


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 *	RPT & MVT		
2 - Operating Name *	Moscow Valley Transit		
3 - Legal Name *	Regional Pulic Transportation, Inc.		
4 - Physical Address #1 *	1424 Main Street		
5 - Physical Address #2			
6 - Physical City *	Lewiston		
7 - Physical State *	Idaho		
8 - Physical Zip *	83501-1102		
9 - Mailing Address same as Physical Address? *	NO	Please enter Mailing Address	
10 - Mailing Address #1	P.O. Box 1102		
11 - Mailing Address #2			
12 - Mailing City	Lewiston		
13 - Mailing State	Idaho		
14 - Mailing Zip	83501		
15 - Business Phone #1 *	208-746-4091		
16 - Business Phone #2	208-883-7747		
17 - Business Fax			
18 - Business E-Mail	director@r2transit.com		
19 - Home Page / Web Address	r2transit.com		
20 - What date was this organization formed?	22 February, 1993		
21 - Established RPTA? *	NO		
22 - What counties does this organization currently serve?	Latah		
23 - What FTA Programs are associated with each county?	5311, 5310 & 5316		
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? *	2A		
27 - DUNS Number *	804307661		
28 - Employer ID # EIN *	94-3179344		
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)	Direct program expenses and indirect/shared expenses are entered into the Cost Allocation Excel workbook. The workbook distributes expenses by formula to each program and is organized by function, the USOA chart of accounts, and program. The basic formula used to allocate indirect expenses is based upon direct expenses for each program: Total Direct Expense / Total Indirect Expense = Indirect Expense Ratio. The Indirect Expense Ratio is multiplied by the total direct expenses of a specific program to determine that program's allocated portion of indirect expense.		
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?	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)	None		
36 - Number of personal vehicles in service (annual total)	None		
37 - Average Trip Length (miles)	N/A		

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38 - TEAM Recipient ID#	N/A
39 - Description of products/services currently provided by this organization.* (500 Characters Maximum)	We provide Fixed Route and Demand Response /Para-transit /Dial-A-Ride services within the city limits of the City of Moscow.
40 - Governing Board Meeting Schedule * (500 Characters Maximum)	The Board of Directores, pursuant to its bylaws meets at a minimum of 4 times per year with its annual meeting in the month of April during which its officers are elected for the coming year. While meetings are held nearly monthly, usually on the third Tuesday, special meetings can be called by the president or any two board members. Because of its historic regional role and board make up, meetings alternate between the cities of Lewiston and Moscow.

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
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Description (700 Characters Maximum)	During the summer of 2011, we began making some of our drivers available to Wheatland Express (a regional for profit provider based in Pullman WA) enabling it to fill charter service needs in the Lewiston area.
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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. *	NO
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Description (700 Characters Maximum)	
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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)
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Description (500 Characters Maximum)	In the City of Moscow we have worked with medical providers and businesses in an area west of our current routes to initiate new service to six clinics and a reopened Walmart along with six other businesses and a church. Most notably, we have collaborated with the City of Moscow, the U of I and its Parking & Transportation Services Dept. in the development of a new intermodal facility which will serve municipal, intercity and personal transit needs for the community.
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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 *	LMMN 2A.L001
3 - Strategy Name *	Continue to operate mobility options in the City of Moscow for access by the general public. Fixed route services shall operate Monday through Friday; and shall include required complimentary paratransit.
4 - Project Name *	Maintenance & Operational Support for Route Match Dispatch Services
5 - Please describe your project * (500 Characters Maximum)	This project will support Operating and Maintenance of our Fixed, DAR and Commuter Route Software and Hardware. This specialized software and hardware helps create efficiencies in tracking ridership, measuring route performance and reporting to various governmental agencies and funding sources. This project will also support Strategy 2A.L002 and Strategy 2A.D001
6 - What mode will this project use? *	Other
7 - Which funding program do you intend to apply for? *	5316
8 - List the Districts this project will serve. *	District 2
9 - List the Local Mobility Networks (LMMN) this project will serve. *	LMMN 2A
10 - Is this project dependent on any of your other projects? *	YES
Identify the other projects that are dependent on this one. (500 Characters)	This project is dependent on Fixed Route and Dial-A-Ride for its existence.
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? *	NO

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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	• 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 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	• Meeting Schedule • Board Contact Information	Included
5 - Vehicle Replacement Plan	• 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	• 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:

JRVT

Name and Title	J.R. Van Tassel	Date	18 January, 2012
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