


# 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 *	SPOT		
2 - Operating Name *	Selkirks-Pend Oreille transit		
3 - Legal Name *	City of Dover		
4 - Physical Address #1 *	302 Jackson Ave		
5 - Physical Address #2			
6 - Physical City *	Dover		
7 - Physical State *	Idaho		
8 - Physical Zip *	83825		
9 - Mailing Address same as Physical Address? *	<b>NO</b>	Please enter Mailing Address	
10 - Mailing Address #1	P.O. Box 13		
11 - Mailing Address #2			
12 - Mailing City	Dover		
13 - Mailing State	Idaho		
14 - Mailing Zip	83825		
15 - Business Phone #1 *	208-304-2216		
16 - Business Phone #2	208-597-7606		
17 - Business Fax			
18 - Business E-Mail	<a href="mailto:dovercitytrans@nctv.com">dovercitytrans@nctv.com</a>		
19 - Home Page / Web Address			
20 - What date was this organization formed?	6/13/2011		
21 - Established RPTA? *	<b>NO</b>		
22 - What counties does this organization currently serve?	Bonner		
23 - What FTA Programs are associated with each county?	5311& 5316		
24 - Congressional District Entity Resides in *	<b>1ST DISTRICT</b>		
25 - Congressional District Served *	<b>1ST DISTRICT</b>		
26 - List the Local Mobility Networks (LMMN) you are currently serving? *	1A		
27 - DUNS Number *	4286194		
28 - Employer ID # EIN *	820429983		
29 - Current By Laws? *	<b>YES</b>	Upload a copy with your Pre-application	
30 - Current Audit? *	<b>YES</b>	Upload a copy with your Pre-application	
31 - Current Drug/Alcohol Policy? *	<b>YES</b>	Upload a copy with your Pre-application	
32 - Do you Use a Cost Allocation Methodology? *	<b>YES</b>		
	We pro-rate allocation of cost between funding sources, based on hours of service, and category of service. Example fuel used is divided between 5311 and 5316.		
	Describe the Methodology (500 Characters Maximum)		
33 - Do you have a Board of Directors?	<b>YES</b>	Upload a list of your Board members and meeting schedule with	
34 - Do you currently have a Vehicle Replacement Plan?	<b>YES</b>	Upload a copy with your Pre-application	
35 - Agency Type *	<b>State General and Local Government (State or City or</b>		
 <b>*Mandatory!!</b> 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)	Blue Route 16 miles    Green Route 20 miles		
38 - TEAM Recipient ID#			

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39 - Description of products/services currently provided by this organization.* (500 Characters Maximum)	We currently operate a fixed route service with two routes buses servicing stops every 60 minutes. We also offer ada para transit support. We operate 7 days a week, 12 hours a day, with two extra hours on Friday and Saturday night. We service the Cities of Dover, Sandpoint, Ponderay, and Kootenai. We will have approximately 40,000 riders in our first year of service.
40 - Governing Board Meeting Schedule* (500 Characters Maximum)	We are governed by the Mayor and City Council of the City of Dover. They meet the 2nd Thursday of each month at 7p.m.

### 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](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)

We share fuel purchases, insurance and office rent.

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)

City bids for fuel and our insurance is with ICRMP through the city. I also rent an office for a small fee.

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)	We partnered with Schweitzer Mountain Resort to link our bus system with theirs system thus providing employees and skiers access to the Schweitzer Mountain Resort. Schweitzer LLC. and mountain associations provide matching funds. The Chamber of Commerce and Panhandle State Bank helped us in our promotion during the roll out our service. The Bonner Country Daily Bee has given us special advertizing rates so that we could get the schedule and maps out to the people. The local Rotary Clubs are providing funding for infrastructure improvements. We work with the Hotel/ Motel association to bring tranporation to the visitors of our area, Wal-mart is a big supporter of SPOT. They are working to put in a premier stop with a covered Bus shelter and other amenities. We have intentionally added stops at Health and Welfair, Goodwill, Animal Shelter, Senior Center, Senior Housing, City Halls, Post Officess, Bonner County Fairgrounds, Hospital, Vistor Center.
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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 *	1A.L002
3 - Strategy Name *	Provide service in the greater Sandpoint area.
4 - Project Name *	SPOT 5311 Full Funding
5 - Please describe your project * (500 Characters Maximum)	To fund service for two routes and Para-transit all hours.
6 - What mode will this project use? *	<b>Fixed Route</b>
7 - Which funding program do you intend to apply for? *	<b>5311</b>
8 - List the Districts this project will serve. *	District 1
9 - List the Local Mobility Networks (LMMN) this project will serve.*	1A
10 - Is this project dependent on any of your other projects? *	<b>NO</b>
Identify the other projects that are dependent on this one. (500 Characters)	
11 - Are you submitting other projects as options for this strategy? *	<b>NO</b>
Identify the other projects that are options to this strategy. (500 Characters)	
12 - Does this project directly interconnect with other mobility options? *	<b>YES</b>

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Identify the other mobility options. (500 Characters)	We connect with Schweitzer Mountain Transit and the Dover to Sandpoint Bike path.
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### Section E - Required Documents to Be Submitted With Application - Checklist

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

### 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:

**MJ**

<b>Name and Title</b>	<b>Marion Johnson, Manager</b>	<b>Date</b>	<b>1/18/2012</b>
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