


2012 GRANT Pre-Application

GENERAL INSTRUCTIONS:

- I. Complete all pages and enter responses in all fields.
- II. Required fields are marked with a *

Section A - Organization Information

1 - Short Name or Common Acronym *	Link Route	
2 - Operating Name *	Citylink	
3 - Legal Name *	Coeur d'Alene Tribal Casino dba Citylink	
4 - Physical Address #1 *	37914 S. Nukwalqu	
5 - Physical Address #2		
6 - Physical City *	Worley	
7 - Physical State *	Idaho	
8 - Physical Zip *	83876-0236	
9 - Mailing Address same as Physical Address? *	NO	Please enter Mailing Address
10 - Mailing Address #1	P. O. Box 236	
11 - Mailing Address #2		
12 - Mailing City	Worley	
13 - Mailing State	Idaho	
14 - Mailing Zip	83876-0236	
15 - Business Phone #1 *	877-941-7433	
16 - Business Phone #2		
17 - Business Fax	208-665-6936	
18 - Business E-Mail	aeirls@cdacasino.com	
19 - Home Page / Web Address	www.idahocitylink.com	
20 - What date was this organization formed?	11/1/2005	
21 - Established RPTA? *	NO	
22 - What counties does this organization currently serve?	Kootenai County	
23 - What FTA Programs are associated with each county?	5307 - 5311 - 5311 (C) - 5316	
24 - Congressional District Entity Resides in *	1ST DISTRICT	
25 - Congressional District Served *	1ST DISTRICT	
26 - List the Local Mobility Networks (LMMN) you are currently serving? *	1B	
27 - DUNS Number *	54653340	
28 - Employer ID # EIN *	82-0255476	
29 - Current By Laws? *	YES	Upload a copy with your Pre-application
30 - Current Audit? *	YES	Upload a copy with your Pre-application
31 - Current Drug/Alcohol Policy? *	YES	Upload a copy with your Pre-application
32 - Do you Use a Cost Allocation Methodology? *	YES	
	Describe the Methodology (500 Characters Maximum)	
33 - Do you have a Board of Directors?	YES	Upload a list of your Board members and meeting schedule with
34 - Do you currently have a Vehicle Replacement Plan?	YES	Upload a copy with your Pre-application
35 - Agency Type *	Tribal Government	
 *Mandatory!! Private non-profit applicants must attach a copy of their IRS Letter of Determination for 501(c)3 non-profit status to their submitted Pre-Application		
35 - Number of volunteer drivers (annual total)	0	
36 - Number of personal vehicles in service (annual total)	0	
37 - Average Trip Length (miles)	31	
38 - TEAM Recipient ID#	6807	

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39 - Description of products/services currently provided by this organization.* (500 Characters Maximum)	Public Transportation - Operates a fixed route sytem in Kootenai county between Coeur d'Alene and Worley, ID. Connects with the Rural route in Worley which services the towns of Worley, Plummer, Tensed & DeSmet. Also moves a high volume of low income employees to and from their work destinations.
40 - Governing Board Meeting Schedule * (500 Characters Maximum)	Tribal Council meets regularly on Thursdays and as needed.

Section B - CERTIFICATIONS AND ASSURANCES

Instructions:

There are Certifications and Assurances that apply to sub-recipients receiving federal funding. The Sub-recipient's Board Chair or designated individual must indicate the organization is willing to comply with the applicable certifications, assurances, and procedures in order to receive federal funding. These documents are available for download from the internet at: <http://i-way.org/Tool%20Box/documentlibrary> under the heading of **Federal Transit Administration (FTA) Documents & Links**.

1 - Will the organization comply with applicable certifications, assurances, and procedures?

YES, the organization is willing to comply with any applicable certifications, assurances, and procedures.

NO, the organization is NOT willing to comply with the applicable certifications, assurances, and procedures.

(NOTE: NO means you will not be eligible to receive funding.)

YES

Please note: a subrecipient of the State of Idaho is required to comply with certain pass-through requirements. Here are the references:

Audits (Procedure M-2010-20), **Open Meeting** (Procedure M-2010-19) <http://i-way.org/Mobility%20Funding/procedures>

Procurement <http://adm.idaho.gov/adminrules/rules/idapa38/0501.pdf>

http://www.fta.dot.gov/funding/grants_financing_6036.html

State Meeting and Travel <http://www.sco.idaho.gov/web/sbe/sbeweb.nsf/pages/trvlpolicy.html>

Section C - RESOURCE & COMMUNITY COORDINATION

1 - Do you share resources in any significant way with other agencies (e.g., maintenance/ mechanics, vehicles, staff/drivers, facilities, marketing, insurance, fuel purchases, training, bilingual programs, etc.)? If yes, provide a brief description. *

YES

Description
(700 Characters Maximum)

This organizations funding is matched through funds received from the Coeur d'Alene Tribal Casino. Several Tribal members are involved in the planning and grant phases as well as a portion of the administrative requirements. The casino provides accounting and financial planning and management as well as Human Resources. All drivers are casino employees utilized by Citylink as a portion of their matching funds. Currently we are leasing a facility for maintenance of the vehicles until the completion of the maintenance/Storage facility scheduled for completion during January 2012. All fuel is purchased through the casino or in Coeur d' Alene as a result of a bid awarded to City Valcon. All marketing/advertising and system brochures are purchased through the casino.

2 - Have you realized any measurable or quantifiable savings in costs directly through, or as a result of, your coordination efforts? If yes, provide a brief description. *

YES

Description
(700 Characters Maximum)

Because the items and services are also necessary for the agency that supplies them to us, they can be offered to us significantly cheaper than if we had to locate personnel/equipment or services independently. They generally bid for the lowest possible price for all service related items which gives us a significant savings as well as saving us a considerable amount of time looking for independant providers.

3 - Describe your efforts to work with other organizations, agencies, businesses, and other appropriate community interests in order to provide service (e.g., employers, medical centers, social service agencies, visitor services, activity centers, etc.). * (Enter N/A if not applicable)

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Description (500 Characters Maximum)	Provide bus route schedules to all businesses, medical & social service agencies and other service providers connecting to our area. We sometimes adjust services to assist the local communities in reducing traffic through areas where large events restrict traffic flow. We also provide an on demand service which coordinates with local businesses to ensure when route connections cannot be made with regular services that it does not cause employees to be late for shifts.
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Section D - PROJECT INFORMATION

1 - In which state(s) will your project provide service? *	<input checked="" type="checkbox"/> Idaho	<input type="checkbox"/> Montana	<input type="checkbox"/> Nevada
	<input type="checkbox"/> Oregon	<input type="checkbox"/> Utah	<input type="checkbox"/> Washington
	<input type="checkbox"/> Wyoming		
2 - Strategy Number *	1B.L006		
3 - Strategy Name *	Provide bus service from Coeur d'Alene to Worley a minimum of 12 hours a day seven days a week.		
4 - Project Name *	Link Route		
5 - Please describe your project * (500 Characters Maximum)	Operates a fixed route system in Kootenai county between Coeur d'Alene and Worley with flag stops at the Mica Grange and Fighting Creek. Connects to services provided by the Rural route to the towns of Worley, Plummer, Tensed & DeSmet 12 hours a day 7 days a week. Also to the urban "A", "B" & "C" routes servicing the towns of Coeur d'Alene, Post Falls, Dalton Gardens and Hayden. Connects with the On Demand system at Fighting Creek to transfer passenger than cannot make regular connection with the rural system.		
6 - What mode will this project use? *	Fixed Route		
7 - Which funding program do you intend to apply for? *	5316		
8 - List the Districts this project will serve. *	1		
9 - List the Local Mobility Networks (LMMN) this project will serve.*	1B		
10 - Is this project dependent on any of your other projects? *			YES
Identify the other projects that are dependent on this one. (500 Characters)	Receives approximately \$96,600.00 annually from the 5307 urban funds to offset the costs of servicing lower Kootenai county,		
11 - Are you submitting other projects as options for this strategy? *			NO
Identify the other projects that are options to this strategy. (500 Characters)			
12 - Does this project directly interconnect with other mobility options? *			YES

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Identify the other mobility options. (500 Characters)	Bicycles, pedestrian and private motor vehicles.
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Section E - Required Documents to Be Submitted With Application - Checklist

Instructions:

Update the entry for each document to show a status of 'Included' as documents are prepared for uploading.

1 - Current Bylaws	<ul style="list-style-type: none"> • If Applicable 	Included
2 - Current Audit	<ul style="list-style-type: none"> • For any companies which historically have received Federal funds - most recent audit. • For all other companies, audit report will be provided on anniversary data of grant agreement. 	Included
3 - Drug Alcohol Policy	<ul style="list-style-type: none"> • If Applicable - You will need this if you are applying for 5311 funds. 	Included
4 - Board of Directors Information	<ul style="list-style-type: none"> • Meeting Schedule • Board Contact Information 	Included
5 - Vehicle Replacement Plan	<ul style="list-style-type: none"> • If you are purchasing a new vehicle, you will need to have a replacement plan. 	Included
6 - IRS Letter of Determination for 501(C)3 non-profit status	<ul style="list-style-type: none"> • If Applicable 	Not Included

Section F - Signature

By typing your initials in the box to the right you are verifying that you have read, understood, and agreed to all the requirements of this pre-application. This mark will act as your electronic signature:

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Name and Title	Alan R. Eirls	Date	1/6/2012
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