and operating projects. In-kind match cannot be used for the purchase of vehicles or any non-vehicle capital items, such as equipment.

Examples of eligible local match include:

- State or local government funding that does not include Federal US DOT funds
- Private donations
- Agency funding
- In-kind donated facility space or supplies specifically to operate the program
- In-kind labor (including volunteer time) contributed to the project

More information is available on eligible local match through the WisDOT [Section 5310 Application Guidelines](#).

## 6. APPLICATION GUIDELINES

The following sections summarize the information needed for completing the worksheets in the spreadsheet application files. The spreadsheets are designed to be used with Microsoft Excel. The application files are designed to prevent changes to protected cells, the addition or deletion of rows or columns, and changes to formatting. Guidelines are provided that indicate which cells can be filled in or which text boxes need to be completed. Cells with red triangles ( ▼ ) contain comments providing additional information.

The application files reflect a two-year funding cycle, allowing applicants the option to apply for Section 5310 funds in 2025 or 2026 for each project type. If the project request is flexible, please select "Either Year" and complete the required information. If awarded, projects identified as "either year" will be selected for one of the two years based on funding availability. For mobility management and operating projects, the application files have also been designed to accommodate continuing projects that request funding in both years.

The application files contain information specific to each project type. The application process also includes an Intent to Apply file to provide Commission staff with a better understanding of the potential number of applications and projects during the two-year cycle, provide staff with the opportunity to work with you and your organization on how to complete the application based on your requests, and to address questions about the project(s) in your application. **Please submit the Intent to Apply file by Thursday, July 18, 2024.**



The application files included as part of the Section 5310 Program for 2025 and 2026 include:

- Intent to Apply (**please submit by Thursday, July 18, 2024**)
- Agency Information
- Vehicle Purchases
- Mobility Management
- Operating
- Non-Vehicle Capital

A [Frequently Asked Questions](#) or FAQs document is available for guidance while completing the application and addresses common concerns raised during previous application cycles.

The following sections list the names of each of the six project application files and their associated worksheets (tabs) and describes the corresponding information requested within each tab. Responses are generally limited to the space available in the application. Applicants are encouraged to only provide the information that is relevant to the application and the project.

## 7. INTENT TO APPLY

This file is intended to gather initial information from potential applicants regarding their anticipated project requests in the 2025/2026 application cycle. Applicants interested in applying for Section 5310 Program funding are asked to provide general information about requested project(s) by Thursday, July 18. The information provided will give Commission staff a better understanding of the potential number of applications and projects during this two-year cycle. It will also provide staff with the opportunity to work with you and your organization on how to complete the application based on your requests and to address any questions about the project(s) in your application. This form requests the location of service area customers to verify that any **operating, vehicle, and non-vehicle capital project** serves seniors and people with disabilities in the Milwaukee urbanized area. In the written responses portion of the application, applicants will be required to demonstrate that at least 55 percent of project customers reside within the Milwaukee urbanized area for operating, vehicle, and non-vehicle capital projects. Please complete the service area information in this form so Commission staff have adequate time to determine eligibility and notify your organization if the criteria is not met. Applicants who submit projects to the Commission that are determined to be primarily outside the Milwaukee urbanized area boundary will be informed about needing to apply to WisDOT. For **mobility management projects**, the form will request that applicants verify that they will coordinate efforts with mobility managers in the Milwaukee urbanized area. The project requests and information can be modified, if necessary, during the remainder of the application period as you finalize your application. Your final project requests will be submitted as part of your application packet, which will include the Agency Information file and the corresponding application files for the project types.

## 8. AGENCY INFORMATION

This file includes two tabs to collect general information about the applicant, the projects and years for which you are applying, and the additional details that apply to all projects and years for which you are applying as provided below. The file will supersede the Intent to Apply spreadsheet when submitted. This file will only need to be completed once even if the applicant is applying for multiple project types or multiple years of funding.



## General Info Worksheet:

- Complete the Project Name and all contact information.
- Select Project Sponsor Type by checking the appropriate boxes (Private Non-Profit, Local Public Body, Private Operator for Public Body, and Shared-Ride Taxi Provider).
- Select all the Project Types and Year(s) of Funding Requested for which you are applying by checking the appropriate boxes.
  - For projects in which Either Year is selected, these projects will be considered based on available funding and prioritization.
  - For Vehicle Projects, select a vehicle type from the drop-down list and select the year of funding. If you are requesting the same type of vehicle for both years, select the 2025 and 2026 boxes.
  - For Mobility Management and Operating projects, type in the project name and select the requested year of funding. If a project will continue over the two years, such as a mobility manager position or volunteer driver program, select both the 2025 and 2026 boxes.
  - For Non-Vehicle Capital projects, select the year of funding requested. If you are requesting the same type of project for both years, select both the 2025 and 2026 boxes.
- Identify any State or Federal funding that your organization currently receives. Complete the text box if your organization receives funding from one of the listed programs.
- For **operating, vehicle, and non-vehicle capital project applications**, list the municipalities or counties served by your project(s). Please note that applicants will be required to demonstrate that at least 55 percent of project customers reside within the Milwaukee urbanized area in subsequent written responses for operating, vehicle, and non-vehicle capital project applications. Applicants who submit projects to the Commission that are determined to be primarily outside the Milwaukee urbanized area boundary will be informed about needing to apply to WisDOT. For **mobility management project applications**, provide a description of your service area and how it serves the Milwaukee urbanized area.
- Identify the congressional district(s) in which your project(s) will be located.
- Select the option under the Single Audit section that applies to your organization. Type in the date of your most recent single audit submission, if applicable.
- Complete the Application Checklist section by selecting either "Included" or "N/A" for all items. If you do not currently have a Title VI Plan or EEO Plan, select N/A. Under the FTA Requirements tab, you will need to explain how you will meet these requirements if you become a successful recipient.

### **FTA Requirements Worksheet:**

- Successful applicants will need to provide their Title VI Plan, Equal Employment Opportunity (EEO) Plan (or equivalent), asset management plan (if applicable), and vehicle management/maintenance plan (if applicable) to Milwaukee County. Check the boxes to indicate which Federally required plans you currently have available.
- If some or all of the plans are not available, check the box acknowledging that you will provide the necessary plans to Milwaukee County prior to execution of the agreement. Furthermore, describe in the space provided how you will meet these requirements after being selected as a successful applicant. All compliance plans will need to be prepared between the time of award notification and execution of agreement with Milwaukee County.
- Please see the [WisDOT Federal Compliance webpage](#) for more information regarding the documents.

## **9. VEHICLE APPLICATION INSTRUCTIONS**

### **General Info Worksheet:**

- Complete the agency contact information
- Select the Project Types and Year(s) of Funding Requested by checking the appropriate boxes.
  - If you are requesting the same type of vehicle for both years, click the 2025 and 2026 boxes.
  - If your vehicle request is flexible, check the Either Year box. If awarded, your project will be funded in 2025 or 2026 based on evaluation of all projects received and the availability of funds.
- Provide a brief description of the vehicle project(s) in the space provided.
- Select at least one Coordination Plan from the drop down lists in which your project(s) is located and addresses an unmet need or strategy. After reviewing the respective Coordination Plan(s), type in or copy/paste the unmet need(s) or strategy(ies) that are addressed by your application.
  - If selecting multiple coordination plans, first choose the plan for the County you serve the most, then list subsequent County plans based on the degree of service.
- Sign the Local Match Certification section by typing in your name in the appropriate space.
- Complete the Application Checklist by checking the boxes to indicate that the items relating to the vehicle project application have been included.

## WrittenRespVeh2025-2026 Worksheet:

- Complete this sheet for vehicles being applied for in 2025, 2026, and if you selected the 'Either Year' option from the General Info tab.
- Complete all three questions. Questions 1 through 3 include subsections based on the evaluation criteria to guide your responses. All responses are limited to the space provided. Please see Table 1.2 for information required for each question and subsection.
- These responses, along with other information provided in the application, will be used to evaluate and score projects based on their consistency with the Section 5310 program, the Program Management Plan, and the applicable Coordination Plan(s).
- If using tables as part of your written response, please reference them in the narrative as "Table 1" and "Table 2," etc. The tables should be submitted with your application as separate Word documents.
- Question 2c asks for information to demonstrate that at least 55 percent of project customers reside within the Milwaukee urbanized area. The responses should include information such as zip codes or municipalities where customers reside. Applicants who submit projects to the Commission that are determined to be primarily outside the Milwaukee urbanized area boundary will be informed about needing to apply to WisDOT.
- Question 3b asks for information related to the remaining useful life of the vehicle to be replaced. If your vehicle request is a replacement, the vehicle to be replaced must meet FTA useful life standards, as shown in Table 1.1, Useful Life Standards for Specialized Vehicles.

**Table 1.1**  
**Useful Life Standards for Specialized Vehicles**

Vehicle Type	Useful Life
Other light-duty vehicles (small buses, regular or specialized vans)	4 years or 100,000 miles
Medium, light-duty transit buses (approximately 25'-35')	5 years or 150,000 miles
Medium, medium-duty transit buses (approximately 30')	7 years or 200,000 miles
Medium heavy-duty transit buses (approximately 30')	10 years or 350,000 miles
Large heavy-duty transit buses (approximately 35'-40', and articulated buses)	12 years or 500,000 miles

Note: Based on minimum useful life standards from FTA Circular 5010.1E, March 21, 2017, revised July 16, 2018.

Source: Wisconsin Department of Transportation, Vehicle Disposal Guidelines, [wisconsindot.gov/Documents/doing-bus/local-gov/astnce-pgms/transit/compliance/asset-disp.pdf](https://wisconsindot.gov/Documents/doing-bus/local-gov/astnce-pgms/transit/compliance/asset-disp.pdf)

**Table 1.2**  
**Vehicle Application Questions and Information Required**

Question	Information Required
<b>Demonstration of Need and Project Benefits</b>	
1a) Clearly describe the project, anticipated outcomes, and how it meets the eligibility requirements	<ul style="list-style-type: none"> <li>Clearly describe the project and how it serves seniors and people with disabilities within the Milwaukee urbanized area.</li> <li>Describe your organization, how it meets eligibility, and how the project aligns with the needs in the applicable Public Transit-Human Services Transportation Coordination Plan.</li> <li>Describe anticipated outcomes of the proposed project.</li> </ul>
1b) Describe your existing services and the services and benefits to be provided with the vehicle. Describe results and impacts if request is not funded. Please use data to support your responses.	<ul style="list-style-type: none"> <li>Describe existing transportation services provided by your organization and how the vehicle will serve organizations, public facilities, and other destinations.</li> <li>Describe how seniors and people with disabilities will benefit from this vehicle.</li> <li>Describe the impacts to seniors and people with disabilities and the ability of the organization to provide the service if request is not funded. Support impacts with quantitative data.</li> </ul>
1c) Explain how the vehicle will support an unmet need and how it will assist seniors and people with disabilities to overcome transportation barriers. Provide data to demonstrate the need.	<ul style="list-style-type: none"> <li>Describe the transportation barriers experienced by seniors and people with disabilities that will be addressed by the vehicle.</li> <li>Provide data to demonstrate the need such as current demand, number of people who will benefit, etc.</li> </ul>
1d) <b>For a replacement vehicle:</b> Explain why your organization's current fleet cannot meet current needs. Explain why the specific vehicle has been chosen to be replaced. Provide data to support your explanation.	<ul style="list-style-type: none"> <li>If replacement vehicle: provide clear reasons why a replacement vehicle is needed (e.g. vehicle has reached end of useful life) and explain how the need for the replacement vehicle was determined; provide quantitative data on why the vehicle replacement is necessary, such as mileage or ridership.</li> </ul>
1e) <b>For a service expansion vehicle:</b> Describe the planned service expansion and how the need for the expanded service was determined. Provide data to support your explanation.	<ul style="list-style-type: none"> <li>If service expansion vehicle: provide clear reasons for planned service expansion and projections and explain how the need for the expansion vehicle was determined; provide quantitative data on why expansion is necessary, such as mileage or ridership data to justify the expansion.</li> </ul>
<b>Promotes the Development of a Coordinated Network</b>	
2a) Identify all partners and stakeholders; describe applicant's role in providing service among these partners and stakeholders.	<ul style="list-style-type: none"> <li>List and describe the partners and stakeholders, their roles, and how the relationships enhance transportation for seniors and people with disabilities.</li> </ul>
2b) Identify existing available transportation services in the same area which you serve and describe how the proposed project will coordinate with and complement those services in the Milwaukee urbanized area.	<ul style="list-style-type: none"> <li>Describe the applicant's understanding of existing transportation services in their service area.</li> <li>Provide detailed steps or activities that will be undertaken to ensure coordination with existing transportation services in the Milwaukee urbanized area.</li> <li>Clearly identify that the project is included in a coordinated public transit-human services transportation plan.</li> <li>Explain how the service complements other transportation services in the Milwaukee urbanized area to avoid duplication of areas served.</li> </ul>
2c) Describe the location of the customers served by your project. Describe the customer location by including the county(ies), municipalities, and/or zip codes where they reside.	<ul style="list-style-type: none"> <li>Demonstrate that the proposed project serves at least 55 percent of project customers that reside within the Milwaukee urbanized area. If fewer than 55 percent of an applicants' customers reside in the Milwaukee urbanized area, they should apply through the <a href="#">WisDOT application process</a></li> <li>Describe the customer location by including the county(ies), municipalities, and/or zip codes where they reside.</li> </ul>

Table continued on next page.

**Table 1.2 (Continued)**

Question	Information Required
<b>Financial and Technical Capacity</b>	
3a) Describe your agency's experience with State, Federal, or other outside funds. Describe how the project budget is cost effective and minimizes unnecessary overhead costs. Describe source of local match. If from outside sources, please certify it is secure with support letters.	<ul style="list-style-type: none"> <li>• Describe your organization's experience managing previously awarded Section 5310 funding, if applicable.</li> <li>• Demonstrate a history and competency with complying with all federal and state requirements.</li> <li>• Describe how the project budget is cost effective and minimizes unnecessary overhead costs.</li> <li>• Demonstrate financial commitment from non-FTA sources.</li> </ul>
3b) If your request is for a replacement vehicle, describe how the current vehicle has met Federal Transit Administration useful life standards in terms of either years or mileage.	<ul style="list-style-type: none"> <li>• Use data to describe how the current vehicle has met useful life standards.</li> <li>• Use standards found in the 5310 Application Guidelines and the <a href="#">WisDOT Vehicle Disposal Guidelines</a>.</li> </ul>
3c) Describe your organization's ability to manage the vehicle being requested and comply with all Federal and state requirements for the full useful life of the vehicle.	<ul style="list-style-type: none"> <li>• Describe the capacity to manage the vehicle and to comply with all Federal and state requirements.</li> <li>• Describe your organization's maintenance procedure, including who maintains the fleet.</li> <li>• For an expansion vehicle, describes how the applicant would manage additional vehicles according to requirements and procedures</li> </ul>

Sources: Wisconsin Department of Transportation and SEWRPC

**Project Deliverables 2025-2026 Worksheet:**

- For 2025 or Either Year vehicle projects that are continuing projects (i.e., a vehicle that is replacing a current project funded through the Section 5310 program), provide actual one-way trips for 2022 and 2023, provide anticipated 2024 one-way trips, and provide projected trips for the first full year of operation in the first table.
- For 2026 vehicle projects that are continuing projects, provide actual 2023 one-way trips, provide anticipated 2024 one-way trips, provide projected one-way trips for the last full year of operation of the existing vehicle, and the projected one-way trips for the first full year of operation of the new vehicle in the second table.
- If your application is for a new Vehicle (i.e., not a continuing project), only fill in the requested information for the first full year of operation in the third table.
- Complete the Project Monitoring and Reporting section by describing how you collect, or plan to collect, data on either one-way trips for vehicle projects. Additionally, describe your process for verifying the accuracy of existing data or for developing estimates of future data.

**VehicleInventory Worksheet:**

- List all of your existing vehicles from your current specialized transit vehicle inventory and fill in the corresponding information for each of those vehicles.
- Check the box to indicate if your vehicle application will be replacing an existing vehicle based on which year the vehicle will be replaced (2025, 2026 or Either Year).
- If the requested vehicle is a replacement, include the type of new vehicle. The list of vehicle types from the VehicleRequest2025-2026 tab should be used for reference.

**VehicleRequest2025-2026 Worksheet:**

- This worksheet should be completed for vehicles being applied for in 2025, 2026, or either year. Estimated vehicle costs are shown in the table and are subject to change based on final contracts with vehicle vendors. These costs are based on estimates provided by WisDOT. All vehicles in 2025 and 2026 are projected to be approximately ten percent more than previous year estimates based recent cost increases. Contract prices and are subject to future bids. Actual cost sharing agreements will be based on bid prices and available Section 5310 program funding.
- Identify the number of each type of vehicle requested as part of this application from the WisDOT vehicle procurement contract list.
- Provide information on the estimated hours, miles, and passengers served by your vehicle request.
- If requesting more than one vehicle of the same type, such as two Minivan Side Entry vehicles, enter the overall totals for the projected hours, miles, and passengers per year for these vehicles. It is not necessary to break down these totals by vehicle.
- Assign a priority to each vehicle type selected by choosing a priority number from the drop down list. Your priority will be used in the event that total vehicle requests exceed available funding in this cycle.
- If the requested vehicle is a replacement, include your current vehicle make and model that will be replaced by this request.
- The number of vehicles requested, total vehicle cost, and breakdown between Federal share and local (applicant) share will be automatically calculated. These amounts indicate the total funding you are requesting through the application.
- Applicants may apply for vehicles not included on the WisDOT contract list by filling in the 'Other Vehicle' required information, assigning a priority, and describing the rationale for selecting this vehicle type in the section below. Vehicle purchases are subject to Federal regulations and custom vehicle purchases may result in significant project delays and additional work and responsibility on the part of the applicant.

### **Certification\_AppC Worksheet:**

- This worksheet only applies to local governments that are applying for vehicles or mobility management projects.
- Fill in the table by listing the private non-profit organizations that were contacted.
- Provide a copy of any comments, or offers of alternative services, received from private non-profit organizations as an email attachment with your application.
- Check the box of the certification option that applies to your project.
- Sign the certification form by typing in your name, date and title.
- Review the Certification of Local Public Body Eligibility and Appendix C - Availability of Non-Profits Certification at the end of this document for additional actions to complete. These include, but are not limited to, notifying all private non-profit organizations that provide specialized transportation services for seniors and people with disabilities and certifying that either no private non-profit organizations are available to provide the transportation services, or that the applicant is the designated coordinator of transportation services for the area.

## **10. MOBILITY MANAGEMENT APPLICATION INSTRUCTIONS**

### **General Info Worksheet:**

- Please note that this application is designed for one mobility management project. If you are applying for more than one project within a calendar year (i.e., applying for two projects in 2025) or are applying for separate projects in 2025 and 2026, please submit a second application file for the additional project.
- Complete the agency contact information.
- Select the Project Types and Year(s) of Funding Requested by checking the appropriate boxes.
  - If your project request is for funding in both years, such as a mobility manager position that would continue for two years, check both the 2025 and 2026 boxes.
  - For projects in which Either Year is selected, these projects will be considered based on available funding and prioritization.
- Provide a brief description of the project in the space provided.
- Select at least one Coordination Plan from the drop down lists in which your project(s) is located and addresses an unmet need or strategy. After reviewing the respective Coordination Plan(s), type in or copy/paste the unmet need(s) or strategy(ies) that are addressed by your application.
  - If selecting multiple coordination plans, first choose the plan for the County you serve the most, then list subsequent County plans based on the degree of service.
- Sign the Local Match Certification section by typing in your name in the appropriate space.



- Complete the Application Checklist by checking the boxes to indicate that the items relating to the mobility management project application have been included.

**WrittenRespMM2025-2026 Worksheet:**

- Complete all three questions. Questions 1 through 3 include subsections based on the evaluation criteria to guide your responses. All responses are limited to the space provided. Please see Table 1.3 for information required for each question and subsection.
- Complete this sheet for a mobility management project being applied for in 2025, 2026, if the project could be funded in either year, or if your project occurs in both years.
- For continuing projects that would be funded in both years, briefly describe why the project needs to be funded in both years.
- These responses, along with other information provided in the application, will be used to evaluate and score projects based on their consistency with the Section 5310 program, the Program Management Plan, and the applicable Coordination Plan(s).
- If using tables as part of your written response, please reference them in the narrative as "Table 1" and "Table 2," etc. The tables should be submitted with your application as separate Word documents.
- Question 2c asks for information to describe how the project will enhance transportation access in the Milwaukee urbanized area for populations beyond those served by one agency or organization within a community, and how your agency will coordinate with other mobility managers within the Milwaukee urbanized area.

**Table 1.3**  
**Non-Traditional Application Questions and Information Required**

Question	Information Required
<b>Demonstration of Need and Project Benefits</b>	
1a) Clearly describe the project, anticipated outcomes, and how it meets the eligibility requirements.	<ul style="list-style-type: none"> <li>Clearly describe the project and how it serves seniors and people with disabilities within the Milwaukee urbanized area.</li> <li>Describe your organization, how it meets eligibility, and how the project aligns with the needs in the applicable Public Transit-Human Services Transportation Coordination Plan.</li> <li>Describe anticipated outcomes of the proposed project.</li> <li>Provide a justification for the proposed services in the Milwaukee urbanized area, which could include lack of public transit alternatives, transit dependency of population serviced, extent to which the project provides services to other organizations, size of your organization's service area.</li> <li>Provide comprehensive data from past services, demographic trends, and references how their project will address gaps.</li> </ul>
1b) Describe your existing services and the services and activities the project will provide.	<ul style="list-style-type: none"> <li>Describe existing services provided by your organization.</li> <li>Provide details on the activities such as services, customers, timeline, etc.</li> <li>Describe how seniors and people with disabilities will benefit from this project.</li> </ul>
1c) Describe how the project will help meet transportation needs of seniors and people with disabilities. Identify specific services and activities that the project will provide. Responses should be supported by data and should discuss how data was determined.	<ul style="list-style-type: none"> <li>Provide details of how the project addresses needs including specific activities and services included in the project.</li> <li>Provide data to support how the project meets the needs of seniors and people with disabilities.</li> </ul>
1d) Describe what will happen if the project is not awarded.	<ul style="list-style-type: none"> <li>Describe the impacts to seniors and people with disabilities and the ability of your organization to provide the service if request is not funded.</li> <li>Provide quantitative data such as individuals served to demonstrate impacts if project is not awarded.</li> </ul>
<b>Promotes the Development of a Coordinated Network</b>	
2a) Identify all partners and stakeholders; describe applicant's role in providing service among these partners and stakeholders.	<ul style="list-style-type: none"> <li>List and describe the partners and stakeholders, their roles, and how the relationships enhance transportation for seniors and people with disabilities.</li> </ul>
2b) Identify existing available transportation services in the same area which you serve and describe how the proposed project will coordinate with those services in the Milwaukee urbanized area.	<ul style="list-style-type: none"> <li>Describe your understanding of existing transportation services in your organization's service area.</li> <li>Provide detailed steps or activities your organization will undertake to ensure coordination with existing transportation services in the Milwaukee urbanized area.</li> <li>Clearly identify that the project is included in a coordinated public transit-human services transportation plan.</li> <li>Explain how the proposed service complements other transportation services in the Milwaukee urbanized area to avoid duplication of areas served.</li> </ul>
2c) For an <b>Operating or Non-Vehicle Capital project</b> . Describe the location of the customers served by your project. Describe the customer location by including the county(ies), municipalities, and/or zip codes where they reside.	<ul style="list-style-type: none"> <li>Demonstrate that the proposed project serves at least 55 percent of project customers that reside within the Milwaukee urbanized area. If fewer than 55 percent of an applicants' customers reside in the Milwaukee urbanized area, they should apply through the <a href="#">WisDOT application process</a>.</li> <li>Describe the customer location by including the county(ies), municipalities, and/or zip codes where they reside.</li> </ul>

**Table continued on next page.**

**Table 1.3 (Continued)**

Question	Information Required
<p>2d) For a <b>Mobility Management project</b>. Describe how the project will enhance transportation access in the Milwaukee urbanized area for populations beyond those served by one agency or organization within a community, and how your agency will coordinate with other mobility managers within the Milwaukee urbanized area.</p>	<p>Describe how you will coordinate efforts with mobility managers in the Milwaukee urbanized area to ensure your transportation services that are either within or cross into the Milwaukee urbanized area will be improved. Mobility management activities may include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>• Integration and coordination of services for individuals with disabilities, seniors, and low-income individuals.</li> <li>• The provision of coordination services, including employer-oriented transportation management organizations' and human service organizations' customer-oriented travel navigator systems and neighborhood travel coordination activities such as coordinating individualized travel training and trip planning activities for customers.</li> <li>• The development and operation of one-stop transportation traveler call centers to coordinate transportation information on all travel modes and to manage eligibility requirements and arrangements for customers among supporting programs.</li> <li>• Coordinating community engagement in the transportation planning process, dispersing information on transit services to the public, and coordinating with local non-profit agencies to increase the number of volunteer driver programs in the Region.</li> </ul>
Financial and Technical Capacity	
<p>3a) Describe your agency's experience with State, Federal, or other outside funds. Describe how the project budget is cost effective and minimizes unnecessary overhead costs</p>	<ul style="list-style-type: none"> <li>• Describe your organization's experience managing previously awarded Section 5310 funding, if applicable.</li> <li>• Describe how the project budget is cost effective and minimizes unnecessary overhead costs.</li> </ul>
<p>3b) Describe your organization's ability to manage the project and comply with all Federal and state requirements during the life of the grant.</p>	<ul style="list-style-type: none"> <li>• Demonstrate a history and competency with complying with all Federal and state requirements.</li> </ul>
<p>3c) Describe source of local match. If from outside sources, please certify it is secure with support letters.</p>	<ul style="list-style-type: none"> <li>• Demonstrate financial commitment from non-FTA sources.</li> </ul>

Sources: Wisconsin Department of Transportation and SEWRPC

### **Project Deliverables 2025-2026 Worksheet:**

- Complete the Project deliverables table for your mobility management project. Provide the number of customers served in calendar years based on the following:
  - For mobility management projects that are continuing projects in 2025 or 2026 (i.e., a project that is replacing a current project that was funded through the Section 5310 program), provide the number of customers served from previous two years (2022 and 2023), the anticipated 2024 estimate, and a projection for the first full year of implementation.
  - If your application is for a new mobility management project in 2025 or 2026 (i.e. not a continuing project), leave past and current years blank but fill in an estimate for the number of customers served in the first full year of implementation.

- Complete the Project Monitoring and Reporting section by describing how you collect, or plan to collect, data on either one-way trips for your Mobility Management project(s). Additionally, describe your process for verifying the accuracy of existing data or for developing estimates of future data.

#### **StaffingMM2025-2026 Worksheet:**

- Fill in all information pertaining to salaries and benefits for staff members who will be funded through the Section 5310 program for the mobility management project in 2025, 2026, or for a continuing project that occurs in both years.
- Fill in the columns for 2025 if you selected the 'Either Year' option in the General Info tab.
- Mobility management should include salaries and fringe benefits for the mobility manager as well as supervision, support, and administrative staff. Volunteers do not need a specific name but can be entitled "Volunteer." For positions that are currently vacant, please enter "to be determined" under name of individual.
- Total amounts for Salary/Fringe and In-Kind Match for mobility management projects will be automatically calculated and transferred to the BudgetMM2025-2026 tab.
- For mobility management projects, purchased transportation services will be listed as separate line items on the BudgetMM2025-2026 worksheets.

#### **GoalsMM2025-2026 Worksheet:**

- Complete all cells in gray that apply to your mobility management project based on the year of your project.
- Fill in the columns for both years if you are applying for a continuing project.
- Fill in the tables for 2025 if you selected the 'Either Year' option.
- Explain the objectives that are intended to be achieved by your project. Fill in this section for a project in 2025, 2026, if you selected the 'Either Year' option or if you have a continuing project. For a continuing project, please indicate which objectives pertain to what year if there are significant differences in your objectives from year to year.
- Explain the objectives for the project by including one objective per text box. For a continuing project, indicate which objectives pertain to what year if there are significant differences in your objectives from year to year.

#### **BudgetMM2025-2026 Worksheets:**

- Complete all cells in gray that apply to your mobility management project in 2025 and/or 2026.
- If you selected the 'Either Year' option, complete the budget for 2025 only.
- The total costs for salary and in-kind match that you developed in the StaffingMM2025-2026 tab will automatically fill in on this tab.
- Enter the cash match amount (if applicable).

- Enter the projected revenue from passenger fares, advertising, and other sources (if applicable). **Revenue does not count as local match.**
- The amount of Federal funding requested will be automatically calculated based on your expenses, total local match, and revenue. **The Federal request for mobility management projects cannot exceed 80 percent.**
- Describe the source of all revenue, in-kind match, and cash match in the box provided if more room is needed.

#### **Certification\_AppC Worksheet:**

- This worksheet only applies to local governments that are applying for vehicles or mobility management projects.
- Fill in the table by listing the private non-profit organizations that were contacted.
- Provide a copy of any comments, or offers of alternative services, received from private non-profit organizations as an email attachment with your application.
- Check the box of the certification option that applies to your project.
- Sign the certification form by typing in your name, date and title.
- Review the Certification of Local Public Body Eligibility and Appendix C – Availability of Non-Profits Certification at the end of this document, for additional actions to complete. These include, but are not limited to, notifying all private non-profit organizations that provide specialized transportation services for seniors and people with disabilities and certifying that either no private non-profit organizations are available to provide the transportation services, or that the applicant is the designated coordinator of transportation services for the area.

## **11. OPERATING PROJECT APPLICATION INSTRUCTIONS**

#### **General Info Worksheet:**

- Please note this application is designed for one operating project. If you are applying for more than one project within a calendar year (i.e., applying for two projects in 2025) or are applying for separate projects in 2025 and 2026, please submit a second application file for the additional project.
- Complete the agency contact information.
- Select the Project Types and Year(s) of Funding Requested by checking the appropriate boxes.
  - If a project request is for funding in both years, check both the 2025 and 2026 boxes (i.e., a volunteer driver program that would continue for two years).
  - For projects in which Either Year is selected, these projects will be considered based on available funding and prioritization.
- Provide a brief description of the project in the box provided.

- Select at least one Coordination Plan from the drop down lists in which your project(s) is located and addresses an unmet need or strategy. After reviewing the respective Coordination Plan(s), type in or copy/paste the unmet need(s) or strategy(ies) that are addressed by your application.
  - If selecting multiple coordination plans, first choose the plan for the County you serve the most, then list subsequent County plans based on the degree of service.
- Sign the Local Match Certification section by typing in your name in the appropriate space.
- Complete the Application Checklist by checking the boxes to indicate that the items relating to the operating project application have been included.

#### **WrittenRespOper2025-2026 Worksheet:**

- Complete all three questions. Questions 1 through 3 include subsections based on the evaluation criteria to guide your responses. All responses are limited to the space provided. Please see Table 1.3 for information required for each question and subsection.
- Complete this sheet for an operating project is being applied for in 2025, 2026, if the project could be funded in either year, or if your project occurs in both years.
- For continuing projects that would be funded in both years, briefly describe why the project needs to be funded in both years.
- These responses, along with other information provided in the application, will be used to evaluate and score projects based on their consistency with the Section 5310 program, the Program Management Plan, and the applicable Coordination Plan(s).
- If using tables as part of your written response, please reference them in the narrative as "Table 1" and "Table 2," etc. The tables should be submitted with your application as separate Word documents.
- Question 2c asks for information to demonstrate that at least 55 percent of project customers reside within the Milwaukee urbanized area. The responses should include information such as zip codes or municipalities where customers reside. Applicants who submit projects to the Commission that are determined to be primarily outside the Milwaukee urbanized area boundary will be informed about needing to apply to WisDOT.

#### **ProjectDeliverables2025-2026 Worksheet:**

- Complete the Project deliverables table for your operating project. Provide the number of one-way trips in calendar years based on the following:
  - For operating projects that are continuing projects in 2025 or 2026 (i.e., a volunteer driver program funded through Section 5310), provide actual one-way trips for 2022 and 2023, anticipated one-way trips for 2024, and projected number of one-way trips for the first full year of implementation.
  - If your application is for a new operating project in 2025 or 2026, (i.e., not a continuing project), leave past years blank but fill in an estimate for the number of one-way trips in the first full year of implementation.

- Complete the Project Monitoring and Reporting section by describing how you collect, or plan to collect, data on one-way trips for your volunteer driver program. Additionally, describe your process for verifying the accuracy of existing data or for developing estimates of future data.

#### **StaffingOper2025-2026 Worksheet:**

- Fill in all information pertaining to salaries and benefits for staff members who will be funded through the Section 5310 program for your operating project(s) in 2025, 2026, or for a continuing project that occurs in both years.
- Fill in the columns for 2025 if you selected the 'Either Year' option in the General Info tab.
- Operating should include driver salaries if the service is directly operated by the applicant. Volunteer time should also be included. In determining volunteer time, actuals should always be used to value time when available. When actuals are not available, please refer to the WisDOT [Section 5310 Application Guidelines](#) and the Wisconsin Department of Workforce Development's [Labor Market Information page](#). The monetary value of volunteer labor may be used as in-kind match but will not be reimbursed.
- Total amounts for Salary/Fringe and In-Kind Match for operating projects will be automatically calculated and transferred to the BudgetOper2025-2026 worksheet.
- For operating projects, purchased transportation services will be listed as separate line items on the BudgetOper2025-2026 worksheet.

#### **GoalsOper2025-2026 Worksheet:**

- Complete all cells in gray that apply to your operating project based on the year of your project.
- Fill in the columns for both years if you are applying for a continuing project.
- Fill in the tables for 2025 if you selected the 'Either Year' option.
- Explain the objectives that are intended to be achieved by your project. Fill in this section for a project in 2025, 2026, if you selected the 'Either Year' option or if you have a continuing project. For a continuing project, please indicate which objectives pertain to what year if there are significant differences in your objectives from year to year.
- Explain the objectives for the project by including one objective per text box. For a continuing project, indicate which objectives pertain to what year if there are significant differences in your objectives from year to year.

#### **BudgetOper2025-2026 Worksheet:**

- Complete all cells in gray that apply to your operating project in 2025 and/or 2026.
- If you selected the 'Either Year' option, complete the budget for 2025 only.
- The total costs for salary and in-kind match that you developed in the StaffingOper2025-2026 tab will automatically fill in on this tab.
- Enter the cash match amount (if applicable).



- Enter the projected revenue from passenger fares, advertising, and other sources (if applicable). **Revenue does not count as local match.**
- The amount of Federal funding requested will be automatically calculated based on your expenses, total local match, and revenue. **The Federal request for operating projects cannot exceed 50 percent.**
- Describe the source of all revenue, in-kind match, and cash match in the box provided if more room is needed.

## 12. NON-VEHICLE CAPITAL PROJECT APPLICATION INSTRUCTIONS

### General Info Worksheet:

- Complete the agency contact information.
- Select the Project Types and Year(s) of Funding Requested by checking the appropriate boxes.
  - If you are requesting the same type of project for both years, click the 2025 and 2026 boxes.
  - For projects in which Either Year is selected, these projects will be considered based on available funding and prioritization.
- Provide a brief project description of the project in the space provided.
- Select at least one Coordination Plan from the drop down lists in which your project(s) is located and addresses an unmet need or strategy. After reviewing the respective Coordination Plan(s), type in or copy/paste the unmet need(s) or strategy(ies) that are addressed by your application.
  - If selecting multiple coordination plans, first choose the plan for the County you serve the most, then list subsequent County plans based on the degree of service.
- Sign the Local Match Certification section by typing in your name in the appropriate space.
- Complete the Application Checklist by checking the boxes to indicate that the items relating to the non-vehicle capital project application have been included.

### WrittenRespNVC2025-2026 Worksheet:

- Complete this sheet if your project is being applied for in 2025, 2026, and if the project could be funded in either year.
- Complete all three questions. Questions 1 through 3 include subsections based on the evaluation criteria to guide your responses. All responses are limited to the space provided. Please see Table 1.3 for information required for each question and subsection.
- These responses, along with other information provided in the application, will be used to evaluate and score projects based on their consistency with the Section 5310 program, the Program Management Plan, and the applicable Coordination Plan(s).

- If using tables as part of your written response, please reference them in the narrative as "Table 1" and "Table 2," etc. The tables should be submitted with your application as separate Word documents.
- Question 2c asks for information to demonstrate that at least 55 percent of project customers reside within the Milwaukee urbanized area. The responses should include information such as zip codes or municipalities where customers reside. Applicants who submit projects to the Commission that are determined to be primarily outside the Milwaukee urbanized area boundary will be informed about needing to apply to WisDOT.

#### **GoalsNVC2025-2026 Worksheet:**

- For a non-vehicle capital project, fill in the table to describe the Performance Measure Outcomes for your project. Complete all cells in gray that apply to your project.
- Explain the objectives that are intended to be achieved by your project.

#### **BudgetNVC2025-2026 Worksheet:**

- Complete all cells in gray that apply to your non-vehicle capital project in 2025 and/or 2026, including project cost, in-kind match, and cash match.
- If you selected the 'Either Year' option, complete the budget for 2025 only.
- Enter the projected revenue (if applicable). **Revenue does not count as local match.**
- The amount of Federal funding requested will be automatically calculated based on your expenses, total local match, and revenue. **The Federal request for non-vehicle capital projects cannot exceed 80 percent.**
- Describe the non-vehicle capital purchase in the box provided at the bottom of the tab. In addition, describe the source of all revenue, in-kind match, and cash match here if they cannot be described in the 'Notes' column at the top of this tab.

### **13. OTHER REQUIRED DOCUMENTS**

Applicants may need to submit the following materials as email attachments in addition to the completed application(s). The applicants that need to complete the additional materials are shown in parentheses. A summary of the required documents by applicant type is provided below.

#### **All Applicants are Required to Submit the Following Documentation:**

- **Letter of Application** (all applicants)  
Submit a letter of application on company letterhead (if available) addressed to the Southeastern Wisconsin Regional Planning Commission. See Appendix A for a template letter.
- **Local Match Certification Supporting Documentation** (all applicants, if available)  
In addition to signing the Local Match Certification section that was included in the application, provide documentation of cash and in-kind commitments for the required local match of project costs, if available. This documentation could be a draft or adopted budget, memorandum of understanding, letter of support, volunteer roster, or other documentation. Email all applicable documentation with the application.

- **Federal Funding Accountability and Transparency Act (FFATA) Report Certification** (all applicants)  
The 2006 Federal Funding Accountability and Transparency Act (FFATA) requires information on Federal awards be made available to the public. All awards over \$25,000 have to be reported to FFATA. Complete the blank FFATA form that was provided. Email the completed FFATA form with the application.
- **WisDOT Certifications and Assurances** (all applicants)  
Review the certifications and assurances document, which was provided with the spreadsheet application. Complete page 3 of the Certifications and Assurances form by marking your initials next to each certification and assurance and signing the form. Email the completed form with the application.
- **FTA Requirements** (all applicants)  
If available, your agency will need to provide your Title VI Plan, EEO Plan (or equivalent), Asset Management Plan (if applicable), and Vehicle Management/Maintenance Plan (if applicable) to Milwaukee County. If your agency needs to complete these plans, see the [WisDOT Federal Compliance for Transit](#) webpage for more information. All applicable compliance plans will need to be prepared between the time of award notification and execution of agreement with Milwaukee County.
- **Public Notice** (all applicants)  
Applicants applying for any type of project under the Section 5310 program must publish a notice in the most widely circulated newspaper in the project service area to all organizations and agencies of their intent to apply for a project(s) under the Section 5310 program. Email a scanned copy of your public notice with your application. See Appendix B for more information.

**Additional Documentation Required (for vehicle capital projects, if applicable):**

- **Certification of Equivalent Service**  
Applicants applying for one or more vehicles that are not accessible to persons with disabilities must read and sign the form shown in Appendix D to certify that they provide an equivalent service accessible to persons with disabilities. This certification indicates that your agency has an accessible vehicle in its fleet and that you have a means of providing equivalent service. Email the completed form with the application.

**Additional Documentation Required (based on applicant type):**

- **Non-profit W-9 Documentation** (private non-profit organizations only)  
If your agency is applying as a private non-profit, you must attach proof of non-profit status. This includes a W-9 and articles of incorporation or a list of board members if applicable. Email the W-9 form with the application.
- **Certification of Local Public Body Eligibility** (local public bodies applying for vehicle and mobility management projects)  
Public bodies applying for traditional Section 5310 projects must certify that either a.) no private non-profit organizations are available to provide the transportation services or b.) the applicant is approved as the coordinator of transportation services in the proposed service area. To certify that no private non-profit organizations are available, see Appendix C and the Certification\_AppC worksheet in the Vehicle and Mobility Management application files. To certify that the applicant is the designated coordinator of transportation services for the area, see the Certification\_AppC worksheet in these application files and email a copy of the resolution from the county board or

other public entity designating your agency as the coordinator of transportation services for seniors and persons with disabilities.

#### **14. SUBMITTAL OF APPLICATIONS**

The completed applications must be submitted to the Southeastern Wisconsin Regional Planning Commission Section 5310 program managers (Xylia Rueda – [xrueda@sewrpc.org](mailto:xrueda@sewrpc.org) and Jennifer Sarnecki – [jsarnecki@sewrpc.org](mailto:jsarnecki@sewrpc.org)) and must be received by 4:30 p.m. on Monday, September 9, 2024.

Applicants are strongly encouraged to print, sign, and scan all additional application materials and email them to the Section 5310 program managers. For file sizes larger than 20 megabytes, arrange for an alternative electronic delivery method such as through a storage website, file transfer protocol (FTP) site or cloud. If applicants cannot provide electronic applications, a hard copy may be mailed or delivered.

#### **15. NEXT STEPS**

After the application deadline, the program managers will review the applications and documents to ensure all required materials have been submitted. Applicants may be contacted regarding any questions or concerns about the application materials that were submitted. An evaluation panel will score applications based on the criteria shown in the evaluation forms (Appendices E and F). Applicants will be notified as to whether or not they have been successfully awarded Section 5310 funding.

#### **16. APPEALS OF PROJECT SELECTION PROCESS**

An applicant may file an appeal on the results of a non-funding recommendation. In order to be considered, an appeal must be based on a perceived issue with the process by which a grant application is scored and awarded. Upon receipt of a request to appeal, Commission staff will investigate and review the process to ensure that all aspects of the evaluation were performed in an appropriate manner and in compliance with state and federal rules. Requests to appeal that are related to the merits, scoring, and ranking of an application will not result in final outcome reconsideration.

Should an applicant file an appeal, they can submit a formal appeal of the process to the Section 5310 Program Manager at the following address:

Section 5310 Program Manager  
Southeastern Wisconsin Regional Planning Commission  
P.O. Box 1607  
Waukesha, WI 53187-1607

A review of the process will be completed within two weeks of the receipt of the appeal, and the applicant will be contacted with the results of the appeal.

\* \* \*

## **Appendix A**

### **SAMPLE LETTER OF APPLICATION**

Submit a letter of application on agency letterhead if available. A letter of application template is provided below for your convenience.

[Agency Letterhead]

[Date]

[Name of applicant] hereby makes application for financial assistance through the Section 5310 program for the Milwaukee Urbanized Area in providing transportation services to seniors and people with disabilities.

Attached are the documents that are required to be submitted as part of the application process.

We understand that our application, should it meet all state and Federal requirements, will be in competition for funds and funding determined by its ranking relative to other applications.

We affirm that the information submitted in this application is true and correct to the best of our knowledge.

Sincerely,

[Name]

[Agency]

Attachments

## **Appendix B**

### **PUBLIC NOTICE TEMPLATE**

Applicants applying for any type of project under the Section 5310 program must publish a notice to all organizations and agencies of their intent to apply for a project(s) under the Section 5310 program. Notices must be published in the most widely circulated newspaper in the proposed service area. Provide a scanned copy of your public notice with your application. The example public notice template below is provided for your convenience.

The notice must allow for at least 14 calendar days of public comment, from the publishing date, on the proposed project. If 14 days cannot be provided before the application deadline, due to publishing schedules or other limitations, the Southeastern Wisconsin Regional Planning Commission (SEWRPC) will evaluate projects based on comments received through the application deadline. The applicant must disclose additional comments that were received through the close of the comment period. SEWRPC may reevaluate the application should additional comments be received after the application deadline.

#### **EXAMPLE**

[Agency name] hereby provides notice that it intends to apply for Section 5310 program funds for the Milwaukee Urbanized Area to serve seniors and individuals with disabilities in [service area]. The application is requesting funding for [summarize project(s)]. Individuals or agencies wishing to comment or receive additional information about this application should contact [contact information] by [date].

## Appendix C

### AVAILABILITY OF NON-PROFITS CERTIFICATION

Public bodies applying for traditional Section 5310 program funds (vehicles and mobility management projects) must certify that either no private non-profit organizations are available to provide the transportation services, or that the applicant is the designated coordinator of transportation services for the area. To certify that no private non-profit organizations are available to provide the proposed transportation services, public bodies must research the transportation providers in the area and contact any that are non-profit organizations. Include a template of the letter or email, list of contacted organizations, and any comments received with your application.

The following letter or email template is available for your convenience. A table for listing the non-profit organizations that were contacted is provided in the application spreadsheet. Applicants may summarize comments in the table, but must keep records of complete responses to provide to the Southeastern Wisconsin Regional Planning Commission upon request.

[Date]

[Name]

[Address]

Dear [non-profit organization],

[Name of applicant] is applying for a vehicle purchase grant through the Section 5310 Enhanced Mobility for Seniors and Individuals with Disabilities program in the Milwaukee Urbanized Area. [Description of vehicle(s), service, and service area]

A condition of our eligibility is that private non-profit organizations are not available to provide this transportation service to seniors and people with disabilities in the service area.

This letter is being sent to you to determine your interest in providing this type of transportation in this area. Your written comments, objections, or requests for additional information must be received by [date].

If you have any questions, please contact [contact information].

Sincerely,

[Name]

[Title]

[Agency]



## Appendix D

# CERTIFICATION OF EQUIVALENT SERVICE

This form is required for any applicant that is applying for one or more vehicles which are not accessible to persons with disabilities.

Sign and date this form if you are applying for one or more non-accessible vehicles.

In accordance with 49 CFR 37.77, I certify on behalf of our agency that its demand-responsive system, when viewed in its entirety, shall be deemed to provide equivalent service if the service available to individuals with disabilities, including individuals who use wheelchairs, is provided in the most integrated setting appropriate to the needs of the individual and is equivalent to the services provided other individuals with respect to the following characteristics:

- Response time
- Fares
- Geographic area of service
- Hours and days of service
- Restrictions or priorities based on trip purpose
- Availability of information and reservation capability
- Any constraints on capacity or service availability

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Name of Agency

---

Name of Authorized Individual

---

Signature

---

Date

## Appendix E

# APPLICATION EVALUATION FORM – VEHICLE PROJECT

<b>Applicant Name:</b>					
<b>Vehicle Type:</b> Replacement <input type="checkbox"/> Expansion <input type="checkbox"/>					
<b>Request:</b>					
<b>Criteria</b>	<b>Low</b>	<b>Medium</b>	<b>High</b>	<b>Excellent</b>	<b>Total</b>
<b>Demonstration of Need and Project Benefits (40 total possible points)</b>					
	<b>0-27</b>	<b>28-31</b>	<b>32-35</b>	<b>36-40</b>	<b>___/40</b>
1. Clearly describes the project, anticipated outcomes, and how it meets eligibility requirements. (10 points)	Evaluator Comments:				
2. Describes the services and benefits to be provided with the vehicle. Describe results and impacts if request is not funded. Please use data to support your responses. (15 points)					
3. Explains how the vehicle will support an unmet need and how it will assist seniors and people with disabilities to overcome transportation barriers. Provides data to demonstrate the need. (5 points)					
4. <b>REPLACEMENT VEHICLE ONLY:</b> Explain why the organization's current fleet cannot meet current needs. Explain why the specific vehicle has been chosen to be replaced. Provide data to support your explanation. (10 points)					
5. <b>SERVICE EXPANSION VEHICLE ONLY:</b> Describe the planned service expansion and how the need for the expanded service was determined. Provide data to support your explanation. (10 points)					
<b>Promotes the Development of a Coordinated Network (40 points possible)</b>					
	<b>0-27</b>	<b>28-31</b>	<b>32-35</b>	<b>36-40</b>	<b>___/40</b>
1. Identifies all partners and stakeholders; describe applicant's role in providing service among these partners and stakeholders. (10 points)	Evaluator Comments:				
2. Identifies existing available transportation services in the same area which you serve and describes how the proposed project will coordinate with and complement those services in the Milwaukee urbanized area. (10 points)					
3. Describes the location of the customers served by the project, including county(ies), municipalities, and/or zip codes where customers reside. Demonstrates that the proposed project serves at least 55 percent of project customers that reside within the Milwaukee urbanized area. (20 points)					
<b>Financial and Technical Capabilities (20 points possible)</b>					
	<b>0-10</b>	<b>11-13</b>	<b>14-16</b>	<b>17-20</b>	<b>___/20</b>
1. Describes the agency's experience with State, Federal, or other outside funds. Describes how the project budget is cost effective and minimizes unnecessary overhead costs. Describes source of local match. If from outside sources, certifies it is secure with support letters. (5 points)	Evaluator Comments:				
2. Describes how the current vehicle has met Federal Transit Administration useful life standards in terms of either years or mileage (if their application is for a replacement vehicle). (5 points)					
3. Describes the organization's ability to manage the vehicle and comply with all federal and state requirements for the full useful life of the vehicle. (10 points)					
<b>Total points per project</b>	<b>0-69</b>	<b>70-79</b>	<b>80-89</b>	<b>90-100</b>	<b>___/100</b>

## Appendix F

# APPLICATION EVALUATION FORM – MOBILITY MANAGEMENT, OPERATING ASSISTANCE, AND NON-VEHICLE CAPITAL

<b>Applicant Name:</b>					
<b>Project Type:</b> <input type="checkbox"/> Mobility Management <input type="checkbox"/> Operation <input type="checkbox"/> Non-Vehicle Capital <input type="checkbox"/>					
<b>Request:</b>					
<b>Criteria</b>	<b>Low</b>	<b>Medium</b>	<b>High</b>	<b>Excellent</b>	<b>Total</b>
<b>Demonstration of Need and Project Benefits (40 total possible points)</b>					
	<b>0-27</b>	<b>28-31</b>	<b>32-35</b>	<b>36-40</b>	<b>___/40</b>
1. Clearly describes the project, anticipated outcomes, and how it meets eligibility requirements. (10 points)	Evaluator Comments:				
2. Describes the services and activities the project will provide. (15 points)					
3. Describes how the project will help meet the transportation needs of seniors and people with disabilities. Identifies specific services and activities the project will provide. Response should be supported with data and discuss how data was determined. (10 points)					
4. Describe what will happen if the project is not awarded. (5 points)					
<b>Promotes the Development of a Coordinated Network (40 points possible)</b>					
	<b>0-27</b>	<b>28-31</b>	<b>32-35</b>	<b>36-40</b>	<b>___/40</b>
1. Identifies all partners and stakeholders; describes applicant's role in providing service among these partners and stakeholders. (10 points)	Evaluator Comments:				
2. Identifies existing available transportation services in the same area which you serve and describes how the proposed project will coordinate with and complement those services in the Milwaukee urbanized area. (10 points)					
3. For an <b>Operating or Non-Vehicle Capital project</b> . Describes the location of the customers served by the project, including county(ies), municipalities, and/or zip codes where customers reside. Demonstrates that the proposed project serves at least 55 percent of project customers that reside within the Milwaukee urbanized area. (20 points) <b>OR</b>					
4. For a <b>Mobility Management project</b> . Describes how the project will enhance transportation access in the Milwaukee urbanized area for populations beyond those served by one agency or organization within a community, and the applicant will coordinate with other mobility managers within the Milwaukee urbanized area. (20 points)					
<b>Financial and Technical Capabilities (20 points possible)</b>					
	<b>0-10</b>	<b>11-13</b>	<b>14-16</b>	<b>17-20</b>	<b>___/20</b>
1. Describes the agency's experience with State, Federal, or other outside funds. Describe how the project budget is cost effective and minimizes unnecessary overhead costs. (7 points)	Evaluator Comments:				
2. Describes their organization's ability to manage the project and comply with all Federal and state requirements during the life of the grant. (10 points)					
3. Describes source of local match funding. If from outside sources, certifies it is secure with support letters. (3 points)					
<b>Total points per project</b>	<b>0-69</b>	<b>70-79</b>	<b>80-89</b>	<b>90-100</b>	<b>___/100</b>