

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	clerk.lemhicounty@centurytel.net		
19 - Home Page / Web Address	lemhicountyidaho.org		
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		
*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)	0		
37 - Average Trip Length (miles)	6 miles		
38 - TEAM Recipient ID#	N/A		
39 - Description of products/services currently provided by this organization. * (500 Characters Maximum)	Lemhi County provides police protection, land use planning, road and trail maintenance. They also support and fund a Lemhi County Alternate Mobility Team, which consists of a diverse group of citizens who actively participate in the LMMN process and seek to build a livable, sustainable, connected community with the help of transportation. The county also strongly supports the senior center with bookkeeping, vehicle maintenance and fuel at cost. Recently they sponsored the grant and match for a new senior ADA van arriving mid February 2011, replacing our 20 year old van from INL.		

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40 - Governing Board Meeting Schedule * (500 Characters Maximum)	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.
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. *	
Description (700 Characters Maximum)	YES
	Lemhi County coordinates with Senior Center to provide maintenance for their van and also providing fuel at cost. Lemhi County also provides insurance for their van. Training is provided to ADA drivers, school bus drivers, Discovery Care Center drivers, and any others who may wish to participate, all at minimal cost or free. Marketing will be provided by community organizations, newspaper and radio, including the Recorder Herald (Salmon Paper), Lemhi Web, KSRA (Salmon radio station), and use of internet social media. Discovery Care center has an ADA van that they would be willing to share as a back up or help when needed and vice versa. County also works to support the Salmon River Industries which is located on county property at the Salmon Airport.
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. *	
Description (700 Characters Maximum)	YES
	Since this would be under a new setting (county - contract) we present this as our vision. We anticipate coordinating routes with the Discovery Care Center, the Senior Center, Salmon River Industries, Joshua Smith, Head Start, and Whitewater Therapeutic, Steele Memorial Medical Center, our new veteran's clinic and physical therapy facilities,. By coordinating our efforts we will be able to offer a more efficient and better service while reducing or eliminating redundant trips. We will more efficiently route vehicles to particular areas of town on particular days. This coordinated effort will decrease fuel, maintenance and wage costs.
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)	Lemhi County will coordinate routes with the Discovery Care Centers van, which would include services to the Senior Center, Salmon River Industries, Joshua Smith, Head Start, and Whitewater Therapeutic, Steele Memorial Medical Center, physical therapy facilities and Salmon's new Veteran Administration clinic. By coordinating our efforts we will be able to offer more services more efficiently and at the same time provide a better service.
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Section D - PROJECT INFORMATION

1 - In which state(s) will your project provide service? *	x	Idaho		Montana		Nevada
		Oregon		Utah		Washington
		Wyoming				
2 - Strategy Number *	6A.L004					
3 - Strategy Name *	Provide demand-response or route service in the Salmon area in the evenings, and/or late night, and/or weekends. This strategy is intended to supplement service under strategy 6A.L001.					
4 - Project Name *	Lemhi County Public Transportation Time Extention					
5 - Please describe your project * (500 Characters Maximum)	This project would be a continuation of a grant funded last year which will begin operationg April 1, 2012. This mobility project focuses on helping After School Promise participants, Whitewater Therapeutic, ADA folks, and seniors to reach employment, education, and events in the late afternoons, evenings, and weekends. Integrating people without transportation into our community is an important aspect.					
6 - What mode will this project use? *	Demand Response					
7 - Which funding program do you intend to apply for? *	5317					
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? *						YES
Identify the other projects that are dependent on this one. (500 Characters)	The on demand day time tranportation service is necessary to be funded before this service would be viable. The daytime service is a basic necessity for our many ADA, seniors, veterans and all. This is an extension of services that will allow residents to attend Christmas programs at school and churches, school sporting events, Salmon Arts Council programs, Sacajawea Center programs and more.					
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)	This service will coordinate with the daytime public transportation if we receive that grant. This will also coordinate with the Senior Center and their van and also with Discovery Care van, which does not operate during evening or weekend hours. We will coordinate with day services to allow seniors, ADA and all who desire to be involved with our community activities.
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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	• If Applicable	Not 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	• 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 	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:

RS

Name and Title	Rick Snyder, Chair of Lemhi County Commissioners	Date	1/19/2012
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