


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 *	KSC	
2 - Operating Name *	Kuna Senior Center	
3 - Legal Name *	Kuna Senior Citizens Association	
4 - Physical Address #1 *	229 Ave. B	
5 - Physical Address #2		
6 - Physical City *	Kuna	
7 - Physical State *	Idaho	
8 - Physical Zip *	83634	
9 - Mailing Address same as Physical Address? *	NO	Please enter Mailing Address
10 - Mailing Address #1	P.O. Box 39	
11 - Mailing Address #2		
12 - Mailing City	Kuna	
13 - Mailing State	Idaho	
14 - Mailing Zip	83634	
15 - Business Phone #1 *	208-922-9714	
16 - Business Phone #2	Bus Cell 208-880-0556 Cell 208-353-5300	
17 - Business Fax	208-922-9714	
18 - Business E-Mail	seniorcenterkuna@cableone.net	
19 - Home Page / Web Address	http://www.facebook.com/pages/Kuna-Senior-Center/115093141878212	
20 - What date was this organization formed?	#####	
21 - Established RPTA? *	YES	
22 - What counties does this organization currently serve?	Kuna Seniors serve in the city of Kuna which is divided in Ada and Canyon county	
23 - What FTA Programs are associated with each county?		
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 3	
27 - DUNS Number *	967050035	
28 - Employer ID # EIN *	82-03375787	
29 - Current By Laws? *	YES	Upload a copy with your Pre-application
30 - Current Audit? *	NO	
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)	Kuna Senior center identifies each cost section with a bookkeeper and a treasure keeping seperate areas needed for operation.	
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 *	Private Non-Profit	
 *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)	2	
36 - Number of personal vehicles in service (annual total)	6	
37 - Average Trip Length (miles)	56 miles a day	
38 - TEAM Recipient ID#		

2012 GRANT Pre-Application

39 - Description of products/services currently provided by this organization.* (500 Characters Maximum)	Maintain current demand response serves for the Elderly and disabled on our Kuna area. This service is available Monday through Friday 8 am to 5 pm. On Tuesday the Senior bus leaves the Kuna area to take the seniors and disabled to Boise. On once a month There is a planed social activity. Kuna Senior bus averages 437 trip with servicing an average of 148 passangers.
40 - Governing Board Meeting Schedule * (500 Characters Maximum)	President: Dallas Chaney Vice President: Bob Kegler Treasurer: Dolly Welsh Secretary: Ruby Duncan Board members: Joe Patmode, Floyd Duncan. Betty Davis, Florence Mathews Service Coordinator: Sheri Hunsaker Meetings are on the second Monday of the each month

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.	YES
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)	Kuna Senior center has a contract with Valley Regional transit for a bus when ours is in for maintenance. Kuna has to pay for the for the gas and driver. Kuna Seniors receive funding from Sage for Fuel and operations for the bus. Our bus runs on a donation from the elderly and disabled when use of the bus donation of \$3.00 per day. Kuna senior bus maintain services with Kuna Assisted living.
---	---

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)	
---	--

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)
--

2012 GRANT Pre-Application

Description
(500 Characters Maximum)

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 *	N3C.9 or N3C.10					
3 - Strategy Name *	3C.L001 High or 3C.L004					
4 - Project Name *	Kuna Senior Bus					
5 - Please describe your project * (500 Characters Maximum)	Maintain Current demand response services for the Elderly and Disabled in the Kuna area. There is a no public transportation in the Kuna Area. With a newer used bus Kuna seniors would be able to cut down on expenses of maintenance and provide a a safer and more reliable transportation . Kuna Senior Bus is over 13 years old and is has high maintence cost.					
6 - What mode will this project use? *	Demand Response					
7 - Which funding program do you intend to apply for? *	5310					
8 - List the Districts this project will serve. *	District 3					
9 - List the Local Mobility Networks (LMMN) this project will serve.*	LMMN 3					
10 - Is this project dependent on any of your other projects? *						NO
Identify the other projects that this one is dependent on. (500 Characters)	Kuna Seniors bus communication system improvements with 2 cell phones with GPS and a cell phone use policy. A used computer to use.					
11 - Are you submitting other projects as options for this strategy? *						YES
Identify the other projects that are options to this strategy. (500 Characters)	5311- Maintain insurance premiums along with operating cost for the Kuna Senior Bus					
12 - Does this project directly interconnect with other mobility options? *						<<Select>>

2012 GRANT Pre-Application

Identify the other mobility options.
(500 Characters)

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. 	<<Select>>
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 	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:

SLH

Name and Title	Sheri Hunsaker Service Coordinator	Date	1/18/2012
-----------------------	---	-------------	------------------

Kuna Senior Center

Board members:

President: Dallas Chaney

Vise President: Bob Kegler

Treasurer: Dolly Welsh

Secretary: Ruby Duncan

Board members: Joe Patnode, Floyd Duncan. Betty Davis, Florence Mathews

Service Coordinator: Sheri Hunsaker

Meetings are on the second Monday of the month

Modality Plan:

Purpose:

1. Replace our current 13 year old high maintenance bus with a used lower maintenance and safer bus to service the Elderly and disabled in our community.
2. Improve communication and dispatching
3. Keeping the donation cost of \$3.00 per day
4. Apply for Grant
5. 2 cell phones and one used computer

In service:

1. Working with Sage
2. Cooperating with IDT to plan for future
3. Contract with Valley Regional keep in place
4. Membership drive
5. Bookkeeper
6. Volunteer Accountant services

Budget for the Senior Center is set up in sections; there is a bookkeeper and a Treasure that work together. The sections include Bus account, pool and cards, activities, building funds, and General.

BYLAWS

ARTICLE I- NAME

The name of the organization shall be-- Kuna Senior Citizens Association Inc. (Kuna Senior Center)

ARTICLE II- PURPOSE

Purpose:

The purpose of the organization shall be: To bring Senior Citizens together as a group for the purpose of social activities and the promotion of common interest. To enrich the lives of all Seniors by developing, providing and promoting a climate of respect , trust and support. To offer Seniors education, recreation , information and assistance, encourages volunteering and opportunities for more enhancement of Senior life

Mission Statement: Taking care of the Senior Citizens in our community is what we do best.

ARTICLE III -Membership

The membership members shall be at least 55 years of age.

ARTICLE IV- VOTING RIGHTS

6. Only members in good standing can vote.
7. Voting is by secret ballot for election of Officers and Board members.
8. Member can vote by proxy vote.
9. One vote per member.

ARTICLE V- OFFICERS

7. Officers and Board members can serve more than one year if re-elected by the members.
 - A. The Officers include President, Vice-President, Treasure, Secretary who can serve more than one year and if re-elected can serve no more than 2 years in the their elected positions.
 - B. There shall be four Board members
 8. President duties shall be to conduct the business at all meetings, and to call special meetings when required.
 9. Vice-President duties include shall be those of the president in the absence of the President or as otherwise assigned
 10. Treasure duties include shall be to keep records of all accounts of money of incoming and dispersal money.
 - A. Treasure shall give Board monthly report of money.
 - B. Protem Treasure can be appointed when necessary.
 11. Secretary duties include shall keep records of all meetings.
 12. Board shall set up a subcommittee to hold re-elections
 13. Officers and Board members to must be a Member in good standing for one year to be eligible to run for any Officer or Board position.
 14. The term of all Officers and Board Member shall be concurrent with that of the President. The election of all Officers and Board members shall be at the annual meeting in September.

ARTICLE VI- MEETING

Annual – The annual meeting shall be the first meeting in September.

Regular- The regular meeting shall be the second (2) Monday of the month

Special- Meeting may be called at the request of the Officers.

The officers shall act as the executive committee of the association.

ARTICLE VII- CONDUCT OF MEETINGS

All meetings will be conducted according to Roberts Rules of Order.

ARTICLE VIII- AMENDMENT OF BYLAWS

All amendments shall be voted upon by a simple majority of the membership.

ARTICLE IX- NON-DISCRIMINATION

1. There shall be not be any discrimination in the membership by race, color, or creed.
2. All membership shall be in compliance with Title VI and VII of the Civil Rights act of 1964 as amended.

ARTICLE X- DUES

1. Dues shall be \$2.00 per year per person.

ARTICLE XI- DISSOLUTION

In the event of the dissolution of the Association, all properties real and personal, belonging to the association shall be assigned at the Board discretion.

Internal Revenue Service
District DirectorP O Box 486
LOS ANGELES, CA 900530486

Date: DEC. 11, 1987

KUNA SENIOR CITIZENS ASSOCIATION
INC
2532 WEST KUNA ROAD
KUNA, ID 83634Employer Identification Number:
82-0337587
Case Number:
957251147
Contact Person:
MAI QUACH
Contact Telephone Number:
(213) 894-4170

Accounting Period Ending:

December 31

Form 990 Required:

Yes

Caveat Applies:

No

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

KUNA SENIOR CITIZENS ASSOCIATION

15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

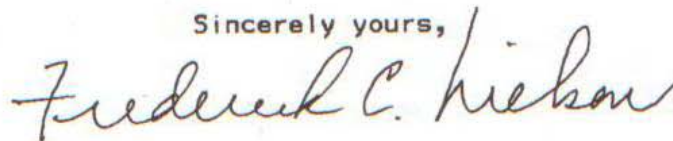
You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If the heading of this letter indicates that a caveat applies, the caveat below or on the enclosure is an integral part of this letter.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



Frederick C. Nielsen
District Director

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) Kuna Senior Citizens Association, Inc	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input checked="" type="checkbox"/> Other (see instructions) ▶ Not for Profit Corporation	
	<input checked="" type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.) PO Box 39		Requester's name and address (optional)
City, state, and ZIP code Kuna, ID 83634		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)																				
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.																				
	<table border="1" style="margin: auto;"> <tr><td colspan="9" style="text-align: center;">Social security number</td></tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	Social security number																		
Social security number																				
<p>Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.</p>	<table border="1" style="margin: auto;"> <tr><td colspan="9" style="text-align: center;">Employer identification number</td></tr> <tr> <td style="width: 20px; height: 20px; text-align: center;">8</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">-</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">3</td> <td style="width: 20px; height: 20px; text-align: center;">3</td> <td style="width: 20px; height: 20px; text-align: center;">7</td> <td style="width: 20px; height: 20px; text-align: center;">5</td> <td style="width: 20px; height: 20px; text-align: center;">8</td> <td style="width: 20px; height: 20px; text-align: center;">7</td> </tr> </table>	Employer identification number									8	2	-	0	3	3	7	5	8	7
Employer identification number																				
8	2	-	0	3	3	7	5	8	7											

Part II Certification	
Under penalties of perjury, I certify that:	
<ol style="list-style-type: none"> 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined below). 	
<p>Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.</p>	
Sign Here	Signature of U.S. person ▶ _____
	Date ▶ _____

General Instructions
Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form
A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.