


# 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 *	Lemhi County		
2 - Operating Name *	Lemhi County		
3 - Legal Name *	Lemhi County		
4 - Physical Address #1 *	206 Courthouse Drive		
5 - Physical Address #2			
6 - Physical City *	Salmon		
7 - Physical State *	ID		
8 - Physical Zip *	83467		
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 *	208-756-2815, x 221		
16 - Business Phone #2			
17 - Business Fax	208-756-8424		
18 - Business E-Mail	<a href="mailto:clerk.lemhicounty@centurytel.net">clerk.lemhicounty@centurytel.net</a>		
19 - Home Page / Web Address	<a href="http://lemhicountyidaho.org">lemhicountyidaho.org</a>		
20 - What date was this organization formed?	2/22/1869		
21 - Established RPTA? *	NO		
22 - What counties does this organization currently serve?	Lemhi		
23 - What FTA Programs are associated with each county?	No direct FTA programs		
24 - Congressional District Entity Resides in *	2ND DISTRICT		
25 - Congressional District Served *	2ND DISTRICT		
26 - List the Local Mobility Networks (LMMN) you are currently serving? *	LMMN6A		
27 - DUNS Number *	93122984		
28 - Employer ID # EIN *	82-6000306		
29 - Current By Laws? *	NO		
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? *	NO		
	Describe the Methodology (500 Characters Maximum)		
33 - Do you have a Board of Directors?	NO		
34 - Do you currently have a Vehicle Replacement Plan?	NO		
35 - Agency Type *	State General and Local Government (State or City or		
 <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)	2		
36 - Number of personal vehicles in service (annual total)	0		
37 - Average Trip Length (miles)	6 miles		
38 - TEAM Recipient ID#	N/A		

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<p>39 - Description of products/services currently provided by this organization.* (500 Characters Maximum)</p>	<p>Lemhi county provides police protection, land use planning, road and trail maintenance. Perhaps, most signifiacnt is the relatively new formation formation of the Lemhi County Alternate Mobility Team. The county made this a true team authorizing it to work on mobility issues and funding it as a line item under their transportation department....a very important step forward for mobility in our county. This county team is a diverse group of citizens who participate in the LMMN process at least 4 times a year and seek to build a livable, sustainable, connected community with the help of transportation. Our Mobility Manager, Jeff Osgood, attends at least 2 of these meetings and has spoken with commissioners also. The county also strongly supports the senior center. They historically have done the bookkeeping for the seniors' old van and paid maintenace and provided fuel at cost to seniors. Recently they sponsored the grant and cash match for a new senior ADA van that is to arrive mid February 2011, repalcing our 20 year old van from INEL. County also provides travel expense for participation in transportation meetings and training.</p>
<p>40 - Governing Board Meeting Schedule * (500 Characters Maximum)</p>	<p>Commissioners meet second and fourth Mondays each month at Lemhi County Annex starting at 0830. Lemhi County Commissioners are Rick Snyder, chair, Robert Cope and John Jakovac. Terri Morton is County Clerk.</p>

### 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**.

<p>1 - Will the organization comply with applicable certifications, assurances, and procedures?</p>	
<p>YES, the organization is willing to comply with any applicable certifications, assurances, and procedures.</p>	<b>YES</b>
<p>NO, the organization is NOT willing to comply with the applicable certifications, assurances, and procedures.</p>	
<p>(NOTE: NO means you will not be eligible to receive funding.)</p>	

**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

<p>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. *</p>	<b>YES</b>
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<p>Description (700 Characters Maximum)</p>	
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<p>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. *</p>	<b>YES</b>
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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)

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 *	6A.L022					
3 - Strategy Name *	Implementation of bicycle and/or pedestrian facility improvements in the cities of Salmon, Challis, Mackay, and/or Arco.					
4 - Project Name *	Salmon Bicycle Improvements					
5 - Please describe your project * (500 Characters Maximum)						
6 - What mode will this project use? *	Other					
7 - Which funding program do you intend to apply for? *		5311				
8 - List the Districts this project will serve. *	District 6					
9 - List the Local Mobility Networks (LMMN) this project will serve.*	LMMN 6A					
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)

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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 service will coordinate with our public van transportation to help residents reach recreation at city park or island park, Sacajawea Center, events and businesses in our community. This will also meet up with our Park and Ride locations located at our City Park on Hwy 28. The Scenic Byway pathway to City Park which has been granted will be constructed in the near future. This too, will meet join to the bicylce improvements in towm.

### 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	<b>Not Included</b>
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 data of grant agreement.	<b>Included</b>
3 - Drug Alcohol Policy	• If Applicable - You will need this if you are applying for 5311 funds.	<b>Included</b>
4 - Board of Directors Information	• Meeting Schedule • Board Contact Information	<b>Not Included</b>
5 - Vehicle Replacement Plan	• If you are purchasing a new vehicle, you will need to have a replacement plan.	<b>Not Included</b>
6 - IRS Letter of Determination for 501(C)3 non-profit status	• If Applicable	<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:

<b>Name and Title</b>	<b>RS</b>	<b>Date</b>	<b>1/14/2011</b>
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