

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 *	EOA		
2 - Operating Name *	Elderly Opportunity Agency, Inc		
3 - Legal Name *	Elderly Opportunity Agency, Inc		
4 - Physical Address #1 *	134 N. Washington Ave		
5 - Physical Address #2			
6 - Physical City *	Emmett		
7 - Physical State *	Idaho		
8 - Physical Zip *	83617		
9 - Mailing Address same as Physical Address? *	YES		
10 - Mailing Address #1			
11 - Mailing Address #2			
12 - Mailing City			
13 - Mailing State			
14 - Mailing Zip			
15 - Business Phone #1 *	208-365-4461		
16 - Business Phone #2			
17 - Business Fax	208-365-3892		
18 - Business E-Mail	krista@eoaidaho.org		
19 - Home Page / Web Address	www.eoaidaho.org		
20 - What date was this organization formed?	3/23/1973		
21 - Established RPTA? *	YES		
22 - What counties does this organization currently serve?	Boise, Gem, Washington, Owyhee, Adams, Valley, Payette, Elmore, Canyon		
23 - What FTA Programs are associated with each county?	5310		
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? *	LMMN 3a, LMMN 3b, LMMN 3c		
27 - DUNS Number *	07-312-5981		
28 - Employer ID # EIN *	82-0306372		
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)	<p>The general approach of EOA in allocating costs to particular grants and contracts is as follows:</p> <p>A. All allowable direct costs are charged directly to programs, grants, activity, etc.</p> <p>B. Allowable direct costs that can be identified to more than one program are prorated individually as direct costs using a base most appropriate to the particular cost being prorated.</p> <p>C. All other allowable general and administrative costs (costs that benefit all programs and cannot be identified to a specific program) are allocated to programs, grants, etc. using a base that results in an equitable distribution.</p> <p>D. Total expenses are pre-determined at the beginning of each budgeting period and resulting percentages are applied throughout the budget period as expenses are incurred and paid. This is revised whenever a significant change occurs in programming and/or funding.</p> <p>E. Time studies are conducted annually or whenever a significant change occurs in programming.</p>		
33 - Do you have a Board of Directors?	YES	Upload a list of your Board members and meeting schedule with your Pre-application	
34 - Do you currently have a Vehicle Replacement Plan?	NO		
35 - Agency Type *	Private Non-Profit		

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 ***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)	
36 - Number of personal vehicles in service (annual total)	
37 - Average Trip Length (miles)	
38 - TEAM Recipient ID#	
39 - Description of products/services currently provided by this organization.* (500 Characters Maximum)	EOA provides services to seniors & disabled partnering with 19 senior centers, 2 hospital sites to provide Congregate Meals, Home Delivered Meals, Transportation, Nutrition Education, Health Promotion & Disease Prevention. EOA owns and operates 3 senior & disable housing properties. EOA is providing and further expanding a community transportation program in the communities it serves to connect to public transportation, provide local transportation and connect to other transportation providers and communities. EOA provides also provides a volunteer transportation program and partners with RSVP.
40 - Governing Board Meeting Schedule * (500 Characters Maximum)	EOA board of directors meets quarterly. EOA Executive Committee meets monthly.

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.	<<Select>>
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.)	

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)	EOA shares resources with 19 senior centers. EOA works with RSVP, CTAI, VRT, TVT, Area Agency on Aging and Idaho Commission on Aging. TVT purchases services from EOA to provide rides, provides training opportunities. Area Agency on Aging provides some transportation funding that EOA is able to use as a match for FTA grants. ICOA awarded EOA a grant for Senior Medicaid Patrol with will include a transportation component. EOA works with cities and counties to provide local transportation services for general purposes and special events needs. The bus in Cambridge is shared with an assisted living facility which provided the shelter for the vehicle in return.
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

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Description (700 Characters Maximum)	EOA has reduced insurance costs for vehilces in several communities by agreements with city governments, user of volunteer drivers and shared fundraising efforts with senior centers. EOA has benefited from contracting with TVT through purchase of service.
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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)

Description (500 Characters Maximum)	(Empty)
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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 *	3C.L003
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3 - Strategy Name *	Provide Rural Transportation Services in Ada, Boise, Canyon, Elmore, Gem and Owyhee Counties
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4 - Project Name *	Radios/Communication equipment, vehicle rehabilitation, preventative maintenance
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5 - Please describe your project * (500 Characters Maximum)	EOA will purchase radios/communication equipment for five buses in service in Grand View, Marsing, Idaho City, Horseshoe Bend and Emmett to enhance rideship and expand Demand Response service in and connecting these communitites. Preventative Maintenance as defined in the NTD.
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6 - What mode will this project use? *	Demand Response
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7 - Which funding program do you intend to apply for? *	5310
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8 - List the Districts this project will serve. *	Grand View, Marsing, Idaho City, Horseshoe Bend, Emmett
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9 - List the Local Mobility Networks (LMMN) this project will serve.*	LMMN 3c directly connecting with LMMN 3a, LMMN 3b
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10 - Is this project dependent on any of your other projects? *	NO
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Identify the other projects that this one is dependent on. (500 Characters)	(Empty)
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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**

Identify the other mobility options.
(500 Characters)

This project interconnects with Purchase of Service with TVT in LMMN.

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	• If Applicable	Included
2 - Current Audit	• For any companies which historically have received Federal funds - most recent audit. • For all other companies, audit report will be provided on anniversary date of grant agreement.	Not Included
3 - Drug Alcohol Policy	• If Applicable - You will need this if you are applying for 5311 funds.	Not Included
4 - Board of Directors Information	• Meeting Schedule • Board Contact Information	Not Included
5 - Vehicle Replacement Plan	• If you are purchasing a new vehicle, you will need to have a replacement plan.	Not Included
6 - IRS Letter of Determination for 501(C)3 non-profit status	• 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:

kic

Name and Title	Krista Cole, Executive Director	Date	1/19/2011
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